

# EHR assessment: A smarter selection process to move from goals to ROI

EHR implementations are among the most capital-intensive and disruptive investments health systems make. Yet, many fail to deliver expected return on investment (ROI). Rather than basing decisions on a platform’s quality or features, health systems in the process of selecting an EHR can better define the problem and desired outcomes by aligning their business goals, decision governance, and selection criteria.

This article outlines a business-first framework for assessing readiness and selecting an EHR that supports long-term financial, clinical, and operational performance.

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## Key strategies

### 1. Define the problems you’re solving, then connect them to ROI

Too often, EHR vendor selection begins by comparing vendors or platform feature lists rather than a clear understanding of what an organization is trying to achieve. Before doing these comparisons, organizations should prioritize a focused set of problems and desired outcomes.

This starts with identifying specific challenges rather than broad goals such as “modernization” or “interoperability.” Concrete problem statements — such as reducing clinician documentation burden, minimizing revenue cycle leakage, improving care coordination, mitigating compliance risk, or strengthening data visibility — provide a sharper lens for evaluation and help teams distinguish meaningful solutions from generic functionality.

Each challenge should then be linked to measurable operational or financial value, such as time saved, costs avoided, revenue realized, or improvements in quality and performance metrics. Defining success metrics upfront enables leaders to prioritize the most important factors in the evaluation. This also ensures that organizations can track value over time.

### Benefits realization matrix

A benefits realization matrix helps health systems align expected benefits with metrics for success.

Benefits	Enhance patient experience	Increase quality and outcomes	Improve user efficiency	Increase margin
<b>Metrics</b>	<ul style="list-style-type: none"> <li>• Portal adoption and use</li> <li>• Patient satisfaction</li> <li>• Patient self-scheduling</li> <li>• Patient-reported data volumes</li> <li>• Virtual visits</li> </ul>	<ul style="list-style-type: none"> <li>• Duplicate testing</li> <li>• Length of stay</li> <li>• Drug utilization</li> <li>• Hospital-acquired infections</li> <li>• Readmissions</li> <li>• Adverse drug events</li> <li>• Mortality</li> </ul>	<ul style="list-style-type: none"> <li>• Clinician efficiency</li> <li>• Endoscopy, radiology, and operating room utilization</li> <li>• Bed and capacity management</li> <li>• ED throughput</li> <li>• Clinic utilization</li> <li>• Discharge planning and placement</li> </ul>	<ul style="list-style-type: none"> <li>• Accounts receivable days</li> <li>• Denials and charge capture, hospital and professional billing</li> <li>• Referral leakage</li> <li>• Point-of-service cash collect and release</li> <li>• Value-based care</li> <li>• CDI improvement, coding</li> </ul>

*Adapted from Optum’s evaluation of a large, multi-state health system’s EHR*

## 2. Align stakeholder priorities in EHR contracting

Different stakeholders bring distinct priorities to EHR contracting decisions. For example, clinicians focus on ways EHRs affect daily workflow and clinical decision support, whereas executive leaders evaluate EHRs through a strategic and financial lens. Aligning these priorities early in the vendor selection process is essential to avoiding trade-offs that erode long term value.

### Goals by stakeholder

<b>Chief Executive Officer</b>	→	Improve competitive advantage, market positioning, customer satisfaction, total cost of ownership, ROI, scalability, and regulatory readiness
<b>Chief Financial Officer</b>	→	Improve the organization's financial outlook, total cost of ownership, ROI, scalability, and regulatory readiness
<b>Chief Medical Officer</b>	→	Boost quality, patient outcomes, and physician satisfaction
<b>Physicians</b>	→	More real-time information, ease of use, improved workflow efficiency, better clinical decision support, less documentation burden, and tools that support care coordination
<b>Nursing leaders</b>	→	More time at bedside, improved workflow efficiency, system reliability, cybersecurity, data governance, reporting capabilities, and care coordination support tools
<b>IT/Compliance</b>	→	System reliability, cybersecurity, data governance, reporting capabilities, and usability across care teams

## 3. Ensure your organization is ready for the shift

Before committing to an EHR, organizations should inventory the complexities of deployment and assess whether they are manageable within existing constraints. A central consideration is total cost of ownership. Cost of ownership includes implementation, infrastructure upgrades, maintenance, training, optimization, and long-term support for both the organization and affiliated partners.

Organizations should also understand how implementing an EHR will affect other vendor contracts such as clinical applications, analytics tools, interfaces, and support services. EHR transitions create opportunities to realign contracts to offset implementation costs or improve investments. For example, organizations may consolidate contracts, remove redundant tools, and renegotiate terms. Ultimately, the selected solution should deliver sufficient value to justify the investment without introducing cost pressures that slow implementation or limit adoption.

Organizational change and cultural readiness are equally important. Ideally, health systems view EHR implementation as an opportunity to reflect on current practices and consider significant shifts in clinical workflows, documentation, and decision-making. Organizations should assess their capacity to absorb this change, including leadership alignment, clinician engagement, and available resources for training and change management. Even a technically strong system can fail if users are unprepared to adopt new ways of working or underestimate the effort required to sustain behavior changes.

Finally, organizations must assess their own technical readiness to ensure the existing environment can support the chosen EHR. This includes evaluating network capacity, wireless coverage, device availability, interoperability architecture, and readiness for modern approaches such as service-oriented architecture (SOA) and APIs[JF2.1][CW2.2]. Infrastructure gaps can cause performance issues, security risks, or delays that undermine implementation. Assessing readiness early helps ensure the system can be deployed on a reasonable timeline and function reliably in real-world clinical settings.

### Organizational readiness checklist

- Has enterprise leadership made an explicit, long-term commitment to the EHR transition?
- Is there strong, credible physician and clinical leadership ready to co-own the change?
- Is the organization aligned on why an EHR transition is necessary and what success looks like?
- Does the organization have the financial capacity and discipline to support the full lifecycle cost?
- Are there sufficient internal resources to support implementation across all phases?
- Is the technical and data infrastructure capable of supporting a modern EHR ecosystem?
- Are governance and decision-making structures in place to support rapid, cross-functional choices?
- Is the organization willing and able to adjust workflows and processes to align with best practices?
- Are clinicians and staff ready to adopt new technology and standardized workflows?
- Can the organization realistically focus on an EHR transition given competing initiatives and external pressures?

## 4. Use a phased approach to ground decisions in organizational goals

A phased decision-making process helps ensure decisions are disciplined, inclusive, and grounded in organizational need. For example, selection criteria for EHR vendors may vary by organizational size and complexity. Small clinics, mid-sized hospitals, and large health systems require different structures, levels of stakeholder engagement, and evaluation approaches. At every size, taking a phased approach helps organizations connect their decision-making process to their goals.

### Phases in EHR vendor evaluation

- 1 Establish strategic intent and decision guardrails.** Before considering vendors, establish nonnegotiables and define desired clinical, operational, and financial outcomes for your organization.
- 2 Assess the reality of your operation.** Ground the selection process in an honest understanding of health system workflows, technical constraints, staffing capacity, and financial realities.
- 3 Design an evaluation framework.** Compare vendors based on what defines long-term success for your organization. Depending on the size of your organization, a framework may include criteria like affordability, clinical usability, scalability, and adoption risk.
- 4 Review and engage vendors.** Identify vendors that are aligned with your organizational size and goals and conduct screening through informal questionnaires, guided vendor responses, or requests for proposals (RFPs).
- 5 Shortlist vendors based on evidence.** Separate marketing claims from the realities of implementation by reviewing evidence from use cases and references from similar health systems.
- 6 Validate real-world usability and delivery capability.** Observe focused demonstrations of EHR usage, seek out references from similar organizations, or conduct targeted site visits.
- 7 Select EHR and develop contract.** Finalize vendor selection with careful attention to contract terms that align incentives, clarify accountability, reduce downstream risk, and cement implementation timelines.
- 8 Plan for EHR transition.** Prepare the organization for success with the chosen vendor by confirming data migration, governance, resourcing, change management, and training plans.
- 9 Consider engaging an external partner.** Look for partners that are EHR agnostic, transparent about platform strengths and limitations, and able to assess options against the organization's goals and operating model.

## CASE-IN-BRIEF

### EHR selection: Multi-state ambulatory organization

#### The challenge

Separate EHR instances across the organization worked well clinically and operationally, but heavy customization created complexity during upgrades, scaling, or mergers. The organization needed an approach to consolidate more than 30 legacy EHRs across existing and future acquisitions that balanced total cost of ownership, speed and predictability, governance efficiency, and long-term convergence across business models.

#### The approach

The organization worked with Optum consultants to build a formal evaluation framework and comparative analysis for total cost of ownership, speed and predictability, governance effectiveness, scalability for acquisitions, and adoption of standard best practices. In doing so, they were able to quantify the trade-offs between building on existing EHR platforms and moving to a new, standardized platform, including timeline ranges, cost ranges, long-term operating implications, and risks.

#### The result

- A formal implementation and operating model supporting long-term partnership
- More than 40 EHR modules deployed on shared instances, creating a reusable foundation for faster onboarding
- 8% to 15% total cost efficiency compared to legacy EHRs
- A single governance model deployed nationally to improve decision-making efficiency and consistency
- Reduced long-term risk by avoiding deviation from the enterprise foundation EHR standards

## Final thoughts

Organizations that achieve ROI from EHR investments treat selection as a strategic business decision, rather than a technology procurement exercise. Clear goals, disciplined governance, readiness assessment, and fit-for-purpose process design are the foundation for long term success.

### Need help choosing an EHR?

Optum consulting experts can help you design an EHR strategy that drives sustainable growth and profitability for your organization.

Get in touch at [advisory.com/optum-support](https://advisory.com/optum-support).



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