

# EHR Vendor Integration Cheat Sheet

One page to scope an EHR integration for a telemedicine product: the four stages every vendor shares, what the big three require, when an aggregator pays for itself, and the BAA rule. Engineering guidance, not legal advice — confirm specifics with counsel.

## 1 · THE FOUR-STAGE GATE (every vendor, same shape)

- Sandbox — build & test on synthetic data; no contract, no BAA, often free
- App review — register, declare FHIR scopes, pass a security questionnaire
- Marketplace listing — so health systems can discover you (usually an annual fee)
- Per-customer go-live — each hospital turns you on; the BAA is signed here

## 2 · THE BIG THREE (same FHIR R4 / US Core, different doors)

- Epic — fhir.epic.com, free sandbox, Showroom (ex-App Orchard); #1 acute care (~44%)
- Oracle Health (Cerner) — Code Console; OPN fees ~\$500 / \$3,000 / \$5,000 per year
- athenahealth — Developer Portal, Marketplace per-practice activation; #1 cloud ambulatory
- The rest (MEDITECH, eClinicalWorks, NextGen) — same baseline; <10 vendors = 85%+ of hospitals

## 3 · WHEN TO USE AN AGGREGATOR / NETWORK

- 1-2 vendors → integrate directly; 3+ → price an aggregator (overhead compounds)
- Redox — one normalized JSON API to 100+ EHRs; per-transaction / subscription fee
- Health Gorilla — a TEFCA QHIN; query the national network for records across orgs
- Trade: a recurring fee + indirection for one surface instead of N onboardings

## 4 · THE COMPLIANCE RULE (applies to every path)

- EHR vendor, integration engine, and aggregator all touch PHI — all are business associates
- Signed BAA with each, with the EHR AND the aggregator, before any real data flows
- An aggregator does not remove a BAA — it adds one (extra associate in the chain)
- Sandbox = synthetic data = no BAA; encrypted is not the same as compliant

## THE ONE-LINE RULE

Every certified EHR exposes the same FHIR R4 API (mandated by [ONC §170.315\(g\)\(10\)](#) and information blocking), so the data shape is shared — but each vendor wraps it in its own developer program, and that program is what takes the time. Build in the free synthetic-data sandbox, pass the app review, list on the marketplace, then complete a per-customer go-live with each hospital's IT team. The FHIR code is roughly two of nine weeks per vendor; the other seven are process, and they repeat per vendor — so integrate one or two directly and price an aggregator (Redox, Health Gorilla, or a TEFCA QHIN) at three or more. Whichever path you choose, sign a Business Associate Agreement with the EHR and any aggregator before a single field of real patient data flows: encrypted is not the same as compliant.