

EHR Integration Decision Worksheet

One page to pick a telemedicine product's EHR integration path: four questions, four paths, the cost rule, and the BAA rule. Engineering guidance, not legal advice — confirm specifics with counsel.

1 · THE FOUR QUESTIONS (answer in order)

- How many EHR vendors must you reach? 0 → standalone · 1-2 → direct · 3+ → aggregator
- Who is the user? Clinician living in the EHR → embedded (EHR launch); patient at home → standalone / direct
- Read or write? Read history anywhere → TEFCA QHIN; structured write-back → direct or embedded
- What recurring cost can you carry? Aggregator = ongoing fee; direct = bigger build + your maintenance

2 · THE FOUR PATHS (same FHIR R4 floor under all)

- Direct — point-to-point FHIR per vendor; most control, ~9 weeks per vendor
- Aggregator — Redox / Health Gorilla; one API to many EHRs; recurring fee, new EHR = config
- Embedded — SMART on FHIR EHR launch (iframe) inside the EHR; for in-workflow clinicians
- Standalone — no live integration yet; fastest start; data does not flow automatically

3 · THE COST RULE OF THUMB

- Direct, 3 vendors ≈ 24 engineering-weeks (most of it per-vendor process, not code)
- Aggregator ≈ 9 weeks first connection, then vendors 2+ arrive as configuration
- Crossover: 1-2 vendors → integrate directly; 3+ → price the aggregator
- Embedded adds a UI layer on top; standalone removes the vendor wait entirely

4 · THE COMPLIANCE RULE (every live path)

- Every party touching PHI is a business associate — inside your HIPAA boundary
- Direct → BAA per vendor; aggregator → BAA with aggregator AND the EHRs behind it
- Embedded → same per-vendor BAAs; the app still handles real PHI inside the frame
- Sandbox = synthetic data = no BAA; encrypted is not the same as compliant

THE ONE-LINE RULE

FHIR R4 is the shared floor every certified EHR exposes (mandated by ONC §170.315(g)(10) and information blocking), so the integration decision is about delivery, not protocol. Pick the path from your customer list, not from a slide: one or two vendors integrate directly, three or more price an aggregator (Redox, Health Gorilla, or a TEFCA QHIN), a clinician who lives inside the EHR gets an embedded SMART-on-FHIR EHR launch (the iframe), and a product with no shared EHR can honestly start standalone. Separate the UI path (where the app appears) from the data path (how data moves) — embedded is not the same as integrated. Whichever you choose, sign a Business Associate Agreement with every EHR and aggregator before a single field of real patient data flows: encrypted is not the same as compliant.