



# The Open EHR Era

## Unlocking Innovation in Healthcare

Electronic Health Records (EHRs) are the backbone of healthcare delivery. Originally designed to digitize billing and documentation, they have grown into the core platform for clinical documentation, compliance, and workflow management. Their centrality is both a strength and a challenge.

The “one-size-fits-all” EHR model promised standardization but often delivered rigidity. Customization is expensive, integrations are clunky, and innovation struggles to reach the point of care. For EHR vendors, this creates reputational and business risk: being seen as a barrier rather than an enabler.

The next era of healthcare is not about pitting EHRs against innovation. Instead, it is about a model where EHRs remain the indispensable record system while new solutions connect through secure, neutral infrastructure. This paper examines why closed models fall short, what open systems make possible, and how health systems, payers, and technology partners are already demonstrating what the next era can look like.

## From Backbone to Bottleneck

EHRs became essential because they solved an urgent need: capturing visit documentation and meeting compliance in a digital era. Over time, they absorbed billing, other clinical and administrative documentation, order entry, and clinical support. But as care models diversified, the EHR has been asked to do nearly everything else related to care delivery.

That expectation has consequences. A 2022 study found that [62% of U.S. physicians reported experiencing symptoms of burnout](#), the highest level recorded to date. [Subsequent reviews](#) attribute this rise largely to electronic health record workflows and administrative burdens that increase clerical

**62%**  
of US physicians report burnout

Providers spend up to

**2x**

as much time on admin work  
as patient interactions

workload, cognitive fatigue, and time pressures. Burnout has measurable business impacts, costing health systems an estimated [\\$4.6 billion annually](#) in lost productivity and turnover.

Additional studies highlight how [providers spend nearly twice as much time](#) on the EHR and desk work as they do face-to-face with patients. This imbalance erodes satisfaction and hampers care quality.

Rigid workflows frustrate care teams, system responsiveness slows, and innovation lags. The future of the EHR will not be defined by taking on more internal responsibility; it will be defined by how well it anchors an open ecosystem of solutions that can plug in and scale to optimize care delivery.



## Why Closed Systems Fail Care

The drawbacks of a closed model are increasingly evident. A cardiologist, a pediatrician, and a behavioral health clinician rarely need the same workflow, yet they are often forced into uniform processes. Documentation-first design has fueled provider burnout. Developers building valuable tools, such as ambient documentation solutions or multi-source chart prepping engines, often [cannot embed into workflows without months of custom work](#).

Meanwhile, the financial burden is significant. Healthcare organizations [spend up to 75% of their IT budgets](#) maintaining

# 75%

of IT budgets are consumed  
by maintenance

# 3-5 months

Average timeline for custom  
EHR integration

legacy EHR systems. [KLAS Research](#) also notes that providers frequently report delays and high costs when requesting integrations or customizations. Too many organizations see [budgets drained by support contracts](#) and mandatory upgrades imposed by closed environments, resources that could otherwise fuel innovation at the point of care.

These constraints do not just slow providers and payers, they also put EHR vendors at risk of being perceived as rigid, costly, and unresponsive. The risks are clear, but so too is the opportunity for EHRs to lead by embracing a more open, flexible and connected approach.





## The Cost is Rising



**\$4.6B**

annual cost of burnout

## The Case for Open Systems

Healthcare needs a model built for adaptability and speed. EHRs should remain the trusted source of truth, while open platforms provide the flexibility to deliver specialized capabilities in context. That means fewer portals and clicks for care teams, real-time insights at the point of care, and faster adoption of emerging innovations.

Importantly, this model addresses EHR vendors' longstanding concern about control. Large and mid-sized EHRs often fear that opening workflows means giving up ownership of the clinician experience. In practice, the opposite is true. Open systems can preserve EHRs' central role by allowing them to set guardrails while still enabling flexibility. This helps ensure care teams remain in a familiar environment while gaining access to the best tools available.

Evidence from industries outside healthcare reinforces the value of open systems. In financial services, for example, open banking frameworks have fueled rapid innovation while banks retain core customer relationships.

**A similar trajectory is possible in healthcare.**



# Open Systems in Action

Across the industry, examples of open approaches are already emerging:



Payers are embedding risk adjustment and quality insights directly into provider workflows, replacing legacy portals.



Value-based care organizations are connecting independent practices across multiple EHR environments to support coordinated care.



Analytics companies are integrating predictive models and population health tools at the point of care.



Consumer health applications are providing medication cost transparency during prescribing workflows.



Virtual and behavioral health providers are delivering services across disparate systems without requiring bespoke integrations.

Each case demonstrates that open systems can strengthen, rather than diminish the role of the EHR, positioning it as the anchor for a broader ecosystem.



# The Path Forward

Healthcare IT is shifting from monolithic, all-in-one systems to modular, composable architectures. EHRs will continue to be the system of record, but innovation will increasingly flow through open rails that connect care teams, payers, and developers. Artificial intelligence is accelerating this shift. Tools like ambient scribing and predictive analytics are evolving rapidly, demanding levels of flexibility and interoperability that closed systems often struggle to deliver.

To remain central in this evolving landscape, EHRs will need to support an environment where innovation can plug in securely, compliantly, and at scale.

# In Conclusion

The closed EHR model is increasingly revealing its limits. Providers and payers want interoperability and flexibility, while developers need accessible pathways into the point of care.

EHR vendors now face a strategic choice: remain walled systems or step into the open era as the hubs of healthcare innovation. The path forward is not about abandoning the centrality of EHRs, but about ensuring they can connect to the broader ecosystem that modern healthcare requires.

Healthcare deserves technology that is intuitive, connected, and built for growth. That is the potential of the open EHR era.

# The future of healthcare is open.

Vim is building the infrastructure to make it real by empowering payers, providers, and developers to connect seamlessly inside the EHR, where care happens. With Vim's platform and Vim Connect, innovators can move past integration hurdles and bring the right tools directly into clinical workflows.

**Don't wait for the open era to arrive. Build it with us.**

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