INTEGRATION BRIEFING

Limitations of EHR Integration

High degree of variability in time, cost, data quality, and data exchange capabilities across disparate EHRs.

The healthcare industry has made great strides toward solving its data interoperability challenges, but electronic health record (EHR) integrations remain complex, time-consuming, and expensive. Additionally, traditional “backend” integration approaches have vendor specific limitations in terms of the data that can be extracted or inserted, and are further limited by providers putting data in the wrong place.

> Most healthcare organizations treat their EHR integration layer the way they treat their building’s electrical system. **It’s invisible when it works. It’s catastrophic when it doesn’t.**

LIMITATIONS OF EHR INTEGRATION

APIs/HL7/FHIR

- Expensive, highly variable
- Implementation time varies
- Limited

Database Agent

- Installed locally
- Not viable for hosted or SaaS

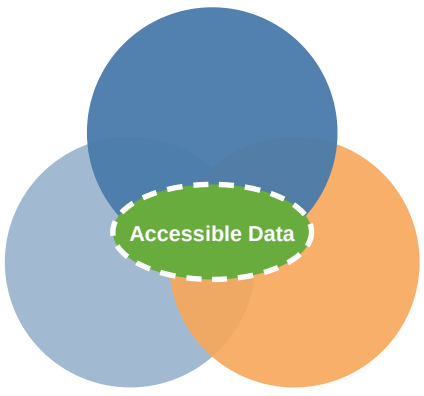
FHIR and HL7 API support varies broadly by vendor, and custom API work can be expensive and slow. Standard integration platforms are limited by what EHR vendor APIs expose.

TRADITIONAL INTEGRATION CHALLENGES

> Every traditional approach hits the same wall: inaccessible, incomplete data.

Vendor Interpretations: Every EHR implements standards differently.

Clinical Workflows & Human Habit: Custom workflows and behavior block access.



Layers of Integration: Each layer adds friction, latency, and data loss.

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WHERE INTEGRATION FALLS SHORT

When your EHR's API doesn't cooperate, what happens?

01 EHR APIs are inconsistent. Certified doesn't mean reliable.

Vendors interpret standards differently, optional fields get omitted, and custom implementations create gaps that standard API connections can't bridge — especially when critical clinical data lives in unstructured documents that APIs can't reach at all.

02 How dependent is your integration on your EHR vendor's cooperation?

Some integration approaches require active participation from the EHR vendor — credentialing, API agreements, custom development. That creates a dependency that adds time, cost, and risk every time your EHR environment changes.

03 The unstructured data you need is often not available.

A standard API extract pulls the discrete fields a vendor chose to expose. But much of the clinical detail that matters most never makes it into those fields — it lives in the body of the chart: progress notes, scanned documents, assessment narratives.

04 Bidirectional is no longer a nice-to-have. It's a must-have.

For years, "can you get the data out?" was the whole question. In value-based care, it's only half.

One-directional integration leaves the loop open.

05 Integration platforms aren't utilities. They're vendor relationships.

And vendor relationships carry risk — acquisition risk, roadmap risk, sunset risk — that most organizations don't factor into their technology planning until something goes wrong.

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INTEGRATION METHODS

We match the right integration method to every use case.

No single method fits all needs and budgets. SDC selects the right approach for each integration — maximizing speed, coverage, and cost-efficiency.

FHIR & HL7

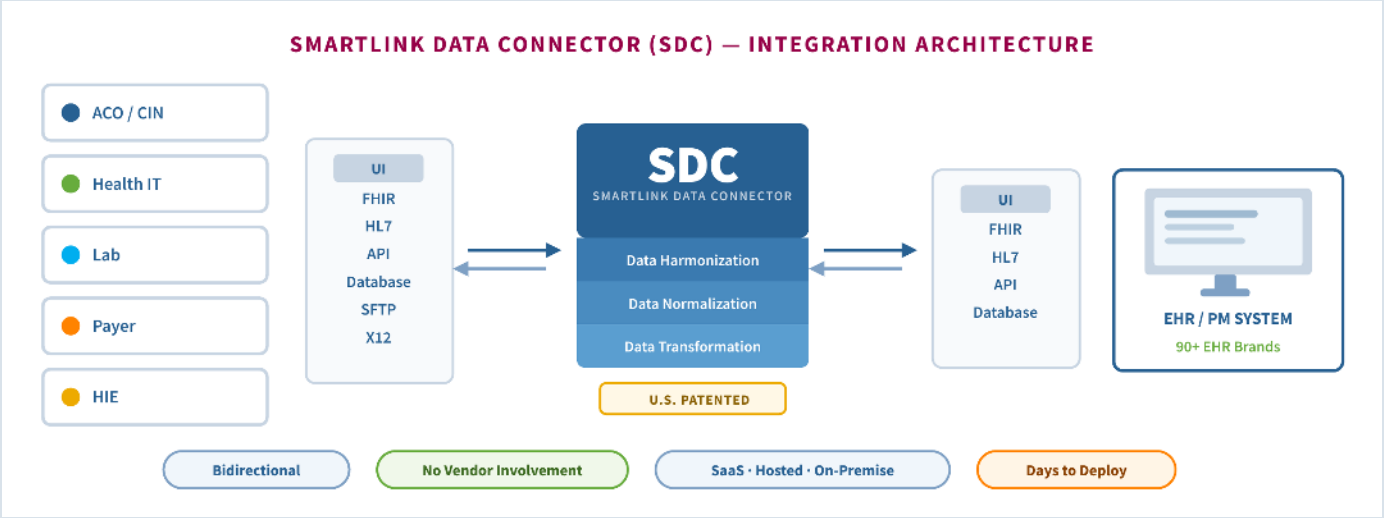
Standards-based exchange for structured clinical data where vendor APIs support it fully.

API & Database

Direct connectivity where vendor APIs exist and provide sufficient access depth and breadth.

User Interface

Smartlink's proprietary engine enables bidirectional data exchange with EHR interfaces when standard APIs are unavailable, restricted, or cost-prohibitive — no vendor involvement required.



WHAT A RESILIENT INTEGRATION ARCHITECTURE LOOKS LIKE

They've chosen platforms that use multiple integration methods — not just API or just database extraction — so they're not dependent on any single approach when vendor constraints change.

They've prioritized bidirectional capability from the start, not as an add-on, so their workflows don't hit a wall when value-based care programs require data to flow back into the clinical environment.

And they've treated their integration platform as strategic infrastructure — not a commodity purchase — which means they've asked harder questions during the evaluation process and chosen vendors whose core business is EHR integration.

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SCALE & REACH

Scale across 90+ EHRs — without vendor involvement.

90+
EHRs Supported

700+
Integrations Delivered

50%
Lower Custom Integration Costs

Smartlink Health Solutions builds patented EHR integration technology that extracts data from — and delivers data directly into — virtually any EHR, without vendor involvement and without disrupting clinic workflows. It reaches data that standards-based platforms alone can't.

Full visibility into every integration, in one place.

The SDC Console gives your team real-time oversight of every data job running across your network — so you always know what's moving, what's succeeded, and what needs attention. No black box. No guesswork.

Does SDC require EHR vendor involvement or formal API partnerships?

No. SDC is specifically designed to operate without EHR vendor involvement. There are no vendor permissions required, no waiting on vendor roadmaps, and no formal partnerships needed to begin an integration.

> "We couldn't be happier with our partnership with Smartlink. In addition to drastically decreasing the time it takes to complete an integration, we've significantly expanded the number of EHR brands that we can integrate with. We've also been able to reduce our operational overhead related to ongoing support and maintenance."
>
> **Jason Buckner, CIO**, Manifest MedEx

Ready to eliminate your EHR integration headaches?
Let's talk about how Smartlink Data Connector can work for your organization.

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