DATA2VALUE INITIATIVE

EPIC IN EUROPE

A New Era in Healthcare or a Risky System Change?

A background discussion with Prof. Dr. Katrin Hoffmann
Former Chief Medical Officer of Lucerne Cantonal Hospital

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Introduction

Charité – University Medicine Berlin – Europe's largest university hospital – has recently announced to introduce the US hospital information system Epic. The decision has triggered intense debate across Germany and beyond, not only because of the expected investment of around €250 million over ten years.

It comes at a time of heightened geopolitical tensions between the United States and Europe, particularly around questions of data ownership, government access, and digital sovereignty.

At the same time, the decision highlights the ongoing difficulty of the European Health-IT industry to provide a comparable integrated electronic health record system at continental scale.

The goal of my article is to move the discussion back to what ultimately matters: the impact of such systems on the delivery of healthcare, clinical practice, and the ability of hospitals to generate real value from data.

Enjoy reading!

Claudia Dirks
Journalist

Epic in Europe

The advance of the US hospital information system Epic in Europe is triggering intense debate in light of the current geopolitical context. It is no longer simply about software, but about the strategic question of which digital core infrastructure will support the medicine of the future – and how Europe can both strengthen its digital sovereignty while bringing international innovations into clinical practice.

by Claudia Dirks

Prof. Dr. Katrin Hoffmann, former Chief Medical Officer of the Luzerner Kantonsspital, has worked in a hospital network with the Epic system and closely accompanied its implementation in two hospitals. She is regarded as one of Europe's most prominent voices when it comes to the opportunities and risks of the system – and the question of how consistent value realization in clinical operations can succeed.

"Epic should not be seen as an IT project," she says. "It is a complete organizational transformation."

And that, in her view, is where the leadership task lies.

Prof. Dr. Katrin Hoffmann

More than Software: Why Epic Changes Structures

For Hoffmann, the central challenge for many European hospitals lies in their historically grown, fragmented IT landscapes. “We work with so many isolated solutions that data often needs to be transferred manually – and every break in the flow of information costs quality and time.”

Epic addresses exactly this issue: The platform consolidates clinical, organizational, and administrative processes into a single system – from nursing and operating room coordination to research and teaching.

For Hoffmann, the greatest advantage does not lie primarily in the functionality, but in the consistency of standardization. “Only consistent data enables us to manage care, conduct research, and develop innovations,” she explains.

University hospitals, with their complex care and research tasks, particularly experience this as a decisive added value. However, standardization has its price: Individually grown processes cannot simply be continued in Epic. This level of standardization can be productive – but it requires consistent change management and clear leadership.

THINK. ACT. HEALTH.

1. **Transformation, not an IT project**
2. **Consistent standardization as a driver of success**
3. **Establish clear governance and strong clinical leadership**
4. **Embed training as a continuous process**
5. **Actively enable digital patient engagement**
6. **Leverage data systematically as the foundation for AI and quality improvement**

The Effort Involved: Training, Governance, and Willingness to Change

Implementing Epic is not a routine project. It requires time, resources, and clear management. "The preparation typically takes two years," says Hoffmann. "During this time, processes across the entire organization are systematically reviewed, restructured, and consistently standardized across all locations and areas. What matters is not the technical implementation, but the ability to make and implement clinical and organizational decisions authoritatively."

The greatest challenges include:

- Extensive training programs
- New roles and responsibilities
- Clear clinical-administrative governance
- Ongoing maintenance and development of the system
- Regular updates and feature adjustments

Only if employees truly understand and internalize Epic can the system deliver its benefits. "Training is not an event, but an ongoing process," emphasizes Hoffmann. "If the organization is not on board, the efficiency gains will not materialize."

In several projects, it was shown that where the post-implementation and optimization phase was consistently managed, significant efficiency and quality gains were realized.

Patient-Centered Features: Opportunities and New Requirements

Epic is considered particularly strong in patient communication. Appointments, findings, consent forms – much can be viewed or prepared via the app. The almost simultaneous availability of findings is often described as a paradigm shift in patient communication.

"Patients come better prepared," reports Hoffmann. "The conversations are more targeted, and the questions more precise. This greatly improves the quality of care."

However, patient-centeredness also changes the dynamic between the clinic and the patient. Doctors sometimes fear additional communication burdens. However, Hoffmann emphasizes the structural advantage: "Digital access enables more participation on equal terms. It creates transparency and clarity in the treatment process. This is more of a relief than a burden."

Whether this effect can be directly transferred to Germany depends largely on local structures.

Data Sovereignty: Europe Between Ambition and Reality

A recurring criticism is: a US-based system poses a risk to European data sovereignty. For Hoffmann, this is short-sighted. "Epic can be operated entirely within the European legal framework. What matters are contracts, data localization, and access rights – not the nationality of the software."

Switzerland – with some very high data protection requirements – demonstrates that legally secure operation is possible.

Nevertheless, the controversy over strategic sovereignty remains: While European initiatives like MII and FIRE are being coordinated and gradually advancing in a regulated, federal environment, Epic follows a more integrated platform approach. For some, this represents different digitalization models – for others, it raises the question of how technological sovereignty can be shaped and secured in the long term.

Is Epic Worth It – And For Whom?

Whether Epic is a good choice primarily depends on the willingness of the organization to change, according to Hoffmann.

Epic is particularly suitable for organizations that:

- Aim for clear standards
- Want to actively use data to systematically improve care quality and patient safety
- Seek to bring together clinical practice, management, and innovation on a
- common data platform with a focus on AI-readiness
- Are willing to align their structures consistently with the needs of future healthcare

Epic is less suitable for organizations that:

- Do not consistently develop processes and role
- Do not invest in digital competence, governance, and training
- Or understand Epic primarily as a hospital information system (HIS) replacement – rather than as an opportunity to drive real transformation

"The benefits do not come from the software," emphasizes Hoffmann, "but from what you make of it."

Opportunities and Risks for a New Generation of Hospitals

Epic is neither simple modernization nor a cure-all. It is a platform that consistently brings together processes, roles, and responsibilities – and thus requires a higher degree of standardization. For some institutions, this is a genuine leap forward. For others, it is a challenging step that requires clear guidelines – especially where complexity, resources, and maturity levels vary significantly.

For Hoffmann, it is clear: "Medicine is becoming more data-intensive, AI-driven, and preventive. For this, we need structured data and stable systems. The infrastructure of yesterday can no longer carry the medicine of tomorrow."

Her conclusion: "Epic is less a technology decision than a strategic pivot. What matters is whether transformation is clinically led – with measurable improvements in care quality and patient safety, and economically viable value realization to ensure financial stability through more efficient processes, and the consistent use of data and AI."

THINK. ACT. HEALTH.

1. **Lead the transformation clinically rather than implementing IT**
   Epic is not a software project but a comprehensive organizational transformation that must be clearly owned by clinical leadership and strategically managed.
2. **Use standardization consistently as a lever for quality**
   Uniform processes and consistent data structures are prerequisites for systematically improving quality of care, patient safety, and organizational governance.
3. **Strengthen governance and decision-making capacity**
   The implementation requires binding clinical–administrative governance, clear roles, and the willingness to implement organization-wide decisions.
4. **Anchor training and capability building sustainably**
   Digital systems only realize their full value when staff are continuously trained and digital competence is developed as a strategic core resource.
5. **Enable patient-centered care structurally**
   Transparent access to clinical information, digital communication, and active patient involvement strengthen participation on equal footing and improve the quality of clinical conversations.
6. **Use data as strategic infrastructure for AI**
   Structured, integrated data form the foundation for AI readiness, research, and the economically sustainable advancement of healthcare delivery.

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Email: data2value@lemonmint.org

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