

Black Book
Research Insights

STATE OF AUSTRALIAN HEALTHCARE IT

2026

STRATEGIC FIT OF ACUTE-CARE EMR/EHR PLATFORMS

A Black Book Research strategic fit assessment of 13 EMR/EHR vendors across four acute-care segments and 18 qualitative performance dimensions in Australia's digital hospital landscape.

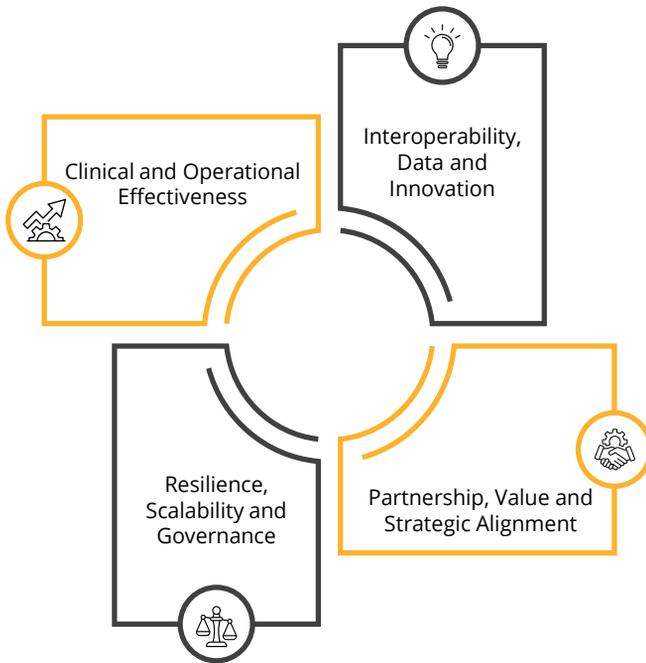


EXECUTIVE SUMMARY

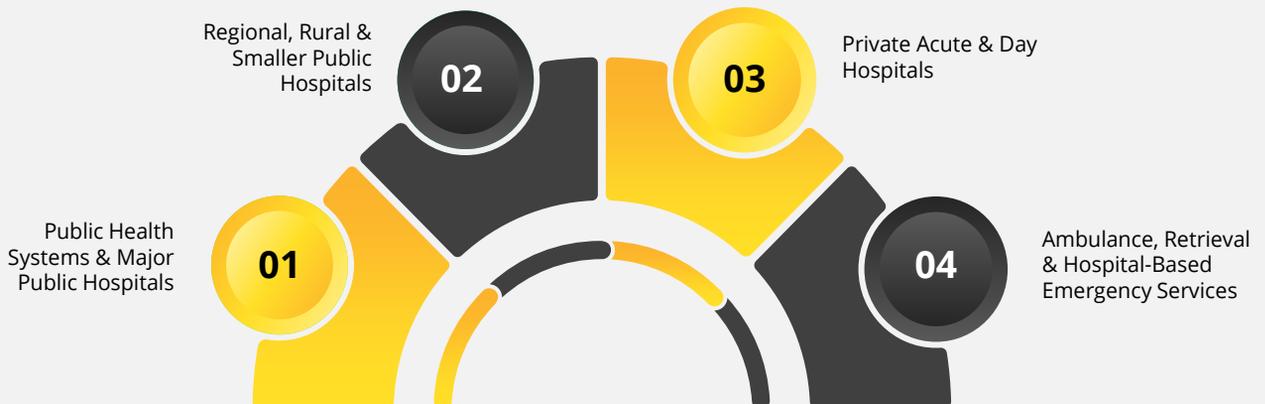
Black Book Research Insights

Australian acute-care providers are entering a decisive period for EMR/EHR and digital health investment. Statewide consolidation programs, virtual and out-of-hospital care, growing reliance on data and AI, and heightened cyber and resilience expectations are reshaping how hospitals and health services assess their core clinical platforms.

This 2026 Black Book report provides a strategic fit assessment of 13 acute-care EMR/EHR platforms in Australia, based on feedback from 454 validated stakeholders across clinical, digital and executive roles. Solutions are evaluated against 18 qualitative strategic fit dimensions, grouped into four domains:



Strategic fit is examined across **four acute-care organisation segments**:



The result is a segmented view of where each platform is best aligned with Australian acute-care priorities over the 2026–2030 planning horizon.

No single winner: leadership is distributed by segment and domain

The findings show that there is no universal “best EMR” for all Australian hospitals. Instead, leadership is distributed across vendors, segments and domains.

- **Delalus (ORBIS / webPAS / MedChart)** achieves the highest number of individual “wins” across the 18 dimensions, leading on four (medication safety, open standards, integration with existing PAS/pharmacy systems, and total cost/partnership value). It is rated #1 in several domain-segment combinations, particularly for **Clinical & Operational Effectiveness** and **Partnership/Value** in **regional, rural and smaller public hospitals** and in **private acute** and **day hospitals**, and for **Resilience/Governance** and **Partnership/Value** in **major public systems where Delalus PAS and eMeds are already embedded**.
- **Oracle Health** leads three individual dimensions (enterprise data platform and analytics readiness, safety/reliability, and alignment with digital health roadmaps) and is #1 for **Clinical & Operational Effectiveness** in **Public Health Systems & Major Public Hospitals**, and for **Resilience/Governance** in **private acute/day** and ambulance/ED environments. Oracle is perceived as a mature enterprise EMR anchored in a broader **cloud and AI platform strategy**, positioning it as a strong candidate for jurisdictions seeking a long-horizon, data-centric platform.
- **Alicidion Miya Precision** leads in dimensions relating to **prehospital/virtual care** and **innovation in clinical decision support and user experience**, and is rated #1 across three of the four domains for **ambulance, retrieval and hospital-based emergency services**. Stakeholders view Miya as a high-fit overlay and orchestration layer for patient flow, virtual care and command-centre models on top of existing EMRs, rather than a core EMR replacement.
- **Epic** is the top-rated vendor on clinician workflow fit and change/adoption support, reflecting its strength in highly standardised, enterprise-scale deployments. In the Australian context, it is seen as a powerful but resource-intensive option for jurisdictions prepared to commit to a single, centralised EMR model, with implications for total cost of ownership, governance and risk that boards must weigh carefully.
- **InterSystems TrakCare and IntelliCare** are recognised for interoperability and data fabric capabilities and perform consistently across domains, particularly in mixed metro-regional portfolios. However, they are generally regarded as **sound, established EMR/HIS platforms** rather than as the most cutting-edge options on next-generation user experience, embedded AI or consumer digital front door features.
- **Telstra Health Kyra Clinical** and **Orion Health** achieve individual #1 positions in dimensions such as localisation, client support, and interoperability with My Health Record and national services. Kyra Clinical is regarded as a locally designed modular EMR with strong Australian alignment, while Orion is seen as a long-standing **digital care record and interoperability platform** with EMR capabilities that are particularly relevant where regional shared records are the primary objective.

Other vendors covered in the report – including Altera Sunrise EMR, MEDITECH Expanse, IQVIA Hospital Information System, NTT DATA (Healthcare Provider Solutions) and Philips Tasy EMR – play more niche or context-specific roles. In several cases, the evidence base in Australian acute-care settings is limited, external market signals raise questions about long-term trajectory, or the primary value proposition (for example, cost containment for small, financially constrained hospitals) is not well aligned to the priorities of most Australian acute providers evaluated in this study.

WHAT AUSTRALIAN STAKEHOLDERS SAY MATTERS MOST

The 18-dimension framework was validated by the 454 respondents, who ranked the four domains as follows:

44%

Clinical and Operational Effectiveness

27%

Interoperability, Data and Innovation

15%

Resilience, Scalability and Governance

14%

Partnership, Value and Strategic Alignment

Almost half of respondents selected clinician workflow or medication safety as their single most important individual dimension, underscoring the centrality of clinical usability and medicines management to EMR decisions. Interoperability with My Health Record, platform reliability and data/analytics readiness formed the next tier of priorities. Five additional dimensions – including specialty content depth, population health, research enablement, multi-organisation shared records and upgrade/disruption management – were frequently cited as important but were deliberately treated as supplementary, not core scoring criteria.

SEVEN TRENDS SHAPING EMR DECISIONS TO 2030

Analysis of stakeholder feedback and national initiatives points to seven trends that will shape EMR/EHR choices over the next five years:

- 01 Consolidation from fragmented systems to statewide and enterprise platforms

- 02 Virtual care, hospital-in-the-home and out-of-hospital models moving into mainstream operations

- 03 Interoperability and modernisation of My Health Record as core digital health infrastructure

- 04 Cloud-first and managed service models for core clinical systems

- 05 Data, analytics and AI as embedded differentiators, not add-ons

- 06 Cybersecurity, resilience and business continuity as board-level EMR concerns

- 07 Consumer digital front doors and shared decision-making as explicit design requirements

Vendors with credible answers across these trends – not only in product roadmaps but also in implementation track record, change management and partnership behaviour – are rated more favourably in the strategic fit assessments.

HOW TO USE THIS REPORT

This report is **not** a market-share study and **does not declare a single overall winner**. Instead, it provides a structured, stakeholder-driven view of where each EMR/EHR platform appears to be **most strategically aligned**:

- by **organisation type** (public system, regional network, private group, ambulance/ED), and
- by **domain** (clinical operations, data and innovation, resilience and governance, partnership and value).

Boards, executives, clinical leaders and digital health teams can use the **18 strategic fit dimensions**, the **segment-specific domain indices** and the **vendor profiles** to:

- Shortlist vendors aligned with their segment and strategic priorities,
- Frame internal discussions about trade-offs between clinical capability, cost, innovation and risk, and
- Focus detailed procurement, architecture, reference-checking and commercial work where it will have the greatest impact.

Ultimately, the State of Australian Healthcare IT 2026 findings confirm that **strategic context matters as much as product capability**. The EMR/EHR platform that is the best fit for one Australian health system may be suboptimal for another. The goal of this Black Book assessment is to give decision-makers a neutral, evidence-based map of the vendor landscape so that long-term EMR choices can be made with clarity about both strengths and limitations in the Australian acute-care environment.

NOTE: *The competitive set for this study was defined as 13 EMR/EHR platforms identified by Australian providers, Black Book's 2025 EHR research and current public EMR/digital hospital initiatives. Other EMR/EHR and clinical systems vendors are active in Australia and internationally but were excluded where they did not have a material or emerging acute-care hospital footprint in Australia at the time of data collection.*

01

INTRODUCTION AND SCOPE



This report focuses on the strategic fit of EMR/EHR solutions in the Australian acute-care context. It covers:

- 01** Public health services at state/territory level

- 02** Major public and regional hospitals

- 03** Private acute and day hospitals

- 04** Ambulance, retrieval and hospital-based emergency services that are tightly integrated with acute EMRs

The primary objective is to help:

- 01** Health service executives

- 02** Clinical leaders

- 03** Digital and ICT leaders

- 04** System planners and funders

understand how different EMR/EHR platforms align with:

- Current clinical and operational needs
- Strategic directions in digital health, interoperability and data
- The organisational realities of different acute-care segments in Australia.

This is not a market-share report. Rather, it is a **strategic fit assessment** informed by Australian user and decision-maker perspectives and Black Book's independent analysis.

02

AUSTRALIAN ACUTE-CARE ORGANISATION SEGMENTS

For the purposes of this study, acute-care client organisations are grouped into four segments:

- 01 Public Health Systems & Major Public Hospitals**
State and territory health services, local health districts / hospital and health services (LHDs/HHSs), and large metropolitan and tertiary / teaching hospitals.
- 02 Regional, Rural & Smaller Public Hospitals**
Public district, regional and rural hospitals, multi-purpose services, and smaller public facilities operating under state and territory health systems.
- 03 Private Acute & Day Hospitals**
Private hospital groups, independent private acute hospitals, and day surgery / short-stay surgical and procedural centres.
- 03 Ambulance, Retrieval & Hospital-Based Emergency Services**
State ambulance and retrieval services and hospital-run emergency departments and urgent care units where clinical and operational workflows are tightly integrated with the acute-care EMR/EHR platform.

These segments are used consistently throughout the report when presenting strategic fit results and vendor positioning.



02

SURVEY METHODOLOGY AND PANEL

03 SURVEY METHODOLOGY AND PANEL

3.1 RESPONDENT PANEL

To ensure that the EMR/EHR evaluation criteria and results reflect real-world Australian priorities, Black Book sought input from **454 validated participants** across a broad range of clinical and organisational roles.

Respondents included (N = 454):

| | |
|--------------------|--|
| 145 (31.9%) | Frontline clinicians (medical staff) |
| 109 (24.0%) | Nurses and midwives |
| 54 (11.9%) | Pharmacists and allied health professionals |
| 91 (20.0%) | Digital health / IT / informatics leaders |
| 32 (7.0%) | Executives (CEOs, CFOs, CMOs, DONs) |
| 23 (5.1%) | Health information managers and quality/safety roles |

All respondents were required to:

- Work within Australian healthcare provider organisations, and
- Have direct experience using, governing or overseeing EMR/EHR systems in acute-care settings.

3.2 VALIDATION AND CONFIDENCE

Respondents were validated using role, organisational affiliation and usage/responsibility checks. Only those with direct EMR/EHR experience were included in the scoring dataset.

The sample size and diversity support a high level of confidence in the representativeness and reliability of the findings, consistent with Black Book's survey standards. Results are interpreted as directional indicators of strategic fit, not as precise measurements of technical performance.

Based on 454 validated responses, aggregate results in this report have an estimated margin of error of approximately **±4-5 percentage points at the 95% confidence level for national-level findings**. Subgroup results (for example by segment, role or individual vendor) carry wider confidence intervals and should be interpreted as directional indicators of strategic fit, particularly where base sizes are smaller.

02

STRATEGIC FIT FRAMEWORK AND DIMENSIONS

4.1 OVERVIEW

The 18 qualitative strategic fit dimensions used in this report provide a structured, client-driven framework for assessing how well each EMR/EHR platform aligns with current and future clinical, operational and strategic needs in Australian acute care.

The dimensions reflect the perspectives of frontline clinicians, pharmacists, nurses, allied health professionals, health information managers, IT stakeholders and executives who interact with EMR/EHR platforms every day.

Collectively, these dimensions evaluate:

- Clinical workflow usability and medicines management
- Patient administration and operational backbone
- Interoperability with My Health Record and other national services
- Open-standards integration and vendor-neutrality
- Data and analytics readiness
- Scalability, safety, resilience and business continuity
- Partnership value and long-term strategic alignment

4.2 STRATEGIC FIT DOMAINS AND DIMENSIONS

The 18 dimensions are grouped into four domains.

A CLINICAL AND OPERATIONAL EFFECTIVENESS

✓ Clinician Workflow Fit and Usability

Extent to which the EMR/EHR supports intuitive, efficient workflows for doctors, nurses, pharmacists and allied health staff, minimising click burden and workarounds while enabling safe task handover across shifts and settings today and as models of care evolve.

✓ Patient Administration and Operational Backbone

Strength and reliability of core patient administration functions—including admissions, transfers, discharges, waiting lists and billing/claiming—and the system's proven performance at scale in multi-hospital environments, forming a stable backbone for future digital expansion.

✓ Support for Prehospital, Virtual and Out-of-Hospital Care

Coverage of prehospital, outreach, hospital-in-the-home and virtual care workflows, including real-time data exchange between field clinicians, emergency departments and inpatient units, and the platform's ability to support emerging hybrid and virtual care models.

✓ Medication Safety and End-to-End Medicines Management

Capability to support safe, end-to-end medicines management including prescribing, clinical decision support, electronic medication management, administration, reconciliation and pharmacy integration, with demonstrable impact on medication safety and compliance across the full medication lifecycle.

B VALUE AND ORGANISATIONAL IMPACT

✓ Implementation Track Record and Time-to-Value in Australia

Demonstrated history of successful EMR/EHR implementations in Australian organisations, with realistic timelines, predictable go-live strategies and evidence of benefits realised in the first 12–24 months, indicating the vendor's ability to deliver value at pace.

✓ Enterprise Data Platform and Analytics Readiness

Ability of the EMR/EHR and associated data platform to consolidate and structure data from multiple systems, support longitudinal patient views and enable analytics, dashboards and AI use cases for clinical quality, operational improvement and population health initiatives.

✓ Total Cost and Partnership Value (Beyond Licence Price)

Overall value of the EMR/EHR partnership—including implementation and operating costs, transparency of commercial models, and the vendor's track record in delivering sustainable clinical, operational and financial benefits—viewed through a whole-of-life, whole-of-organisation lens.

C CLIENT RELATIONSHIP AND ADOPTION

- 
Change Management and Clinical Adoption Support
 Quality of the vendor's approach to change management, training and ongoing optimisation, including clinical engagement, super-user networks and structured post-go-live improvement cycles that support long-term adoption rather than one-off go-lives.
- 
Client Support Responsiveness and Communication
 Responsiveness, quality and consistency of vendor support, account management and communication, particularly during high-stress events such as upgrades, outages or major workflow changes, and the impact on trust and joint problem-solving.
- 
Cloud and Managed Services Maturity
 Maturity of cloud-hosted and managed services offerings, including SLAs, performance monitoring and the ability to reduce infrastructure burden while maintaining reliability and control for the client, informing the organisation's strategic hosting and sourcing choices.

D INNOVATION, TECHNOLOGY, GOVERNANCE AND LONG-TERM FIT

- 
Open Standards and Vendor Neutrality
 Extent to which the EMR/EHR adopts open standards such as FHIR and HL7, exposes robust APIs and supports vendor-neutral integration with other clinical, primary care, pharmacy, diagnostic and virtual care systems, enabling multi-vendor ecosystems and future flexibility.
- 
Configurability vs Customisation
 Ability to adapt to local needs primarily through governed configuration rather than custom code, preserving upgradeability while enabling specialty- and site-specific workflow variation, and reducing technical debt over the life of the platform.
- 
Innovation in Clinical Decision Support and User Experience
 Level of innovation in decision support, user interface design and automation that improves clinician experience, safety and throughput without introducing alert fatigue or complexity, and the vendor's capacity to continuously evolve UX and CDS over time.

- 
Localisation to Australian and New Zealand Context
 Degree of localisation to Australian and New Zealand clinical practice, policy and funding models, including support for state reporting, MBS/PBS workflows, national standards and local clinical pathways, ensuring regulatory alignment and reduced configuration burden.
- 
Safety, Reliability and Business Continuity
 Demonstrated safety and reliability of the EMR/EHR, including uptime, incident management, downtime procedures and resilience in the face of cyber events or infrastructure failures, and the robustness of business continuity arrangements across single and multi-site deployments.
- 
Interoperability with My Health Record and National Services
 Ability to connect seamlessly with My Health Record and other national digital health services using contemporary standards, supporting timely, accurate information exchange across care settings and aligning with national digital health policy directions.
- 
Patient Engagement and Digital Front Door
 Support for patient portals, scheduling, pre-admission workflows, consent, notifications and education as part of a coherent digital front door and consumer experience, enabling patient-centred models of care and new engagement channels.
- 
Alignment with Strategic Digital Health Roadmaps
 Extent to which the EMR/EHR vendor's roadmap aligns with national, state and organisational digital health strategies—including interoperability, virtual care, secondary use of data and whole-of-system transformation—and the vendor's credibility in delivering against those plans.
- 
Strategic Fit Across Organisation Types and Scale
 How well the platform scales and adapts across different organisation types (major public systems, regional networks, private groups, specialist and day hospitals) and sizes, and its ability to support phased, multi-year digital hospital roadmaps without repeated replatforming.

05

STAKEHOLDER VALIDATION OF THE STRATEGIC FIT FRAMEWORK

5.1 DOMAIN IMPORTANCE

To validate the relevance of these dimensions for the Australian market, respondents were first asked which broad EMR/EHR domain they considered most critical when evaluating vendors. Responses (single choice, N = 454) were:

Clinical and Operational Effectiveness

200 RESPONDENTS (44.1%)

Interoperability, Data and Innovation

123 RESPONDENTS (27.1%)

Resilience, Scalability and Governance

68 RESPONDENTS (15.0%)

Partnership, Value and Strategic Alignment

63 RESPONDENTS (13.9%)

Across all roles, nearly half of respondents identified clinical and operational effectiveness as the most critical domain, followed by interoperability and data capabilities. This feedback directly informed the selection and emphasis of the 18-core strategic fit dimensions.

5.2 WHY THESE 18 DIMENSIONS?

In a follow-up multi-select question on why these specific dimensions should form the core strategic fit framework, respondents highlighted that they:



Address frontline burden and safety

- 81% agreed the dimensions directly address clinician and nurse workload, usability and burnout.
- 78% emphasised their focus on medication safety and closed-loop medicines management.



Reflect Australia's interoperability and risk environment

- 72% highlighted the importance of interoperability with My Health Record and other national services.
- 69% noted that the dimensions reflect real-world risks such as outages, cyber incidents and scaling across jurisdictions.



Recognise the long-term nature of EMR/EHR partnerships

- 64% agreed the dimensions appropriately consider long-term value, vendor partnership quality and strategic alignment, not just software features.

Taken together, these results support the use of the 18 EMR/EHR strategic fit dimensions in this report as a balanced, stakeholder-driven framework for assessing vendor strategic fit in the Australian acute-care market.

5.3

MOST IMPORTANT INDIVIDUAL DIMENSIONS

Respondents were also asked to select a **single most important** dimension from the full list of 18. The distribution (single choice, N = 454) was approximately:

| | |
|------|--|
| ~24% | Clinician Workflow Fit and Usability |
| ~21% | Medication Safety and End-to-End Medicines Management |
| ~14% | Interoperability with My Health Record and National Services |
| ~11% | Safety, Reliability and Business Continuity |
| ~8% | Enterprise Data Platform and Analytics Readiness |
| ~22% | All other dimensions combined |

Almost half of all respondents (around 45%) selected either clinician workflow or medication safety as their single most important dimension, underscoring the **clinical focus** of the framework. Interoperability and reliability formed the next tier of priorities.

5.4 SUPPLEMENTARY DIMENSIONS (NOT USED FOR SCORING)

Respondents also nominated additional dimensions of interest. From this feedback, Black Book identified five supplementary dimensions that are of substantial interest but are **not** included in the comparative scoring model:

- 01 Specialty Content Depth and Out-of-the-Box Clinical Content
- 02 Population Health and Risk Stratification Capabilities
- 03 Research, Clinical Trials and Data Re-Use Enablement
- 04 Multi-Organisation Care Coordination and Shared Record Support
- 05 Upgrade Cadence, Backward Compatibility and Disruption Management

These are often considered in procurement and optimisation projects, especially in larger networks and academic environments. However, stakeholders indicated that they should not outweigh the core 18 strategic fit dimensions when determining comparative vendor positioning.

5.5 USE OF DIMENSIONS IN THIS REPORT

- ✓ The 18 core EMR/EHR strategic fit dimensions—validated by 454 Australian stakeholders—form the primary basis for all comparative strategic fit scores and ratings presented in this report.
- ✓ The five supplementary dimensions are reported as areas of emerging or specialised interest and may be used by individual organisations to refine their internal evaluations, but they do not contribute to the comparative scores shown in the tables and figures that follow.



06

EMERGING TRENDS IN AUSTRALIAN ACUTE-CARE EMR AND DIGITAL HEALTH (2026-2030)

Feedback from Australian acute-care stakeholders in this study, combined with recent national digital health initiatives, points to seven broad trends that will shape EMR/EHR decisions over the next five years.

✔ **Consolidation from Fragmented Systems to Statewide and Enterprise Platforms**

Public systems are consolidating multiple EMRs, PAS and LIMS into fewer, statewide or enterprise platforms, driving demand for vendors with proven jurisdiction-level scale and migration pathways from legacy estates.

✔ **Virtual Care, Hospital-in-the-Home and Out-of-Hospital Models Going Mainstream**

Virtual care and HITH programs are moving from pilots to sustained service lines, increasing expectations that acute-care EMRs will natively support remote monitoring, command-centre models and hybrid care pathways.

✔ **Interoperability and Modernisation of My Health Record as Core Infrastructure**

National strategies place interoperability and secure data sharing at the centre of digital health, making standards-based connectivity with My Health Record and related services a baseline requirement.

✔ **Cloud-First and Managed Services for Core Clinical Systems**

Governments and providers are increasingly comfortable with cloud-hosted EMR and data platforms, provided security, sovereignty and resilience requirements are met. Cloud and managed service maturity is now a key selection criterion.

✔ **Data, Analytics and AI as Differentiators, Not Add-Ons**

Hospitals are moving beyond basic reporting toward integrated analytics, AI and decision support embedded in daily workflows, raising the importance of robust EMR-adjacent data platforms and governance.

✔ **Cybersecurity, Resilience and Business Continuity as Board-Level EMR Concerns**

Rising cyber incidents and outage risk have elevated security, resilience and downtime preparedness to board-level concerns for any EMR selection or renewal.

✔ **Consumer Digital Front Doors and Shared Decision-Making**

National digital health strategies emphasise patient access, transparency and shared decision-making, increasing expectations that EMRs support portals, messaging, self-service and integration with national consumer apps.

These trends provide critical context for interpreting the strategic fit results in the sections that follow.



07

DOMAIN-LEVEL STRATEGIC FIT RESULTS – ACUTE-CARE EMR/EHR: AUSTRALIA

7.1 INTERPRETING THE DOMAIN INDICES

To simplify interpretation of the 18 individual strategic fit dimensions, this report presents results at the **domain level**, using four composite indices:

- Clinical and Operational Effectiveness
- Interoperability, Data and Innovation
- Resilience, Scalability and Governance
- Partnership, Value and Strategic Alignment

For each domain, Black Book has combined scores on the relevant underlying dimensions into a single **domain-level strategic fit** index for each vendor in each of the four acute-care segments:

- Public Health Systems & Major Public Hospitals
- Regional, Rural & Smaller Public Hospitals
- Private Acute & Day Hospitals
- Ambulance, Retrieval & Hospital-Based Emergency Services

Each domain table (2A–2D) displays:

- A **strategic fit score** (index) for each vendor by segment
- A **Mean** score across all four segments, and
- An **Overall Rank** for that domain based on the mean score

These indices do not represent market share, but the relative strategic fit of each platform as assessed by Australian stakeholders and Black Book analysts, considering both current deployments and forward-looking alignment with acute-care digital hospital roadmaps.

Detailed results for each of the 18 individual strategic fit dimensions that underpin these indices are available in appendices or on request.

7.2 DOMAIN INDICES – TABLE STRUCTURES

TABLE 2A CLINICAL & OPERATIONAL EFFECTIVENESS – STRATEGIC FIT INDEX BY VENDOR AND SEGMENT

Composite of: Clinician Workflow Fit and Usability; Patient Administration and Operational Backbone; Support for Prehospital, Virtual and Out-of-Hospital Care; Medication Safety and End-to-End Medicines Management.

| Overall Rank | EMR Vendor | Public Health Systems & Major Public Hospitals | Regional, Rural & Smaller Public Hospitals | Private Acute & Day Hospitals | Ambulance, Retrieval & Hospital-Based Emergency Services | Mean Clinical & Operational Strategic Fit |
|--------------|------------|--|--|-------------------------------|--|---|
| 1 | | | | | | |
| ... | | | | | | |
| 13 | | | | | | |

TABLE 2B INTEROPERABILITY, DATA & INNOVATION – STRATEGIC FIT INDEX BY VENDOR AND SEGMENT

Composite of: Interoperability with My Health Record and National Services; Open Standards and Vendor Neutrality; Enterprise Data Platform and Analytics Readiness; Innovation in Clinical Decision Support and User Experience.

| Overall Rank | EMR Vendor | Public Health Systems & Major Public Hospitals | Regional, Rural & Smaller Public Hospitals | Private Acute & Day Hospitals | Ambulance, Retrieval & Hospital-Based Emergency Services | Mean Interoperability, Data & Innovation Fit |
|--------------|------------|--|--|-------------------------------|--|--|
| 1 | | | | | | |
| ... | | | | | | |
| 13 | | | | | | |

TABLE 2C RESILIENCE, SCALABILITY & GOVERNANCE – STRATEGIC FIT INDEX BY VENDOR AND SEGMENT

Composite of: Localisation to Australian and New Zealand Context; Safety, Reliability and Business Continuity; Cloud and Managed Services Maturity; Configurability vs Customisation; Strategic Fit Across Organisation Types and Scale.

| Overall Rank | EMR Vendor | Public Health Systems & Major Public Hospitals | Regional, Rural & Smaller Public Hospitals | Private Acute & Day Hospitals | Ambulance, Retrieval & Hospital-Based Emergency Services | Mean Resilience, Scalability & Governance Fit |
|--------------|------------|--|--|-------------------------------|--|---|
| 1 | | | | | | |
| ... | | | | | | |
| 13 | | | | | | |

TABLE 2D PARTNERSHIP, VALUE & STRATEGIC ALIGNMENT – STRATEGIC FIT INDEX BY VENDOR AND SEGMENT

Composite of: Change Management and Clinical Adoption Support; Client Support Responsiveness and Communication; Integration with Existing PAS, Pharmacy and Ancillary Systems; Alignment with Strategic Digital Health Roadmaps; Total Cost and Partnership Value (Beyond Licence Price).

| Overall Rank | EMR Vendor | Public Health Systems & Major Public Hospitals | Regional, Rural & Smaller Public Hospitals | Private Acute & Day Hospitals | Ambulance, Retrieval & Hospital-Based Emergency Services | Mean Partnership, Value & Alignment Fit |
|--------------|------------|--|--|-------------------------------|--|---|
| 1 | | | | | | |

STRATEGIC FIT LEADERS BY DOMAIN AND SEGMENT

To complement the full domain tables, the following summary tables highlight **which vendors appear in the top three positions** for each strategic fit domain within each acute-care segment. Rankings are based on composite domain scores and indicate **relative strategic fit, not market share**.

TABLE 3A-1 TOP 3 VENDORS – PUBLIC HEALTH SYSTEMS & MAJOR PUBLIC HOSPITALS

| Rank | Clinical & Operational Effectiveness | Interoperability, Data & Innovation | Resilience, Scalability & Governance | Partnership, Value & Strategic Alignment |
|------|--------------------------------------|-------------------------------------|--------------------------------------|--|
| 1 | Oracle Health | InterSystems IntelliCare | Dedalus (ORBIS / webPAS / MedChart) | Dedalus (ORBIS / webPAS / MedChart) |
| 2 | InterSystems TrakCare | Orion Health | Epic | InterSystems TrakCare |
| 3 | Dedalus (ORBIS / webPAS / MedChart) | Oracle Health | Altera Digital Health | Orion Health |

TABLE 3A-2 TOP 3 VENDORS – REGIONAL, RURAL & SMALLER PUBLIC HOSPITALS

| Rank | Clinical & Operational Effectiveness | Interoperability, Data & Innovation | Resilience, Scalability & Governance | Partnership, Value & Strategic Alignment |
|------|--------------------------------------|-------------------------------------|--------------------------------------|--|
| 1 | Dedalus (ORBIS / webPAS / MedChart) | Orion Health | InterSystems TrakCare | Dedalus (ORBIS / webPAS / MedChart) |
| 2 | InterSystems TrakCare | InterSystems IntelliCare | Dedalus (ORBIS / webPAS / MedChart) | Telstra Health Kyra Clinical |
| 3 | Oracle Health | Altera Digital Health | MEDITECH Expanse | InterSystems IntelliCare |

TABLE 3A-3 TOP 3 VENDORS – PRIVATE ACUTE & DAY HOSPITALS

| Rank | Clinical & Operational Effectiveness | Interoperability, Data & Innovation | Resilience, Scalability & Governance | Partnership, Value & Strategic Alignment |
|------|--------------------------------------|-------------------------------------|--------------------------------------|--|
| 1 | Dedalus (ORBIS / webPAS / MedChart) | Dedalus (ORBIS / webPAS / MedChart) | Oracle Health | Telstra Health Kyra Clinical |
| 2 | Orion Health | Oracle Health | Epic | MEDITECH Expanse |
| 3 | Altera Digital Health | InterSystems TrakCare | InterSystems TrakCare | Altera Digital Health |

TABLE 3A-4 TOP 3 VENDORS – AMBULANCE, RETRIEVAL & HOSPITAL-BASED EMERGENCY SERVICES

| Rank | Clinical & Operational Effectiveness | Interoperability, Data & Innovation | Resilience, Scalability & Governance | Partnership, Value & Strategic Alignment |
|------|--------------------------------------|-------------------------------------|--------------------------------------|--|
| 1 | Alcidion Miya Precision | Alcidion Miya Precision | Oracle Health | Alcidion Miya Precision |
| 2 | Oracle Health | Orion Health | Epic | Dedalus (ORBIS / webPAS / MedChart) |
| 3 | Dedalus (ORBIS / webPAS / MedChart) | InterSystems TrakCare / IntelliCare | Orion Health | Telstra Health Kyra Clinical |

SUMMARY OF #1-RATED VENDORS BY SEGMENT AND DOMAIN

Across the four acute-care segments, the domain leaders show clear but differentiated strengths.

✓ Public Health Systems & Major Public Hospitals

In large state and tertiary hospital environments, **Oracle Health** is the top-rated vendor for **Clinical & Operational Effectiveness**, reflecting its established footprint and ability to support complex, multi-site workflows. **InterSystems IntelliCare** leads in **Interoperability, Data & Innovation**, highlighting its strength as a forward-looking data and analytics layer for TrakCare customers and large systems. **Dedalus (ORBIS / webPAS / MedChart)** is rated #1 in both **Resilience, Scalability & Governance** and **Partnership, Value & Strategic Alignment**, indicating strong perceived fit where Dedalus infrastructure already underpins PAS and medicines management and where long-term partnership and evolution paths matter.

✓ Private Acute & Day Hospitals

In private acute and day surgery environments, **Dedalus (ORBIS / webPAS / MedChart)** is again #1 for both **Clinical & Operational Effectiveness** and **Interoperability, Data & Innovation**, indicating strong strategic fit where private groups leverage Dedalus PAS and MedChart and seek tighter integration and modernisation. **Oracle Health** leads in **Resilience, Scalability & Governance**, reflecting its perceived robustness for larger private networks. **Telstra Health Kyra Clinical** is the top vendor for **Partnership, Value & Strategic Alignment**, highlighting the importance of a locally developed, modular EMR and close Australian-based vendor relationships in the private sector.

✓ Regional, Rural & Smaller Public Hospitals

For smaller public hospitals and regional networks, **Dedalus (ORBIS / webPAS / MedChart)** ranks #1 in **Clinical & Operational Effectiveness** and **Partnership, Value & Strategic Alignment**, underscoring its suitability as an evolution pathway from existing Dedalus PAS/eMeds estates in regional settings. **Orion Health** leads **Interoperability, Data & Innovation**, reflecting its role as a shared care record and integration platform across rural and regional services. **InterSystems TrakCare** tops **Resilience, Scalability & Governance**, consistent with its use as a single EMR/HIS spanning mixed metro-regional portfolios.

✓ Ambulance, Retrieval & Hospital-Based Emergency Services

In the emergency and prehospital segment, **Alcidion Miya Precision** is rated #1 across **Clinical & Operational Effectiveness, Interoperability, Data & Innovation** and **Partnership, Value & Strategic Alignment**, emphasising its role as an overlay and command-centre platform for ED, flow and prehospital integration. **Oracle Health** leads **Resilience, Scalability & Governance**, consistent with its use as a core ED/acute EMR in large systems and its perceived resilience in time-critical environments.

OVERALL PATTERN ACROSS THE FOUR SECTIONS

Looking across all four segments and domains:

- ✓ **Dedalus (ORBIS / webPAS / MedChart)** records the highest number of #1 positions, leading **six** of the sixteen segment-domain combinations, particularly in **Clinical & Operational Effectiveness** and **Partnership/Value** for regional and private hospitals, and in **Resilience/Governance** and **Partnership/Value** for major public systems.
- ✓ **Oracle Health** is the #1 vendor in **three** combinations, with particular strength in **Clinical & Operational Effectiveness** for major public hospitals and **Resilience/Governance** for both private hospitals and emergency/prehospital services.
- ✓ **Alcidion Miya Precision** leads **three** combinations, all in the ambulance and ED segment, signalling strong niche strategic fit in flow, virtual care and command-centre style use cases.
- ✓ Other vendors, including **InterSystems IntelliCare, InterSystems TrakCare, Orion Health** and **Telstra Health Kyra Clinical**, each take the top position in one or more domains in specific segments, reflecting a competitive landscape where different platforms occupy distinct strategic “sweet spots” rather than a single, universal winner.

7.4 STRATEGIC FIT LEADERS BY INDIVIDUAL DIMENSION (Q1-Q18)

The following table summarises the **top-rated vendor** for each of the 18 individual strategic fit dimensions (across all acute-care segments combined).

TABLE 3B TOP VENDORS BY INDIVIDUAL STRATEGIC FIT DIMENSION (Q1-Q18)

| Dimension ID | Australia: Strategic Fit Dimension | Top Vendor (All Segments Combined) | Dimension ID | Australia: Strategic Fit Dimension | Top Vendor (All Segments Combined) |
|--------------|--|------------------------------------|--------------|---|-------------------------------------|
| Q1 | Clinician Workflow Fit and Usability | Epic | Q13 | Change Management and Clinical Adoption Support | Epic |
| Q2 | Medication Safety and End-to-End Medicines Management | Dedalus (MedChart / ORBIS) | Q14 | Client Support Responsiveness and Communication | Telstra Health Kyra Clinical |
| Q3 | Patient Administration and Operational Backbone | InterSystems TrakCare | Q15 | Integration with Existing PAS, Pharmacy and Ancillary Systems | Dedalus (webPAS / MedChart / ORBIS) |
| Q4 | Support for Prehospital, Virtual and Out-of-Hospital Care | Alcidion Miya Precision | Q16 | Patient Engagement and Digital Front Door | Orion Health |
| Q5 | Interoperability with My Health Record and National Services | Orion Health | Q17 | Alignment with Strategic Digital Health Roadmaps | Oracle Health |
| Q6 | Open Standards and Vendor Neutrality | Dedalus ORBIS | Q18 | Total Cost and Partnership Value (Beyond Licence Price) | Dedalus (ORBIS / webPAS / MedChart) |
| Q7 | Enterprise Data Platform and Analytics Readiness | Oracle Health | | | |
| Q8 | Innovation in Clinical Decision Support and User Experience | Alcidion Miya Precision | | | |
| Q9 | Localisation to Australian and New Zealand Context | Telstra Health Kyra Clinical | | | |
| Q10 | Safety, Reliability and Business Continuity | Oracle Health | | | |
| Q11 | Cloud and Managed Services Maturity | MEDITECH Expanse | | | |
| Q12 | Configurability vs Customisation | InterSystems TrakCare | | | |

7.5 KPI “WINS” BY VENDOR

The table below summarises how many of the 18 dimensions each vendor led.

| Vendor | # of Dimensions Rated First | Dimensions Where It Ranked First |
|--|-----------------------------|----------------------------------|
| Dedalus (ORBIS / webPAS / MedChart) | 4 | Q2, Q6, Q15, Q18 |
| Oracle Health | 3 | Q7, Q10, Q17 |
| Epic | 2 | Q1, Q13 |
| InterSystems TrakCare | 2 | Q3, Q12 |
| Alcidion Miya Precision | 2 | Q4, Q8 |
| Telstra Health Kyra Clinical | 2 | Q9, Q14 |
| Orion Health | 1 | Q5, Q16 |
| InterSystems IntelliCare | 0 | — |
| Altera Digital Health – Sunrise EMR | 0 | — |
| MEDITECH Expanse | 0 | — |
| IQVIA Hospital Information System | 0 | — |
| NTT DATA (Healthcare Provider Solutions) | 0 | — |
| Philips TASY EMR | 0 | — |

INTERPRETING INDIVIDUAL STRATEGIC FIT LEADERS (Q1-Q18) AND KPI “WINS”

Tables 3B and 7.5 highlight which vendors are rated highest on each of the 18 individual strategic fit dimensions, aggregated across all acute-care segments. These tables are powerful for showing where each platform is perceived to be strongest, but they can also be easily misinterpreted if viewed in isolation. This section explains how to read these results and what they do—and do not—imply.

First, it is important to recognise that being the top-rated vendor on a single dimension does not mean that vendor is the “best overall EMR”. The individual dimensions (Q1–Q18) are narrowly defined lenses such as clinician workflow, medicines management, data platform readiness or client support responsiveness. A vendor that scores first on one dimension may be only marginally ahead of others, or may perform less strongly on other dimensions that are critical for a particular organisation. The “wins” in Table 7.5 should therefore be read as signposts of relative strength, not as definitive rankings of overall quality.

Second, the pattern of “wins” across the 18 dimensions shows a distributed leadership model rather than a single dominant vendor. Based on Table 3B, Dedalus (ORBIS / webPAS / MedChart) is the individual leader on four dimensions, particularly around medication safety, open standards, integration with existing PAS/pharmacy systems and total cost/partnership value. Oracle Health is top on three dimensions focused on the data platform, safety/reliability and alignment with digital health roadmaps. Several other vendors—Epic, InterSystems TrakCare, Alcidion Miya Precision, Telstra Health Kyra Clinical, Orion Health and MEDITECH Expanse—each lead one or more dimensions such as clinician workflow, prehospital/virtual care, interoperability, localisation or cloud maturity. A small number of vendors do not lead any one dimension individually but may still perform solidly across multiple dimensions without being the absolute top scorer in any single one. The key takeaway is that no vendor “owns” the entire strategic landscape; rather, each occupies a set of strengths.

Third, these individual-dimension leaders are calculated across all acute-care segments combined, which means they represent a blended view. A vendor may be particularly strong in one segment (for example, private hospitals or ambulance/ED) but less prominent in others. When all segments are combined, a vendor that performs consistently well across several segments may emerge as the overall leader for that dimension, even if another vendor is slightly stronger in one specific segment. Readers should therefore avoid concluding that a vendor is the best choice for every type of organisation simply because it leads one or more dimensions in Table 3B; the segment-specific domain tables (Tables 3A-1 to 3A-4) are the appropriate reference for segment-level strategic fit.

Fourth, the “number of wins” per vendor in Table 7.5 should be treated as indicative, not as a scoring system in its own right. Counting how many times a vendor is ranked first can highlight where a platform is perceived to have a broad set of strengths, but it does not show how close the competition was, nor how the vendor performs on the dimensions where it did not lead. In practice, many of the underlying scores are tightly clustered, and differences between first, second and third place may be small. A vendor with no “wins” may still have strong, mid-to-high scores across many dimensions; conversely, a vendor with several wins may have weaker performance on some dimensions that are crucial for certain buyers. For this reason, the “wins” table should be interpreted as a qualitative summary of perceived leadership, not as a ranking or points tally.

Fifth, readers should remember that not all dimensions are equally important for every organisation. While the stakeholder validation results (Section 5) provide a general hierarchy of importance—highlighting, for example, clinician workflow and medication safety as top priorities—individual hospitals and systems may weight the 18 dimensions very differently. A regional public hospital might prioritise integration with existing PAS and medicines systems, resilience and partnership value; a statewide public system may place more emphasis on scalability, interoperability and data platform capabilities; a private group might focus on cloud maturity, revenue integration and partnership model. The fact that a vendor leads a dimension that is less important to a specific organisation should not outweigh solid performance on that organisation’s highest priority dimensions.

Sixth, these results are survey-based and directional. They reflect the perceptions and experiences of the 454 respondents at the time of the survey, subject to the usual limitations of sample size, respondent mix and self-reported data. As noted in the methodology, aggregate national findings carry an estimated margin of error, and subgroup or vendor-level views should be interpreted with additional caution. The tables are valuable for revealing patterns—such as which vendors are perceived as strongest in medicines, data, localisation or support—but they are not a substitute for detailed procurement, reference checking, technical due diligence or site visits.

Finally, organisations should use Tables 3B and 7.5 as one piece of evidence in a larger decision framework. A practical way to apply these results is to:

- Identify which of the 18 dimensions align most closely with local strategic priorities.
- Note which vendors are perceived as leaders on those specific dimensions.
- Cross-reference that view with the segment-specific domain tables (3A-1 to 3A-4) to see how those vendors perform in the relevant organisational context (e.g. public system, regional hospital, private group, ambulance/ED).
- Use the insights as an input into more detailed evaluation, not as a shortcut to vendor selection.

In summary, the individual-dimension leaders and KPI “wins” provide a useful map of where each EMR/EHR platform is perceived to be strongest across Australian acute care. They should be read as a nuanced picture of complementary strengths, rather than as a scoreboard that crowns a single overall winner.



08

VENDOR STRATEGIC FIT BY ACUTE-CARE SEGMENT

8.1 PUBLIC HEALTH SYSTEMS & MAJOR PUBLIC HOSPITALS

In this segment, strategic fit is driven by:

- Ability to support large, complex, multi-hospital environments
- Teaching and research requirements
- Whole-of-system interoperability and data platforms

KEY THEMES

- **Oracle Health, Epic, Altera Sunrise EMR** and **InterSystems TrakCare/IntelliCare** show strong credentials as enterprise EMR suites, proven or planned at state or large-network scale.
- **Dedalus (ORBIS / webPAS / MedChart)** is strategically attractive where Dedalus already underpins PAS and eMeds, offering a less disruptive evolution path to a full EMR and data platform.
- **Telstra Health Kyra Clinical** and **Aldicion Miya Precision** serve as modular, locally-aligned options and overlays to enhance clinical workflows and command-centre visibility.
- **Orion Health** and other shared record platforms play complementary roles in interoperability and cross-system data aggregation.

8.2 REGIONAL, RURAL & SMALLER PUBLIC HOSPITALS

Here, strategic fit depends on:

- Network-wide instances spanning metro and regional sites
- Cost-effective scaling and support
- Support for constrained local staffing and infrastructure

KEY THEMES

- **InterSystems TrakCare, Oracle Health, Altera Sunrise EMR** and **MEDITECH Expanse** can extend shared instances across mixed metro-regional portfolios.
- **Dedalus (webPAS / MedChart / ORBIS)** is often present as PAS/meds infrastructure in regional hospitals, with ORBIS offering a network-wide EMR evolution path.
- **Aldicion Miya Precision** and **Telstra Health Kyra Clinical** allow incremental digital upgrades in flow, mobile and modular EMR capability without full replacement.

8.3 PRIVATE ACUTE & DAY HOSPITALS

For private providers, strategic fit is driven by:

- Revenue cycle and private billing requirements
- Multi-site network roll-outs and cloud options
- Commercial flexibility and speed of deployment

KEY THEMES

- **InterSystems TrakCare** and **MEDITECH Expanse** feature strongly as core EMRs for private hospital networks, including cloud EMR models.
- **Dedalus (webPAS / MedChart / ORBIS)** aligns well where Dedalus already supports PAS and medications in private groups and day hospitals.
- **Telstra Health Kyra Clinical** appeals to private and PPP-style hospitals seeking locally designed, modular EMR capabilities.
- **Oracle Health, Philips TASY** and others play roles in specific private groups depending on prior investments and strategic partnerships.
- **Aldicion Miya Precision** commonly overlays existing core systems to improve patient flow, theatre management and mobile access.

8.4 AMBULANCE, RETRIEVAL & HOSPITAL-BASED EMERGENCY SERVICES

Strategic fit for this segment focuses on:

- Time-critical workflows and decision making
- Seamless integration between prehospital and ED care
- Real-time visibility across the acute episode

KEY THEMES

- EMR suites such as **Oracle Health, Epic, InterSystems, Dedalus** and **Kyra Clinical** provide ED modules tightly integrated with inpatient workflows.
- **Aldicion Miya Precision** often delivers ED dashboards, early-warning scores and command-centre capabilities on top of existing EMRs.
- **Orion Health** and similar platforms connect ambulance, ED and inpatient data in shared care records.
- Where deployed, specialised prehospital platforms (including Dedalus offerings in some markets) provide integrated ePCRs feeding hospital ED systems.

09

VENDOR STRATEGIC FIT PROFILES – AUSTRALIA ACUTE CARE

For each vendor below: strategic role, narrative overview, strategic fit summary, and Capability / Customer Evidence / Momentum assessment. (Alphabetical)

9.1 ALCIDION MIYA PRECISION

STRATEGIC ROLE

Overlay and orchestration layer for patient flow, virtual care and safety on top of existing acute-care EMRs.

Miya Precision is a FHIR-events clinical platform that sits over existing hospital systems to provide real-time patient status, early-warning and flow management rather than replacing the core PAS/EMR. In Australia it is live in major public services and regional sites for patient flow and discharge optimisation. Typical clients are large public health networks that want to modernise clinician experience and command-centre visibility without ripping out their incumbent EMR/PAS. Its key differentiator is the ability to consolidate data from multiple source systems and surface actionable, workflow-integrated insights, including AI-enabled decision support. In the Australian acute market, Miya is often positioned as the “smart layer” for virtual care, patient flow and mobile access, complementing core EMR platforms rather than displacing them.

From a strategic fit perspective, Miya Precision is best suited to organisations seeking incremental, modular digital enhancements to safety and throughput while deferring or avoiding immediate core EMR replacement.

CAPABILITY / CUSTOMER EVIDENCE / MOMENTUM

CAPABILITY: HIGH

strong in workflow orchestration, alerts, patient flow, virtual care and mobile, by design not a full core EMR.

CUSTOMER EVIDENCE: MEDIUM

credible footprint in several prominent Australian public and regional hospitals, but smaller than core EMR suites.

MOMENTUM: HIGH

strong interest from organisations looking for incremental, low-disruption digital upgrades around existing EMRs.

9.2 ALTERA DIGITAL HEALTH - SUNRISE EMR

STRATEGIC ROLE

Integrated EMR/PAS platform with a proven statewide deployment model but facing market-confidence and trajectory challenges in its core US base.

Sunrise is a single-platform acute and ambulatory EMR/PAS deployed statewide across South Australian public hospitals and health services, giving it one of the most concrete jurisdiction-wide EMR footprints in Australia. Typical clients are public health systems and large regional groups seeking a unified EMR/PAS that can scale across metro and regional hospitals on a common platform. Sunrise's differentiators in the Australian context are its proven statewide deployment, tight PAS-clinical integration, and long history in ANZ under its former Allscripts branding. Market-wise, it is strongest in South Australia but present in other ANZ deployments, giving it a solid but geographically concentrated share of the acute EMR space.

In 2022, Allscripts sold its Hospitals and Large Physician Practices business – including Sunrise – to N. Harris Computer Corporation, and the business was rebranded as Altera Digital Health. Independent industry reporting notes that this hospital EHR portfolio had been losing market share and revenue in the US over several years prior to the sale. The new owner positions itself as a long-term “forever” holder of such assets and explicitly describes a strategy of acquiring underperforming or distressed businesses and improving them over time. This ownership model can offer financial stability and a long planning horizon but also signals that Sunrise enters the Harris/Altera era from a position of relative weakness in its largest historical market.

EVIDENCE FROM US MARKET PERFORMANCE

Multiple independent US market analyses and news reports point to a pattern of Sunrise customers moving to other EHR vendors in recent years:

- Publicly discussed deal activity indicates that hospitals using Allscripts/Altera hospital EHRs have, in a number of cases, migrated to other enterprise platforms (often Epic, Oracle Health and MEDITECH), contributing to a net decline in US hospital footprint for Sunrise and related products.
- Industry commentary characterises the hospital EHR portfolio sold to Harris as “underperforming” and in need of turnaround, reflecting both revenue decline and loss of competitive position in the US acute market.

In parallel, there has been negative publicity around at least one high-profile Sunrise implementation. Mercy Iowa City cited significant operational issues following a new Allscripts/Altera EHR implementation – including coding, billing and revenue-cycle disruption – as a key factor contributing to its Chapter 11 bankruptcy filing and subsequently pursued legal action against the vendor. While this is a single case in a challenging financial environment for US hospitals overall, it has reinforced perceptions of implementation risk among some observers.

Taken together, these independent data points indicate:

- persistent erosion of Sunrise’s installed base in the US acute market,
- a pattern of competitive losses to other EMR platforms rather than purely consolidation-driven attrition, and
- implementation and revenue-cycle risk that has been publicly scrutinised in at least one case.

These trends do not negate Sunrise’s functional capabilities or its successful Australian deployments, but they do suggest that customer confidence in Sunrise has been more fragile in its largest historical market than for some competing platforms.

STRATEGIC IMPLICATIONS FOR AUSTRALIAN BUYERS

For Australian public and regional health systems, Sunrise still offers a credible integrated EMR/PAS platform with a demonstrable statewide footprint and ANZ-specific experience. From a **functional** and **operational** perspective, its ability to support unified PAS and clinical workflows across metro and regional sites remains a key strength, particularly where a jurisdiction wants a single, tightly integrated stack.

However, Black Book’s review of international market evidence suggests several strategic-fit considerations that Australian stakeholders should weigh carefully:

✓ Vendor trajectory and long-term roadmap.

The sale of the hospitals business and rebrand to Altera were executed against a backdrop of declining US hospital market presence and revenue for Sunrise and its sister products. While Harris/Altera emphasises a long-term “forever” ownership model and renewed product investment, Australian buyers will want clear, detailed roadmaps for Sunrise’s evolution, including how it will remain competitive against platforms with stronger global growth momentum.

✓ Customer base stability.

The pattern of US customers replacing Sunrise with other EMRs points to a need for close scrutiny of customer-retention trends, reference sites and satisfaction levels. For Australian organisations seeking a multi-decade EMR partner, the size, stability and sentiment of the global customer base are material strategic concerns.

✓ Implementation and operational risk.

The Mercy Iowa City case, in which a Sunrise implementation was cited as a contributing factor to significant revenue-cycle disruption and bankruptcy, underscores the importance of rigorous implementation governance, local configuration oversight and early revenue-cycle testing. These are not unique to Sunrise, but the public nature of this case means Australian executives are likely to ask more pointed questions about delivery risk and mitigation strategies.

✓ Leadership and organisational change.

Transition from a publicly listed US vendor (Allscripts) to a Harris business unit has inevitably involved restructuring and leadership changes. Altera positions this as a positive reset backed by a large parent company and a more focused portfolio. From a buyer’s perspective, this creates both opportunity (renewed focus, fresh investment) and uncertainty (shifts in priorities, potential changes in support models and local presence) that need to be tested via references and contractual commitments.

OVERALL STRATEGIC-FIT ASSESSMENT

Strategically, Sunrise remains a **strong functional** fit for Australian jurisdictions and hospital networks that:

- value an integrated EMR/PAS platform with proven state-level deployment in South Australia;
- are comfortable committing to a single-vendor stack for core acute workflows; and
- can enforce robust governance over implementation and change management.

At the same time, when viewed through an international lens, Sunrise/Altera carries elevated strategic-trajectory risk compared with vendors whose global hospital market share and customer bases are expanding rather than contracting. Australian health services considering Sunrise as a long-term acute EMR should therefore:

- treat the South Australian deployment as a critical but not sufficient proof point;
- undertake deeper due diligence on global customer-retention patterns, product investment levels and roadmap delivery; and
- build contractual safeguards and exit strategies that recognise the mixed confidence signals emerging from the US market.

Within this report’s strategic-fit framework, these factors do not disqualify Sunrise as an option, but they do moderate its overall long-term risk/benefit profile for Australian health systems seeking a highly stable, multi-decade EMR anchor.

9.3 DEDALUS ORBIS (WITH WEBPAS / MEDCHART)

STRATEGIC ROLE

EMR evolution path for hospitals already using Dedalus PAS and eMeds in ANZ.

ORBIS is Dedalus' clinician-centric EMR which has been brought from its leading European base into the Australian and New Zealand market as a cloud-enabled, modular system. In Australia, it sits alongside long-established Dedalus assets such as webPAS and MedChart, which already underpin many public and private hospitals' PAS and medication management, giving ORBIS a ready-made installed base to expand into. Typical clients are multi-hospital public or private networks that want a modern EMR while reusing existing Dedalus infrastructure and ANZ-localised workflows. ORBIS differentiates on deep clinical workflow design, strong medicines management integration and open-standards architecture aimed at FHIR-based interoperability. In market terms, ORBIS is an emerging EMR contender in Australia but rides on Dedalus' decades-long footprint across ANZ hospital IT.

From a strategic fit perspective, ORBIS is particularly attractive for organisations already invested in Dedalus PAS and eMeds, offering a lower-disruption path to a modern EMR and data platform that builds on existing ANZ-localised infrastructure.

CAPABILITY / CUSTOMER EVIDENCE / MOMENTUM

CAPABILITY: HIGH

clinician-centric workflows, strong medicines integration and open-standards architecture, especially when combined with webPAS/MedChart.

CUSTOMER EVIDENCE: MEDIUM

ORBIS itself is emerging in Australia, though Dedalus has a deep and long-standing PAS/meds footprint.

MOMENTUM: HIGH

strong interest from organisations with existing Dedalus infrastructure seeking an evolution rather than a rip-and-replace approach.

OUTLOOK 2026-2030: ANTICIPATED DEMAND IN COMMUNITY, SMALL AND REGIONAL HEALTH SYSTEMS

While this report does not attempt to forecast market share, the strategic fit findings suggest that **community, small and regional health services** may represent an area of particularly strong potential demand for Dedalus solutions through 2030.

Across the segment-level results, Dedalus (ORBIS / webPAS / MedChart) ranks highly for **Clinical & Operational Effectiveness** and **Partnership, Value & Strategic Alignment** in regional, rural and smaller public hospitals, as well as in private acute and day hospitals. In these settings, many providers already rely on **webPAS and MedChart** as critical operational and medicines backbones. For such organisations, ORBIS offers a **progressive extension** of existing Dedalus infrastructure rather than a wholesale platform change, which can be attractive where capital, change capacity and local workforce are constrained.

In addition, several macro-trends identified in this report align with Dedalus' existing strengths:

- Community, regional and small hospitals often seek **incremental modernisation** of clinical workflows and medicines management, rather than immediate transition to very large, highly standardised statewide EMR programs.
- The need to support **out-of-hospital and virtual care models** from a solid PAS/eMeds base favours platforms that can layer new capabilities onto established transactional systems with minimal disruption.
- For many local and regional services, **integration with existing PAS, pharmacy and ancillary systems** and clear **partnership value over time** are at least as important as headline feature breadth.

In that context, the combination of **webPAS + MedChart + ORBIS** may be perceived by some community, small and regional health systems as a pragmatic, lower-risk route to EMR maturity: retaining familiar core systems while progressively adopting ORBIS modules to deepen clinical coverage, interoperability and analytics. The high strategic fit scores for Dedalus in domains such as **integration, medication safety** and **total cost/partnership value** reinforce this perception.

At the same time, it is important to emphasise that:

- Dedalus is one of several vendors with strong offerings for these segments; InterSystems TrakCare, Oracle Health, MEDITECH Expanse, Telstra Health Kyra Clinical and others are also rated highly in specific domains and segments.
- The suitability of ORBIS and related Dedalus products will vary by organisation, depending on existing systems, governance, financing, clinical priorities and local digital health roadmaps.
- Any decision to expand or adopt Dedalus solutions should be supported by detailed technical, clinical, commercial and governance due diligence.

Overall, based on the strategic fit evaluation and the current needs of community, small and regional providers, it is reasonable to anticipate **sustained and possibly increasing demand** for Dedalus' PAS, eMeds and ORBIS offerings in these classes of Australian health services through 2030—particularly where organisations wish to build on, rather than replace, their existing Dedalus foundations.

9.4 EPIC

STRATEGIC ROLE

Large-scale enterprise EMR for highly standardised, jurisdiction-wide public health systems.

Epic has been selected to deliver a single digital patient record program for a major Australian state, replacing multiple EMRs, PAS and LIMS across an entire public health system. Typical Australian clients are large public health systems seeking highly standardised, very large-scale deployments with a single vendor across acute, community and pathology. Epic's differentiators include end-to-end breadth (clinical, revenue, specialty content), strong interoperability tools and a mature global implementation methodology tuned for statewide programs.

Strategically, Epic is best aligned with jurisdictions and large health systems that are prepared for the governance, standardisation and change effort required for a highly centralised, single-vendor EMR model.

CAPABILITY / CUSTOMER EVIDENCE / MOMENTUM

CAPABILITY: HIGH

comprehensive clinical coverage, specialty content and statewide program tooling.

CUSTOMER EVIDENCE: MEDIUM

globally strong but still in rollout phase in Australia.

MOMENTUM: HIGH

large-scale public programs confer significant forward momentum and visibility.

RISKS AND CONSIDERATIONS FOR AUSTRALIAN PUBLIC SYSTEMS (2026–2030)

From a strategic fit perspective, Epic is a powerful option for jurisdictions that explicitly seek a single, highly standardised platform at very large scale. At the same time, several factors emerging from Black Book's survey results and from independent public reporting indicate that Epic **may not be the best fit for every large or public health system in Australia**, particularly where risk appetite, budget capacity or governance arrangements differ from those assumed in "big bang" enterprise programs.

01 Scale, complexity and implementation risk

Epic implementations are typically multi-year, resource-intensive programs that demand strong central governance, extensive clinical engagement and significant local change capacity. Global implementation experience consistently characterises Epic as a "large-program" choice, with timelines for major health systems often measured in years and requiring dedicated programme structures and substantial clinical participation.

In New South Wales, for example, the Single Digital Patient Record (SDPR) project based on Epic is valued at close to A\$1 billion in its original business case, with subsequent audit reports warning that integration and operational costs were underestimated and that the overall programme faces a tangible risk of budget overrun. While these findings relate to programme governance and cost estimation by the jurisdiction rather than Epic alone, they illustrate the scale and complexity that public health systems must be prepared to manage. For Australian states or territories with more constrained digital health budgets or less mature programme governance, this level of complexity may be less aligned with local capacity.

02 Total cost of ownership and resource burden

Independent analyses of Epic implementations globally describe the platform as a "premium" or "Cadillac" EHR whose benefits are associated with a relatively high total cost of ownership (TCO). Cost components typically include substantial up-front licensing and implementation spend, intensive training programmes, dedicated internal IT and optimisation teams, and ongoing maintenance and upgrade commitments over a 10-year horizon.

For Australian public providers, especially those serving regional and rural populations or operating in tighter fiscal environments, this cost and resourcing profile may be challenging. In Black Book's strategic fit framework, Epic is not consistently rated as the top vendor on dimensions such as Total Cost and Partnership Value or Integration with Existing PAS and ancillary systems, where more incremental, evolution-based approaches (e.g. leveraging current PAS/eMeds assets) can appear more financially and operationally accessible to some organisations.

03 Centralisation vs local variation

Epic's strengths are closely tied to a highly standardised, enterprise-wide build and a strong central governance model. For some Australian public health systems, especially those with substantial diversity in models of care, regional operating contexts and legacy systems, such high levels of standardisation can create tension between state-level efficiency and local clinical flexibility.

By contrast, the survey responses indicate that some providers value approaches that allow phased adoption or tighter alignment to existing PAS, medicines and ancillary investments when moving towards a more modern EMR. In those contexts, Epic's centralised operating model may be perceived as less flexible than more modular or evolution-based strategies.

04 Legal and regulatory uncertainty at global level

Epic currently faces **active legal and regulatory scrutiny** in several jurisdictions, particularly in the United States, centred on alleged antitrust and interoperability concerns. A federal antitrust case brought by health data company Particle Health has been allowed to proceed in part, with the court finding that some monopolisation claims may move forward. In addition, in late 2025 the Texas Attorney General filed a separate lawsuit alleging monopolistic practices and restrictions on competition and data access, which Epic strongly disputes.

It is important to emphasise that **these are allegations, not findings of liability**, and Epic has publicly denied wrongdoing in these matters. Nonetheless, for Australian public health systems contemplating long-term, single-vendor arrangements, ongoing global legal and regulatory proceedings introduce an element of uncertainty that boards and governments will likely monitor over the coming years. This is not unique to Epic—large vendors across sectors face legal challenges—but the scale and market position of Epic means outcomes in these cases could have broader implications for commercial models, interoperability practices or regulatory oversight.

05 Implications for strategic fit in Australia

When interpreted through Black Book's 18-dimension strategic fit framework, Epic emerges as:

- A **leader on specific clinical and change-management dimensions**, such as clinician workflow fit and change/adoption support (Q1, Q13).
- A **strong but not uniformly dominant performer** on dimensions like interoperability, open standards, cost/partnership value and integration with existing systems, where other vendors (including Dedalus, InterSystems, Telstra Health, Alcidion and Orion) are rated higher.

For very large, well-resourced jurisdictions that explicitly prioritise a single, centralised EMR platform and are willing to absorb the associated cost, governance and change implications, Epic can be a strategically coherent choice. For other Australian public health systems—particularly those with constrained budgets, a strong preference for multi-vendor ecosystems, or a desire to evolve from existing PAS/eMeds footprints—Epic may be **less aligned** with local strategic priorities than alternative, more modular or evolution-based solutions.

In summary, Epic's offering for Australia combines **high capability and substantial momentum** with **significant programme scale, cost and governance demands**, and it operates against a backdrop of ongoing global legal scrutiny regarding competition and interoperability. The strategic question for each Australian public health system is not whether Epic is "good" or "bad", but whether its particular combination of strengths, requirements and external context represents the **best strategic fit** for that system's risk appetite, financial envelope, digital health roadmap and commitment to a single-vendor model over the next decade.

9.5 INTERSYSTEMS INTELICARE

STRATEGIC ROLE

Incremental, data-oriented evolution path for existing TrakCare customers, with strengths in interoperability and data services rather than next-generation EMR functionality.

InterSystems IntelliCare is positioned as a next-generation EHR layer built on the foundation of TrakCare plus IRIS for Health, adding more advanced data services, analytics and AI capabilities on top of the existing platform. Globally it is marketed as a modular, cloud-ready evolution of TrakCare rather than a completely new product family. In Australia, IntelliCare is currently a **forward-looking option mainly for existing TrakCare customers**, not a standalone EMR that new buyers typically shortlist independently. Typical clients are health systems that already rely on InterSystems for core EMR/PAS and want to strengthen their data platform and connectivity, rather than replace the underlying clinical system.

From a strategic fit standpoint, IntelliCare's appeal for Australian buyers is **concentrated around interoperability, data integration and enterprise data fabric**, not around radically new clinical workflows, consumer-facing capabilities or "bells and whistles" that many organisations now associate with next-generation EMR platforms. For TrakCare customers, IntelliCare can be a pragmatic way to enhance data and analytics without a full replatform, but it does not, in itself, transform TrakCare into a leading-edge EMR in areas such as user experience, embedded AI at the point of care, digital front door or deep specialty content.

CAPABILITY / CUSTOMER EVIDENCE / MOMENTUM

CAPABILITY: MEDIUM-HIGH

strong in data integration, interoperability and analytics when layered onto TrakCare, but the clinical front-end and workflow experience remains largely anchored in the existing TrakCare paradigm rather than representing a step-change for clinicians.

CUSTOMER EVIDENCE: LOWER-MEDIUM

emerging in Australia primarily as an option for existing TrakCare sites; limited evidence to date of IntelliCare being selected as a primary EMR driver for new acute-care customers.

MOMENTUM: MEDIUM

of interest to some TrakCare customers exploring data modernisation, but not yet a major driver of new EMR-led transformation programs compared to more feature-rich, next-generation platforms.

9.6 INTERSYSTEMS TRAKCARE

STRATEGIC ROLE

Mature, integrated EMR/HIS with strong interoperability for mixed public-private portfolios, but generally viewed as a solid, conventional choice rather than a cutting-edge EMR for Australia's next phase of digital hospitals.

TrakCare is a unified EMR and healthcare information system used by a range of Australian hospitals and health networks for integrated PAS and clinical workflows. Typical clients include both public and private multi-hospital organisations that want a single patient record across inpatient and outpatient services and value stability and connectivity. TrakCare's most consistently cited differentiator in the Australian context is its **interoperability and data-sharing capability**, combined with a broad, proven footprint across different care settings.

At the same time, many Australian stakeholders describe TrakCare's clinical capabilities and user experience as **competent but relatively conventional** compared with newer EMR offerings. While it provides the core EMR/HIS functions required for day-to-day operations, it is not generally perceived as leading the market in advanced user experience, embedded AI, sophisticated clinical decision support, consumer digital front door features or highly packaged specialty content. For buyers looking for a "next generation" EMR experience that markedly changes clinician workflows and patient engagement, TrakCare is more often seen as a **stable incumbent** than as an aspirational future-state platform.

Strategically, TrakCare remains a reasonable fit for organisations that prioritise **interoperability, integration and a unified, proven EMR/HIS** across mixed metro-regional portfolios, and that are comfortable with an evolutionary improvement path via IntelliCare rather than a wholesale shift to a different EMR paradigm.

CAPABILITY / CUSTOMER EVIDENCE / MOMENTUM

CAPABILITY: MEDIUM-HIGH

reliable unified patient record, multi-setting support and strong interoperability; clinical feature set is broad but not generally regarded as cutting-edge in areas such as UX, AI-driven decision support or patient-facing digital services.

CUSTOMER EVIDENCE: HIGH

significant installed base across Australian public and private hospitals, with many years of operational experience.

MOMENTUM: MEDIUM

stable presence and continued use in existing portfolios, but less often positioned as the first-choice platform for organisations seeking a step-change, "next wave" EMR experience compared with more aggressively innovating competitors.

9.7 IQVIA HOSPITAL INFORMATION SYSTEM

STRATEGIC ROLE

Niche cloud HIS/EMR offering with limited evidence in Australian acute care; more closely associated with IQVIA's data and analytics ecosystem than with large-scale hospital EMR transformation.

IQVIA's Hospital Information System is marketed as a cloud-based HIS/EMR designed to improve workflow efficiency, standardisation of care and patient-centred delivery. Globally, it is present in selected regions with an emphasis on rapid deployment and configurability. In Australia, however, its footprint in **acute hospitals is minimal** and the product is more commonly referenced in the context of IQVIA's broader data, analytics and real-world evidence services than as a primary inpatient EMR brand. Typical prospective clients might be mid-sized private or regional providers already engaged with IQVIA on data or analytics, rather than large public systems seeking a long-term EMR anchor.

From a strategic fit perspective, the IQVIA HIS should currently be regarded as a **specialist or challenger option with limited proof points** in the Australian acute setting. Its positioning is more as an adjunct to IQVIA's data capabilities than as a widely proven platform for complex, multi-hospital EMR programmes. For Australian buyers looking for a mainstream, long-horizon acute EMR partner, the combination of a small installed base, few local references and limited independent evaluation means IQVIA HIS is, at this stage, **relatively unproven** compared with established alternatives.

CAPABILITY / CUSTOMER EVIDENCE / MOMENTUM

CAPABILITY: MEDIUM

the product offers a reasonably broad HIS/EMR feature set on paper, with templating and configurability, but there is insufficient Australian experience to demonstrate how well these capabilities perform in practice in complex acute environments.

CUSTOMER EVIDENCE: LOW

niche or limited presence in Australian acute hospitals, with few publicly visible implementations in comparable settings; little independent performance data available relative to other EMR vendors covered in this report.

MOMENTUM: LOW-MEDIUM

may be of interest in isolated cases where organisations are heavily invested in IQVIA's analytics ecosystem and are exploring aligned HIS options but is **not** currently a mainstream or widely adopted choice for acute EMR modernisation in Australia.

In summary, while IQVIA's Hospital Information System may evolve over time, current evidence does not support treating it as a leading candidate for most Australian acute-care providers seeking a well-established, long-term EMR partner. It should be evaluated, if at all, with particular caution and only alongside more mature, better evidenced alternatives.

9.8 INTERSYSTEMS TRAKCARE

STRATEGIC ROLE

Cost-conscious EMR option primarily optimised for small, community and rural hospitals; limited strategic fit for most Australian acute-care providers in this study.

MEDITECH Expanse is a cloud-enabled EMR that has gained visibility in Australia through its selection by St Vincent's Health Australia Private Hospitals as the foundation EMR across 10 private hospitals, deployed under a subscription "MEDITECH as a Service" (MaaS) model. Globally, Expanse is positioned as a modern, browser-based evolution of MEDITECH's long-standing legacy platforms, with a strong focus on **keeping total cost of ownership (TCO) low enough for small and community hospitals to remain independent** and avoid consolidation into larger systems.

Independent commentary and user-review sources describe Expanse and MEDITECH more broadly as **relatively lean and basic compared with the most feature-rich enterprise EMRs**. Pros often highlighted include affordability, simplicity and suitability for small organisations; cons include limited advanced functionality, challenges with some updates, and concerns about integration complexity and feature depth in more sophisticated environments. Expanse has also seen at least one well-publicised implementation failure at a small US hospital, which abandoned an Expanse upgrade after significant cost overruns and project difficulties.

At the same time, recent Black Book research in the **US community and rural hospital segment** has found that Expanse scores strongly with many smaller hospitals on affordability, sustainability and alignment with the operational realities of budget-constrained providers, and has high reported loyalty within that specific segment. In other words, its strengths are most visible where financial constraints and survival pressures dominate, and where expectations for advanced analytics, deep specialty content and cutting-edge digital experience are necessarily moderated.

STRATEGIC FIT FOR AUSTRALIA

Viewed through the 18-dimension strategic fit lens used in this report, MEDITECH Expanse presents a mixed picture for Australian acute-care buyers:

Where it fits relatively well

- ✔ Smaller, financially constrained community or rural hospitals looking for a **basic but serviceable EMR** with lower TCO than top-tier enterprise platforms.
- ✔ Provider groups that explicitly prioritise **cost containment and minimum viable EMR capability** over advanced clinical decision support, complex analytics or rich digital front-door features.

Where it is generally misaligned with Australian priorities

- ✔ Larger public health systems and sophisticated private networks that are seeking **next-generation EMRs** with strong interoperability, rich analytics, advanced clinical decision support, and extensive specialty content.
- ✔ Organisations looking for a platform that will act as a long-term, whole-of-system digital foundation across multiple care settings, with high expectations around innovation, user experience, and integration with broader digital health investments.

In this Australian context, Expanse is **not widely regarded as a leading candidate** for most acute-care providers covered in this study. Its value proposition is heavily anchored in affordability and basic EMR coverage for smaller hospitals with limited cash flow, rather than in delivering the breadth, depth and innovation that many Australian buyers now expect from strategic EMR partners. While the St Vincent's private network implementation will provide an important local reference over time, it is still in rollout, and there is not yet broad, independent evidence of Expanse driving advanced digital hospital outcomes at scale in Australia.

CAPABILITY / CUSTOMER EVIDENCE / MOMENTUM

CAPABILITY: MEDIUM

modern, web-based EMR covering core clinical and administrative functions, but generally perceived as relatively basic on advanced interoperability, analytics and high-end clinical functionality compared with the most ambitious EMR platforms.

CUSTOMER EVIDENCE: MEDIUM

Medium in its global community-hospital niche, but **limited and early-stage** in Australian acute care, with St Vincent's private hospitals representing the main reference programme at the time of this report.

MOMENTUM: LOW-MEDIUM IN AUSTRALIA

one significant private network deployment but otherwise a modest footprint; not commonly shortlisted as a top strategic option by larger public systems or highly digitisation-focused providers.

In summary, Black Book's independent assessment is that MEDITECH Expanse can be a **pragmatic, cost-oriented choice for small, financially constrained hospitals**, but it does **not** emerge from this strategic fit evaluation as a recommended leading platform for the broader Australian acute-care market segments examined in this report.

9.9 NTT DATA (HEALTHCARE PROVIDER SOLUTIONS)

STRATEGIC ROLE

General IT and services partner with selective healthcare engagements; limited direct relevance as a core EMR or high-impact transformation anchor for most Australian acute providers.

NTT DATA operates in healthcare primarily as a broad IT and services provider rather than as a dedicated EMR vendor, offering consulting, integration, managed services and infrastructure support across multiple industries. In Australia, its presence in healthcare is visible in pockets of digital and infrastructure work, but it is **not widely recognised by acute providers as a primary architect or driver of large-scale EMR-led transformation**. Where NTT DATA is involved, it is typically one of several partners in multi-vendor ecosystems, contributing technical or project resources rather than setting direction on clinical systems strategy.

From a strategic fit perspective, NTT DATA should be viewed mainly as a **generalist IT services option** that can contribute to integration, hosting or project delivery where a health service already has a clear EMR strategy and strong internal governance. It is **not** a core acute-care EMR solution in its own right, and for many Australian buyers, it may also not be the first-choice specialist healthcare transformation partner when compared with firms that have a deeper, more visible track record in hospital clinical systems.

CAPABILITY / CUSTOMER EVIDENCE / MOMENTUM

CAPABILITY: MEDIUM

competent in IT services, integration and managed operations, but healthcare-specific EMR and clinical transformation expertise appears more limited and less differentiated than that of specialist healthcare consultancies or EMR-focused service partners.

CUSTOMER EVIDENCE: LOW-MEDIUM

some presence in health-related projects, but relatively few publicly visible references where NTT DATA plays a central role in acute EMR or digital hospital programmes in Australia.

MOMENTUM: LOW-MEDIUM

stable as a broad IT provider, but not a major driver of EMR strategy or digital hospital innovation in the Australian acute-care market segments examined in this report.

In summary, NTT DATA may be a supporting option for technical services in certain contexts, but it does not emerge from this analysis as a leading or recommended strategic partner for acute EMR selection and long-term clinical platform strategy in Australia.

9.10 ORACLE HEALTH

STRATEGIC ROLE

Enterprise EMR and health data platform for large health systems, increasingly positioned as an AI- and cloud-driven alternative for jurisdictions seeking long-term, platform-level transformation.

Oracle Health (formerly Cerner) has a long-established footprint in Australian hospitals, including state-level and large-system deployments, and remains one of the major acute EMR providers in the country. Typical clients are large public health systems and sizeable private organisations that deployed Cerner-based clinical and administrative workflows over the past decade. Since the 2022 acquisition and rebrand, Oracle has increasingly framed Oracle Health as part of a broader **cloud and data platform strategy**, integrating the EMR with Oracle Cloud Infrastructure (OCI), advanced analytics and AI services.

In the last 2–3 years, Oracle has announced and begun rolling out an **AI-first, voice-enabled EHR experience** and a suite of data intelligence products. These include the Oracle Health Clinical AI Agent and a new AI-powered, cloud-native EHR initially targeted at ambulatory providers, with planned extension to acute care, designed to reduce click burden, automate documentation and surface real-time clinical insights. Parallel investment in Oracle Health Data Intelligence aims to unify clinical, financial and operational data from multiple sources (including non-Oracle EHRs) on OCI with embedded analytics and AI services.

Strategically, this positions Oracle Health not only as a mature EMR, but also as a **health data and AI platform** that can sit at the centre of whole-of-system digital transformation programs. For Australian jurisdictions and large providers that value strong local Cerner/Oracle footprints and want to leverage AI and cloud at scale, this is a notable differentiator.

CONTEXT RELATIVE TO EPIC AND GLOBAL MARKET DYNAMICS

Epic’s rise in the US acute-care EMR market has been strongly associated with the broad stimulus created by the HITECH Act and related Medicare/Medicaid incentive programmes, which channeled tens of billions of US dollars into EHR adoption across all vendors and accelerated large-system enterprise deals in Epic’s core market. That environment is structurally different from funding and procurement models in Australia and other global markets, where similar, large-scale federal incentive programs have not been replicated.

At the same time, Epic now faces **heightened legal and regulatory scrutiny** in the US, including a federal antitrust case brought by Particle Health that has been allowed to proceed in part, and a 2025 lawsuit by the Texas Attorney General alleging monopolistic practices and restrictions on competition and access to records. Epic has strongly denied these allegations, and no final findings have been made; however, for non-US buyers, ongoing antitrust and competition litigation contributes to perceived risk around long-term dependence on a single, very dominant vendor.

By contrast, Oracle’s growth strategy is anchored in **global cloud and AI infrastructure** (including large AI data-centre investments and multi-billion-dollar AI infrastructure contracts) and a portfolio of industry applications, with Oracle Health positioned as the healthcare “front end” to this wider platform. For Australian public health systems considering multi-decade EMR partnerships, this can make Oracle appear better aligned with government priorities around **data sovereignty, analytics, AI and whole-of-system platforms**, particularly where they prefer not to be tied to a vendor whose core market dynamics and legal environment are driven by US-specific federal programmes.

STRATEGIC FIT FOR AUSTRALIAN BUYERS (2026–2030)

Through the lens of Black Book’s strategic fit framework, Oracle Health shows:

STRENGTHS

- ✔ Longstanding **Australian installed base** in state and large systems, providing real-world evidence of scale, resilience and operational performance.
- ✔ Clear strategic emphasis on **AI, data and cloud**, with concrete products (voice-first EHR, Clinical AI Agent, Data Intelligence) moving beyond slideware into early deployment.
- ✔ Ability to act as a **platform for multiple data sources**, not only Cerner/Oracle EHR data, which is relevant for Australian systems with mixed EMR estates.
- ✔ A more familiar and established presence for many Australian clinicians and IT teams than some newer entrants.

TRADE-OFFS AND CONSIDERATIONS

- ✓ Oracle inherits Cerner's complexity and legacy from earlier deployments; modernising older environments to fully exploit the new AI-first and cloud capabilities can require **significant remediation and investment**.
- ✓ Total cost of ownership for large systems remains material; although it may compare favourably to Epic in some scenarios, it is not a "low-cost" option and requires robust governance and programme capability.
- ✓ Oracle's AI-first EHR and Clinical AI Agent offerings are still in early stages (initially ambulatory-focused) and will require Australian buyers to assess **maturity, localisation and regulatory alignment** as they expand into acute care.

For Australian public health systems and large providers weighing **Epic, Oracle Health, Dedalus, InterSystems and Orion**:

- ✓ Epic offers breadth and global references, but comes with high TCO, a very centralised model and live antitrust scrutiny in its home market.
- ✓ Oracle Health combines a substantial Australian base with a **visible AI and cloud roadmap**, positioning itself as a credible contender – and, in some scenarios, a preferred option – for jurisdictions seeking a long-term, data-centric platform that can evolve over the next decade.
- ✓ Dedalus and InterSystems provide alternative pathways more closely aligned with incremental evolution from existing PAS/eMeds and data platforms, which may appeal to regional and mixed-portfolio providers.
- ✓ Orion remains a strong interoperability and shared-record partner, complementing rather than replacing core EMRs.

CAPABILITY / CUSTOMER EVIDENCE / MOMENTUM

CAPABILITY: HIGH

extensive clinical and administrative functionality, now augmented by a growing AI and data-platform layer (voice-first EHR, Clinical AI Agent, Health Data Intelligence) built on OCI.

CUSTOMER EVIDENCE: HIGH

long-standing state and large-system deployments in Australia, combined with global reference sites adopting the newer AI-centric products.

MOMENTUM: MEDIUM-HIGH

a substantial installed base and strong corporate investment in AI and cloud; overall strategic momentum depends on how effectively Oracle executes Cerner modernisation and delivers tangible clinician experience gains from its AI-first initiatives.

Overall, Oracle Health emerges from this strategic fit evaluation as one of the **most credible long-horizon platform candidates** for Australian large and public health systems, particularly for buyers that see AI, cloud and data-platform capabilities as central to their digital health roadmaps and that wish to balance functional breadth, platform strategy and risk considerations in a multi-vendor global landscape.

9.11 ORION HEALTH

STRATEGIC ROLE

Long-established APAC digital care record and interoperability vendor with strong Australian and New Zealand roots; a capable EMR / electronic patient record option where regional integration and shared records are the primary goal.

Orion Health has been entwined with Australasian digital health for more than two decades, with its platforms underpinning shared care records and digital care records across New Zealand and multiple regions internationally. In Australia and APAC, Orion is best known for regional **shared care records, health information exchange (HIE) and interoperability**, providing integrated digital care records that consolidate data across hospitals, general practice, community, mental health and social care.

In addition to these integration roles, Orion offers **Clinical Workstation** and **Electronic Patient Record** solutions that provide a comprehensive hospital information system / electronic patient record with bed management, theatre management, clinical documentation and patient administration capabilities. In some deployments, this stack can function as the core EMR/HIS for a hospital or network, not just as a "viewer" or overlay. From a strategic fit standpoint, this means Orion is a **credible EMR option** for organisations that prioritise a unified digital care record and region-wide connectivity, even though it is more commonly perceived as an interoperability vendor than as a head-to-head competitor with Epic or Oracle in very large, single-vendor EMR procurements.

In practice, many large-scale tenders in Australia and globally still default to comparing Epic and Oracle Health as the “big two” for enterprise EMR, with Orion more often evaluated for **shared record and integration layers** rather than as the primary acute EMR. That dynamic can overshadow Orion’s capabilities as an EMR / hospital information system vendor. Nevertheless, for health systems and regions that want to **start from a shared care record vision** and build out clinical functionality around a longitudinal record spanning multiple organisations, Orion’s long-standing APAC presence, deep interoperability expertise and regional digital care record implementations remain highly relevant.

CAPABILITY / CUSTOMER EVIDENCE / MOMENTUM

CAPABILITY: MEDIUM-HIGH

very strong in interoperability, shared care records and population-health data aggregation; EMR / electronic patient record capabilities are solid and evolving, though generally less feature-dense and less heavily marketed than the largest global EMR suites.

CUSTOMER EVIDENCE: HIGH

for shared records and integration (long-standing deployments across New Zealand and multiple international regions), Medium for use as a core hospital EMR/HIS, where reference sites exist but are less visible than those of Epic, Oracle or InterSystems.

MOMENTUM: MEDIUM

steady demand where regional interoperability, single patient records and population health management are strategic priorities, with incremental growth in digital care record and clinical workstation use; less prominent in large, single-vendor EMR replacement programmes where Oracle and Epic currently command more mindshare.

In summary, Orion Health should be viewed by Australian buyers not only as a **trusted APAC interoperability partner**, but also as a **capable EMR / digital care record platform** for scenarios where the primary strategic objective is an integrated, multi-organisation patient record and strong cross-system connectivity, rather than adoption of the most feature-rich, monolithic enterprise EMR.

9.12 PHILIPS TASY EMR

STRATEGIC ROLE

Regionally strong EMR/HIS in Brazil and Latin America; limited adoption and uncertain future make it a low-priority option for most Australian acute-care providers.

Philips’ Tasy EMR is a single, integrated EMR+HIS platform that combines patient administration, clinical workflows and financial operations on one database. It was originally developed in Brazil and has grown to become a widely used hospital information system there, including large-scale deployments such as Rede D’Or, one of Brazil’s largest private hospital networks. Industry reports indicate that Tasy is used predominantly in Brazil and other Latin American markets, with more limited expansion into a small number of hospitals in countries such as Mexico, Argentina, Australia, Germany and Japan.

In Australia and New Zealand, Tasy EMR’s presence is **very narrow**, with St Andrew’s Toowoomba Hospital in Queensland highlighted as the first and, at the time of this report, still the main reference site in the region. That deployment demonstrates that Tasy can technically support an Australian private hospital, but it does not yet amount to a broad, proven installed base in the local acute market.

Adding to this, recent Brazilian business press reports suggest that Philips is exploring the sale of 100% of the Tasy business, including its Brazilian and Latin American operations. While no final transaction has been announced, the possibility that Philips may divest Tasy creates **strategic uncertainty** for any new customers considering the platform, including potential adopters in Australia.

STRATEGIC FIT FOR AUSTRALIAN

Against this backdrop, Philips Tasy EMR should be viewed by Australian buyers as:



Regionally proven, but not locally established.

Tasy has real scale and history in Brazil and parts of Latin America, but only a single, high-profile reference implementation in ANZ. There is limited independent evidence of its performance across multiple Australian or comparable APAC acute-care networks.



Strategically uncertain.

The reported intention by Philips to sell the Tasy business in Brazil raises legitimate questions about future ownership, roadmap, and support structures. Australian providers contemplating a multi-decade EMR partnership would need very strong assurances on long-term product stewardship, which are not yet clear.



Best aligned, if at all, to small, stand-alone hospitals with strong Philips relationships.

Where Tasy might still be considered is in small independent private hospitals that already have deep relationships with Philips for imaging and monitoring and are looking for a tightly integrated EMR+HIS with modest functional ambitions. Even in this niche, however, the strategic uncertainty around a potential sale would require careful due diligence and contractual safeguards.

For larger Australian public health systems, regional networks or ambitious private groups seeking a **long-term, strategic EMR and data platform**, Tasy EMR does **not** emerge as a recommended option in this report. Its limited local footprint, concentration in Latin America, and potential divestiture all reduce its attractiveness compared with more established and actively invested EMR platforms.

CAPABILITY / CUSTOMER EVIDENCE / MOMENTUM

CAPABILITY: MEDIUM

integrated clinical and administrative functions suitable for general hospital operations, but with little evidence of leading-edge capabilities or strong localisation for Australian digital health priorities beyond the single Toowoomba deployment.

CUSTOMER EVIDENCE: LOW IN AUSTRALIA

essentially one ANZ reference site; broader evidence base is concentrated in Brazil and neighbouring countries, which operate in different regulatory and funding environments.

MOMENTUM: LOW IN AUSTRALIA

no visible wave of additional local adopters since the initial Toowoomba project; potential sale of the business further dampens forward momentum from an Australian purchaser's perspective.

In summary, while Philips Tasy EMR is a significant EMR/HIS in Brazil and parts of Latin America, Black Book's independent assessment is that it currently has **limited strategic relevance and a high degree of uncertainty** for Australian acute-care providers considering EMR options for the 2026–2030 period.

9.12 TELSTRA HEALTH KYRA CLINICAL

STRATEGIC ROLE

Australian-built modular EMR for public and private hospitals wanting local alignment and staged roll-out.

Kyra Clinical is Telstra Health's Australian-built hospital EMR, with configurable modules deployed across public and private hospitals. It provides real-time patient information, clinical documentation, decision support and care coordination, accessible on mobile devices, bedside terminals and desktops. Typical clients include private hospitals and public/contracted facilities seeking an EMR designed specifically for Australian workflows and regulations.

From a strategic fit perspective, Kyra Clinical is well aligned to hospitals that prioritise Australian-specific workflows, local vendor support and a modular EMR that can be rolled out progressively and integrated with broader Telstra Health solutions.

CAPABILITY / CUSTOMER EVIDENCE / MOMENTUM

CAPABILITY: MEDIUM-HIGH

broad clinical functionality with strong local regulatory and workflow alignment.

CUSTOMER EVIDENCE: MEDIUM

growing deployment base across public and private hospitals.

MOMENTUM: HIGH

strong interest from organisations seeking locally developed, modular EMR options and tighter national ecosystem integration.

CONCLUSION AND BUYER IMPLICATIONS

This 2026 assessment of EMR/EHR strategic fit in Australian acute care highlights a market that is:

- **Consolidating**, but still diverse
- **Clinically driven**, with workflow and medication safety at the core
- Increasingly shaped by **data, interoperability, cloud and cyber resilience**, and
- Highly sensitive to **long-term partnership value** and evolution paths, not just static feature lists.

For decision-makers, several implications stand out:

- ✔ **Start with your segment and strategy, not the product list.**

Strategic fit depends strongly on whether you are a statewide public system, a regional network, a private group or an ambulance/ED-centric organisation. Use the segment-specific top-3 tables and vendor profiles as a starting point for shortlisting.
- ✔ **Consider cloud and managed services as part of the EMR decision, not after it.**

Cloud and managed service maturity directly affect cost, resilience and staffing models. They should be evaluated alongside clinical capability, not as a separate IT decision.
- ✔ **Leverage incumbents where evolution paths are strong.**

Where platforms like Dedalus (webPAS/MedChart/ORBIS), InterSystems TrakCare/IntelliCare or Oracle Health already form part of your backbone, the cost and risk of full replacement must be weighed against the availability of credible evolution paths.
- ✔ **Plan for change management and adoption over a multi-year horizon.**

Change management, clinical adoption support, client support responsiveness and partnership value are as important to long-term success as the initial go-live. Strategic fit scores in these domains deserve equal attention.
- ✔ **Treat interoperability and data as first-order requirements.**

Given the direction of national strategies and My Health Record modernisation, vendors' ability to operate in multi-vendor ecosystems and support robust data platforms is now a core strategic fit criterion.
- ✔ **Use the 18 dimensions to structure internal discussions.**

The strategic fit framework can serve as a checklist for clinical, digital and executive teams to clarify what matters most locally and where trade-offs are acceptable.

Ultimately, no single EMR/EHR platform is “best” for all Australian organisations. This report is intended to help boards, executives, clinical leaders and digital health teams understand **where each platform is most likely to be a strong strategic fit**, so that subsequent detailed evaluations can be better focused, faster and more aligned to Australia’s evolving healthcare landscape.



APPENDIX A

DETAILED DEFINITIONS OF THE 18 STRATEGIC FIT DIMENSIONS

This appendix provides the detailed definitions of the 18 qualitative strategic fit dimensions used in this report. The dimensions are grouped into four domains for interpretability; all 18 are assessed individually in the underlying analysis.

A1 CLINICAL AND OPERATIONAL EFFECTIVENESS

✓ Clinician Workflow Fit and Usability

Assesses how effectively the EMR/EHR supports day-to-day clinical work for doctors, nurses, pharmacists and allied health staff. High strategic fit is characterised by intuitive navigation, minimal click burden, reduced duplication, efficient order entry and documentation, and workflows that reflect real-world Australian care processes and shift patterns.

✓ Patient Administration and Operational Backbone

Evaluates the strength and reliability of core patient administration and operational functions, including admissions, transfers, discharges, waiting lists, bed management and billing/claiming. High strategic fit indicates a stable, scalable backbone that performs in multi-hospital environments and supports operational visibility and throughput.

✓ Support for Prehospital, Virtual and Out-of-Hospital Care

Measures the extent to which the EMR/EHR supports prehospital (ambulance, retrieval), outreach, hospital-in-the-home and virtual care models. This includes real-time data exchange between field clinicians, emergency departments, inpatient units and virtual wards, and the ability to model hybrid care pathways that extend beyond the hospital walls.

✓ Medication Safety and End-to-End Medicines Management

Assesses the EMR/EHR's capability to support safe, end-to-end medicines management: prescribing, decision support, clinical rules, electronic medication management (eMM), administration, reconciliation, pharmacy workflows and integration with pharmacy systems. High strategic fit is reflected in closed-loop processes and measurable reductions in medication-related risk.

A2 VALUE AND ORGANISATIONAL IMPACT

✓ Implementation Track Record and Time-to-Value in Australia

Evaluates the vendor's track record in implementing EMR/EHR solutions across Australian organisations, including realistic timelines, governance, change management and the speed at which tangible benefits (clinical, operational, financial) are realised in the first 12–24 months post go-live.

✓ Enterprise Data Platform and Analytics Readiness

Assesses how effectively the EMR/EHR and associated data platform aggregate, normalise and expose data for reporting, quality improvement, population health, research and AI use cases. High fit is characterised by robust data structures, accessible APIs, near real-time data availability and alignment with organisational data strategies.

✓ Total Cost and Partnership Value (Beyond Licence Price)

Looks at overall value across the full lifecycle of the partnership, including implementation and operating costs, transparency and predictability of commercial models, and evidence of sustainable clinical, operational and financial benefits. Strategic fit is determined by the balance of total cost of ownership and realised value over time.

A3 CLIENT RELATIONSHIP AND ADOPTION

✓ Change Management and Clinical Adoption Support

Evaluates the quality of the vendor's approach to change management, clinical engagement and adoption. This includes training, super-user programs, co-design with clinicians, structured post-go-live optimisation and the vendor's willingness to partner on difficult workflow issues rather than treating them as "client problems".

✓ Client Support Responsiveness and Communication

Assesses responsiveness, quality and consistency of support and account management. High fit reflects clear communication, reliable escalation paths, proactive issue management and effective support during upgrades, outages or major configuration changes.

✔ **Cloud and Managed Services Maturity**

Examines the maturity and reliability of cloud-hosted and managed services offerings, including SLAs, performance, monitoring, security posture and incident response. High strategic fit indicates that the EMR/EHR can be delivered in models that reduce infrastructure burden for health services while preserving appropriate control and configurability.

A4 INNOVATION, TECHNOLOGY, GOVERNANCE AND LONG-TERM FIT

✔ **Open Standards and Vendor Neutrality**

Assesses adherence to open standards (e.g. HL7, FHIR), availability of robust APIs and the ability to integrate with other key systems (primary care, pharmacy, diagnostics, virtual care, shared records) in a vendor-neutral fashion. High strategic fit indicates that the EMR/EHR can participate in multi-vendor ecosystems without excessive lock-in.

✔ **Configurability vs Customisation**

Evaluates the extent to which local needs can be met through governed configuration rather than custom code. High fit implies that sites can adapt workflows, forms and rules while preserving upgradeability and avoiding technical debt.

✔ **Innovation in Clinical Decision Support and User Experience**

Examines the level and quality of innovation in decision support, visual design and automation. High strategic fit means that decision support and UX enhancements improve safety and throughput, are embedded in workflows and avoid unmanageable alert fatigue.

✔ **Localisation to Australian and New Zealand Context**

Assesses the degree of localisation to Australian and New Zealand clinical practice, policy and funding environments. This includes support for MBS/PBS workflows, state and territory reporting, ANZ terminologies and local clinical pathways.

✔ **Safety, Reliability and Business Continuity**

Evaluates the EMR/EHR's operational resilience: uptime, incident response, downtime procedures, disaster recovery and performance under stress. High strategic fit indicates robust business continuity planning and proven recovery from adverse events.

✔ **Interoperability with My Health Record and National Services**

Measures the EMR/EHR's ability to connect securely and reliably with My Health Record and other national digital health services using contemporary standards. High fit reflects predictable, high-quality data exchange that supports continuity of care across settings.

✔ **Patient Engagement and Digital Front Door**

Assesses support for patient portals, messaging, scheduling, pre-admission workflows, consent, notifications and educational content as part of a coherent consumer experience. High strategic fit suggests that the EMR/EHR can underpin a "digital front door" aligned with organisational and national directions.

✔ **Alignment with Strategic Digital Health Roadmaps and Organisational Scale**

Evaluates the extent to which the vendor's roadmap aligns with national, state and organisational digital health strategies, and how well the platform scales across different organisation types and sizes (large public systems, regional networks, private groups, specialist/day hospitals). High strategic fit indicates that the platform can support multi-year digital hospital roadmaps without repeated replatforming.

ABOUT BLACK BOOK

For more than a decade, **Black Book Market Research LLC** has been recognised globally as a leading independent source of client-sourced performance data on healthcare information technology, digital health and outsourcing services. Black Book™ conducts ongoing, in-depth assessments of health care and medical software and services markets in **North America, Europe, the Asia-Pacific region, the Middle East, Africa and Latin America**, enabling buyers, investors, policymakers and vendors to compare solutions on a like-for-like basis across jurisdictions.

Since 2011, **more than 3,700,000 healthcare IT users worldwide** have contributed to Black Book's various annual customer experience and satisfaction polls, covering hospitals, health systems, physician groups, ancillary providers, payers and public-sector agencies. This unmatched volume of validated, front-line feedback underpins Black Book's **global benchmarking** of EMR/EHR, revenue cycle, analytics, population health, virtual care, interoperability, cybersecurity, infrastructure and outsourced services.

Black Book's research model is grounded in three principles:

✔ Client-centred evaluation

Ratings are gathered directly from users, managers and executives who work with the solutions every day, not from vendor self-reporting or sales claims.

✔ International comparability

Common survey frameworks, weightings and quality controls allow findings from one market (for example, Australia) to be interpreted in the context of global experience and best practice.

✔ Strict independence and neutrality

Black Book accepts no fees for inclusion, no "pay-to-play" arrangements and no preferred-vendor status in its rankings. Vendors cannot purchase favourable placement, and all reports are produced without editorial control from suppliers.

As a result, Black Book findings are **regularly cited in international and national media**, analyst briefings and industry conferences as a neutral reference point on vendor performance. Healthcare organisations, ministries, regulators, consulting firms, financial analysts and technology suppliers use Black Book's rankings and indices to:

- Identify high-performing vendors and outsourcing partners
- Benchmark existing relationships against regional and global peers
- Understand emerging leaders in niche and developing segments
- Support due diligence for procurements, partnerships and investment decisions

For the Australian provider community and its vendors, this 2026 report brings the full weight of Black Book's **global survey methodology, comparative databases and independent governance** to the acute-care EMR/EHR landscape. The same standards of sampling, validation, scoring and quality control applied in North America, Europe and other Asia-Pacific markets are applied here, ensuring that the strategic fit results for Australian hospitals can be read with confidence and placed within a broader international context.

Black Book™ annually evaluates leading health care/medical software and outsourcing service providers across 18 operational excellence key performance indicators completely from the perspective of the client experience. Independent and unbiased from vendor influence, more than 3,700,000 healthcare IT users have contributed to various annual customer satisfaction polls since 2011. Suppliers also encourage their clients to participate in producing current and objective customer service data for buyers, analysts, investors, consultants, competitive suppliers, and the media. For more information or to order customized research results, please contact the Client Resource Center at +1 800 863 7590 or research@blackbookmarketresearch.com.

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