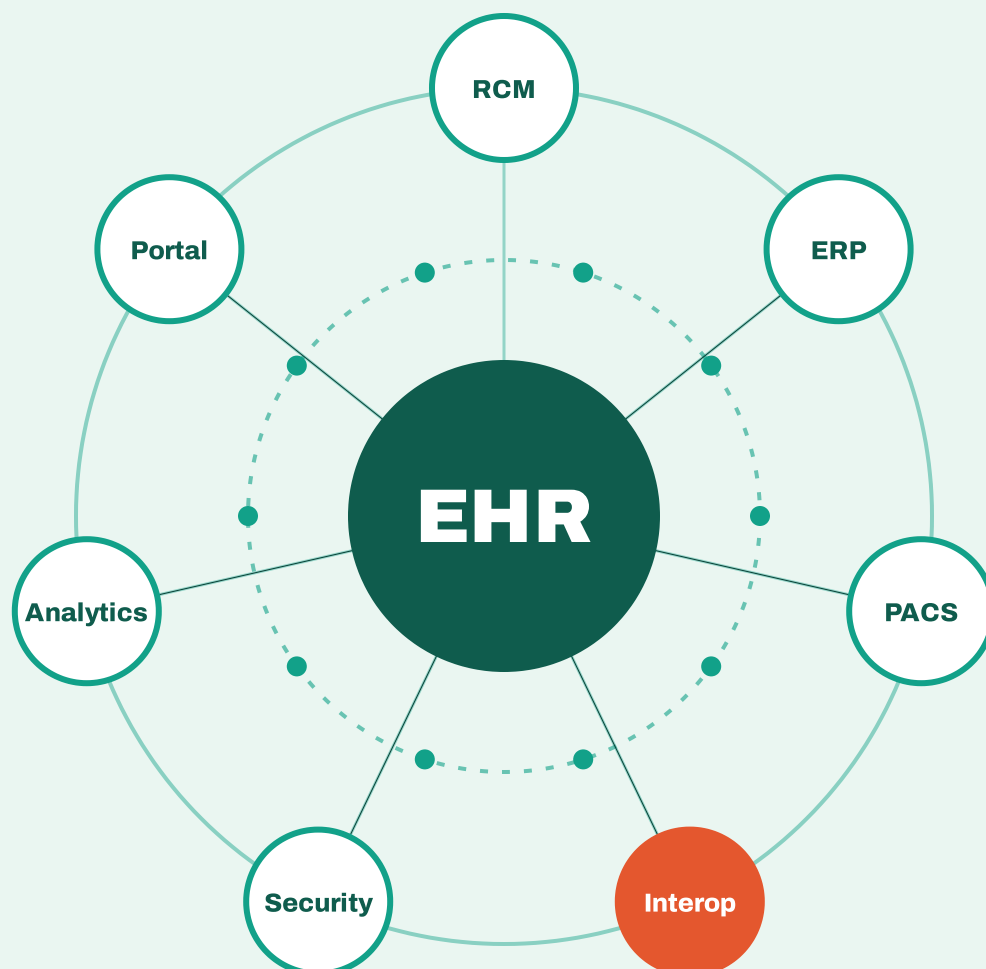


— INSTALLED BASE INTELLIGENCE SERIES

Installed Base Targeting in Healthcare Tech

How healthtech vendors use EHR and platform data to find, prioritize, and reach the right hospitals and health systems



By Olivia Thomas

Director of Growth Marketing & Sales, Data InfoMetrix

datainfometrix.com

CONTENTS

Inside this eBook

	Why healthcare is different	03
01	The EHR sits at the center	04
02	The EHR market is moving	05
03	The healthcare stack beyond the EHR	06
04	Interoperability decides integration deals	07
05	Security pressure and third-party risk	08
06	Segmenting healthcare accounts	09
07	Hierarchies, affiliations, and shared EHRs	10
08	The healthcare buying group	11
09	Six healthtech plays	12
10	Worked example: a targeting brief	13
11	Compliance-aware outreach	14
12	Metrics for long healthcare cycles	15
13	How Data InfoMetrix builds healthcare audiences	16
	Frequently asked questions	17
	Sources	18

WHO THIS IS FOR

Marketing, sales, and partnership leaders at healthtech companies: clinical software, revenue cycle, interoperability, imaging, security, analytics, and services firms selling into US hospitals and health systems.

INTRODUCTION

Why healthcare is different

Healthcare looks like one market from the outside. Inside, it is thousands of organizations whose technology choices are shaped by one system: the EHR.

6,100

US hospitals, 5,121 of them community hospitals, per the AHA

2 in 3

community hospitals are system-affiliated rather than independent

58%

of community hospitals are not-for-profit

43.7%

of acute care hospitals run Epic, covering 56.9% of beds

EHR-centric architecture

Almost every clinical and financial system connects to the EHR, so the EHR a hospital runs shapes what it can buy.

Committee buying

Clinical, IT, financial, security, and compliance leaders all weigh in, often over long budget cycles.

System hierarchies

Most hospitals belong to systems that centralize technology decisions and may share one EHR instance.

Security and compliance

Every vendor touching patient data faces security review, and buyers are wary of outreach that ignores it.

Firmographics like bed count and region still matter, but they can't tell a vendor whether its product will integrate, which committee decides, or whether the decision sits at the hospital or the parent system. Installed base data can.

CHAPTER 01

The EHR sits at the center

01

In a hospital, the EHR is not one application among many. It is the system of record that clinical, financial, and operational tools read from and write to. That makes it the single most useful fact a healthtech vendor can know about an account. KLAS's 2026 market share report shows how concentrated that center has become: [Epic now runs 43.7% of US acute care hospitals and 56.9% of hospital beds.](#)

EPIC SHARE OF US ACUTE CARE HOSPITALS

Share of hospitals



43.7%

Share of beds



56.9%

Source: [KLAS 2026 report via HealthsystemCIO](#)

Integration path

Which certified apps, APIs, and interfaces your product can use depends on the EHR.

Buying context

EHR-centric teams own the roadmap that any new clinical tool must fit.

Competitive set

Many vendors compete with modules the EHR vendor already offers.



For a healthtech vendor, knowing a hospital's EHR is the difference between a relevant conversation and a polite no.

CHAPTER 02

The EHR market is moving

02

The EHR market is concentrated, but it is not static. KLAS found [Epic added 77 hospitals in 2025 while Oracle Health shed 56](#), and over five years [Epic has gained a net 568 hospitals while Oracle Health has lost 173](#).

NET HOSPITAL CHANGE OVER FIVE YEARS



Bar length shows the size of the change. Source: [KLAS via HealthsystemCIO](#)

65%

of Oracle Health customers [are leaving or considered vulnerable](#), per KLAS

~1 in 3

sampled Oracle Health customers say it is [not in their long-term plans](#)

40%

[fewer hospitals](#) affected by EHR decisions versus 2024

That last figure matters most. Many Oracle Health hospitals are deferring decisions while the vendor rolls out its new platform, and KLAS calls 2026 a [pivotal proofpoint year](#). A large group of hospitals is sitting on an EHR decision, and every vendor whose product depends on the EHR has a stake in where they land.

CHAPTER 03

The healthcare stack beyond the EHR

03

The EHR is the center, but most healthtech vendors sell into one of the layers around it. Each layer has its own platforms, owners, and buying triggers, and installed base data can target any of them, alone or in combination with the EHR.

EHR Epic, Oracle Health, MEDITECH, and others		
Revenue cycle Billing, coding, claims, patient payments	ERP and supply chain Finance, HR, procurement, inventory	Imaging and diagnostics PACS, enterprise imaging, lab systems
Interoperability Integration engines, HIEs, FHIR APIs	Security and identity Access, monitoring, third-party risk	Analytics and cloud Data platforms, AI, hosting
Patient engagement Portals, scheduling, communications		

The most precise healthcare audiences combine layers: hospitals on a specific EHR that also run a specific revenue cycle platform, or systems on one EHR that still use a legacy imaging archive. Those combinations are where integration fit and displacement opportunities become obvious.

CHAPTER 04

Interoperability decides integration deals

04

Healthcare buyers judge new products by how well they exchange data with what is already in place. Federal data shows that work is far from finished. In 2023, [70% of non-federal acute care hospitals engaged in all four domains of interoperable exchange at least sometimes](#), but [only 43% did so routinely](#).

HOSPITALS ROUTINELY ENGAGED IN ALL FOUR DOMAINS OF INTEROPERABLE EXCHANGE



Source: [ASTP Health IT Data Brief](#)

Who needs integration help most

Independent, smaller, and rural hospitals lag on routine exchange, and often lack integration staff.

Who buys at scale

System-affiliated hospitals exchange more routinely and often standardize integrations centrally.

What to lead with

Name the EHR, the integration method, and the data flows, not generic interoperability claims.

For interoperability, integration engine, and HIE-adjacent vendors, the two most useful targeting fields are the EHR and system affiliation. Together they predict both the need and who will make the decision.

CHAPTER 05

Security pressure and third-party risk

05

Healthcare remains one of the most breached industries, and that shapes how hospitals buy every technology. According to HIPAA Journal's analysis of federal breach data, [742 breaches affecting 500 or more people were reported in 2024](#), and in a typical month [hacking and IT incidents account for over 80% of large breaches](#).

742

[large healthcare data breaches](#) reported to federal regulators in 2024

82.9%

of large breaches added in September 2025 were [hacking or IT incidents](#)

For security vendors

Target by EHR, cloud platform, and identity stack, where your controls and integrations already fit.

For every other vendor

Expect security questionnaires and third-party risk review early. Bring documentation to the first meeting.

For outreach

Messages that look careless with data lose trust fast. Keep every touch professional and clearly sourced.

“ In healthcare, every vendor is a security vendor in the buyer's eyes. Show you understand their environment before you ask for access to it.

CHAPTER 06

Segmenting healthcare accounts

06

Healthcare accounts differ more by type than by size. Start segmentation with facility type, then layer in the EHR and other platforms, then firmographics such as beds, region, and ownership.

SEGMENT	TYPICAL STACK	HOW THEY BUY	PLAYS THAT FIT
Academic medical centers	Complex, multi-vendor, research systems	Formal committees, long cycles	Integration-led and innovation plays
Multi-hospital systems	Standardized EHR across facilities	Centralized at system level	System-level ABM, platform plays
Community hospitals	One EHR, lean IT teams	Smaller committees, value focus	Integration help, managed services
Rural and critical access	Hosted or shared EHRs common	Budget-constrained, grant-aware	Affordable, simple, hosted offers
Physician groups and ambulatory	Practice management plus ambulatory EHR	Fast, owner-led decisions	Volume plays by EHR
Post-acute and specialty	Specialty EHRs, separate platforms	Operator-led	Specialty-platform targeting

General patterns from Data InfoMetrix experience; individual organizations vary.

ORDER OF FILTERS

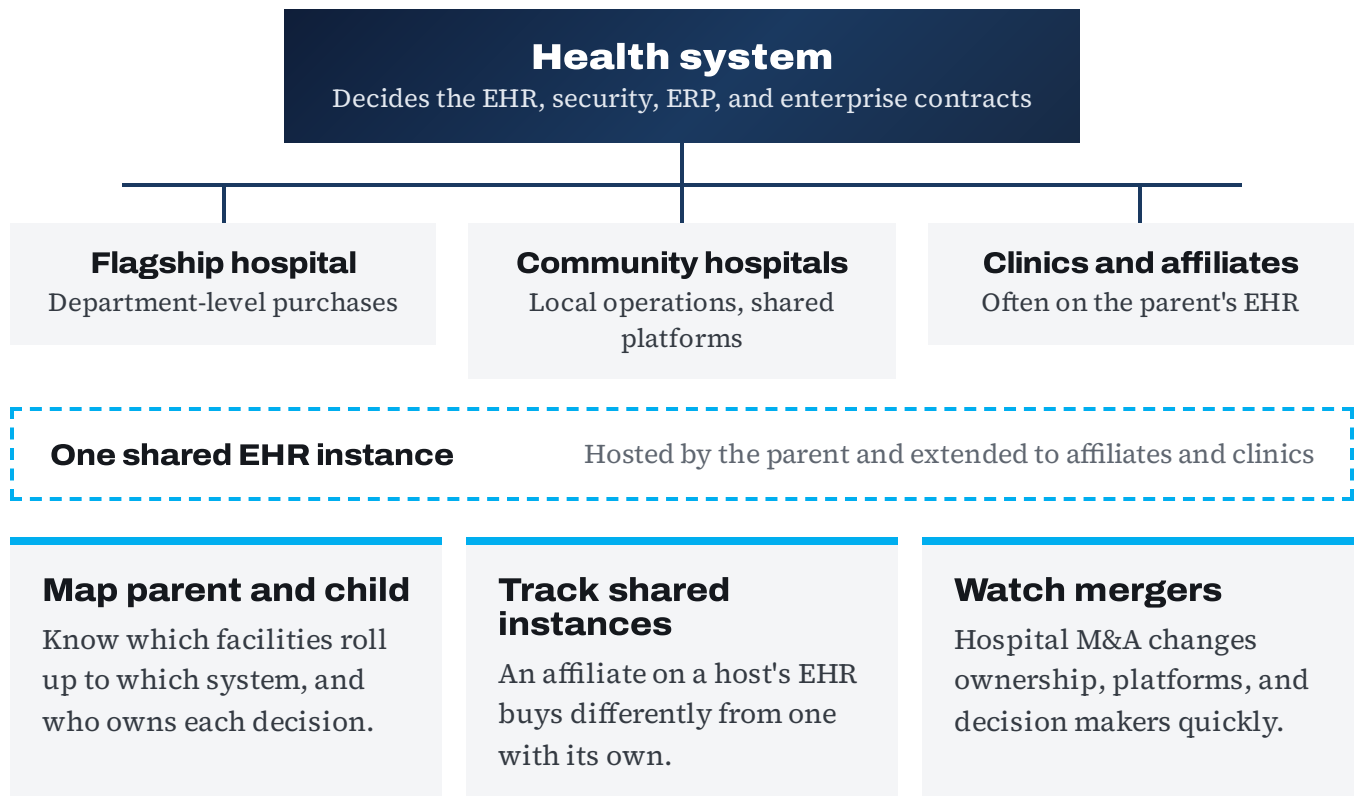
Facility type, then EHR and platforms, then size, region, and ownership.

CHAPTER 07

Hierarchies, affiliations, and shared EHRs

07

Healthcare data has a structure problem most industries don't. A hospital's technology decisions often belong to its parent system, and smaller hospitals and clinics frequently run their EHR through an affiliate or host organization's instance. Target the wrong level and you reach people who can't buy.



CHAPTER 08

The healthcare buying group

08

Healthcare purchases involve more functions than almost any other B2B market. A list with one contact per hospital reaches a fraction of the decision. These are the roles to map for most healthtech deals.

ROLE	WHAT THEY CARE ABOUT	LEAD WITH
CIO and IT leadership	Architecture, integration load, vendor consolidation	Fit with the EHR and existing stack
CMIO and CNIO	Clinician workflow, usability, safety	Time saved for clinicians
Director of EHR and applications	Build effort, interfaces, upgrades	Certified integration and low build
CFO and revenue cycle leaders	Margin, denials, cash flow	Measurable financial impact
CISO and security	Risk, access, third-party exposure	Security posture and documentation
Compliance and privacy	HIPAA, contracts, data handling	Clear data handling and agreements
Clinical department leaders	Outcomes, throughput, staffing	Results in their specialty
Supply chain and procurement	Contracts, GPO terms, total cost	Pricing clarity and contract fit

“Clinical champions start deals. IT, security, and finance finish them, or stop them.”

CHAPTER 09

09

Six healthtech plays

These six plays cover most of the value healthtech vendors get from installed base data. Each one starts from an EHR or platform filter, then adds facility type and role.

01 EHR-integration launch

AUDIENCE

Hospitals on the EHR your product integrates with

THE PLAY

Lead with the certified integration and the workflow it fixes; start with applications and informatics leaders.

02 Oracle Health decision support

AUDIENCE

Hospitals on Oracle Health weighing their next step

THE PLAY

For consultancies, Epic partners, and Oracle-compatible vendors: offer clarity, assessments, and peer evidence.

03 Affiliate and community expansion

AUDIENCE

Affiliates and clinics on a parent system's EHR

THE PLAY

Follow the parent's platform into its network, with offers sized for smaller sites.

04 Revenue cycle modernization

AUDIENCE

Hospitals on a specific RCM or billing platform

THE PLAY

Target by EHR and RCM combination; lead with denials, cash, and staffing pressure.

05 Security and third-party risk

AUDIENCE

Hospitals by EHR, cloud, and identity stack

THE PLAY

Speak to their specific environment and the documentation buyers will ask for.

06 Conference and community targeting

AUDIENCE

Attendees of HIMSS, CHIME, and EHR user group meetings

THE PLAY

Pre-book meetings with installed base accounts before the event, not after.

ILLUSTRATIVE SCENARIO

Worked example: a healthcare targeting brief

A fictional integration engine vendor wants pipeline from hospitals that struggle most with data exchange. Here is how installed base intelligence shapes the campaign.

1 Define

An integration engine vendor targets independent community hospitals, where routine interoperability is lowest.

2 Build

Independent community hospitals by EHR, with verified contacts in IT, applications, and informatics.

3 Tier

Tier 1: EHRs with a ready integration.
Tier 2: EHRs needing configuration. Out: system-affiliated sites.

4 Launch

EHR-specific emails, a webinar on interoperability for small hospitals, and state hospital association events.

Why independent hospitals

Only [22% of independent hospitals](#) routinely engage in all four domains of interoperable exchange, versus 53% of system-affiliated hospitals.

Why EHR first

The integration effort, and the message, depend entirely on which EHR the hospital runs.

Why exclude systems

System-affiliated sites usually buy integration centrally, so a hospital-level pitch reaches the wrong decision maker.

“ The firmographic version of this campaign would target every hospital under 200 beds. The installed base version targets the ones that need it, on the EHRs the product supports.

CHAPTER 11

Compliance-aware outreach

11

Healthcare buyers are trained to be careful with data, and they judge vendors by how carefully they handle their own outreach. These guidelines keep campaigns effective and respectful. They are practical guidance, not legal advice.

DO

- ✓ **Use business contact data only**
Professional names, titles, and work contact details. Never patient data in any form.
- ✓ **Follow email law**
Identify yourself, include a valid address, and honor opt-outs promptly.
- ✓ **Expect security review early**
Have your security documentation ready before the first technical meeting.
- ✓ **Respect clinical time**
Short, specific messages to clinicians; detail goes to IT and operations.

DON'T

- ✗ **Imply access to patient data**
Even hinting at patient-level insight destroys trust instantly.
- ✗ **Pitch the wrong level**
Selling to a hospital whose system decides wastes both sides' time.
- ✗ **Ignore budget cycles**
Many hospitals plan budgets annually; align outreach to their planning windows.
- ✗ **Overstate EHR facts**
Confirm the EHR and integration status in discovery before building a proposal on them.

“ Installed base data describes organizations and the professionals who run their technology. It never involves patients, and outreach should make that obvious.

CHAPTER 12

Metrics for long healthcare cycles

12

Healthcare sales cycles are long, so monthly reply rates can mislead. These metrics show whether targeting is working while deals are still in motion.

Account coverage by EHR

Share of target hospitals on each EHR reached with at least one meaningful touch.

Buying group coverage

Number of distinct roles engaged per target account.

Meetings by segment

Meetings by facility type and EHR, compared to a firmographic control.

Stage progression

Movement through long cycles, tracked quarterly rather than monthly.

Security review pass-through

Share of opportunities that clear security and compliance review.

Pipeline by planning window

Opportunities aligned to hospital budget cycles.

START HERE

Track buying group coverage per account. In healthcare, breadth of engagement predicts deals better than volume of replies.

CHAPTER 13

How Data InfoMetrix builds healthcare audiences

13

Data InfoMetrix specializes exclusively in Installed Base Data and Installed Base Intelligence. For healthtech vendors, we research which hospitals, health systems, and physician groups run the platforms you sell around, align them to your ICP, and deliver verified contacts across the clinical, IT, financial, and security roles that decide.

EXAMPLES OF HEALTHCARE AUDIENCES

- Hospitals by EHR: Epic, Oracle Health, MEDITECH, and others

- Health systems with facility and affiliate roll-ups

- Hospitals by revenue cycle or ERP platform

- Independent and rural hospitals by EHR

- Physician groups by practice management system

- Any platform combination your product needs

Built around your ICP

Facility type, EHR, size, and region

The whole committee

Clinical, IT, finance, and security roles

Business data only

Professional contacts, verified, never patient data

Get counts for your healthcare audience

Tell us which EHRs and platforms matter and which facilities you sell to. One of our experts will respond within one business day.

datainfometrix.com
sales@datainfometrix.com

+1 (212) 461-3271

FAQ

Frequently asked questions

Why target hospitals by EHR?

The EHR determines integration paths, who owns the roadmap, and which competing modules exist. It is the single most useful fact about a hospital for most healthtech vendors.

What is happening with Oracle Health customers?

KLAS reports 65% are leaving or considered vulnerable, though many are deferring decisions while Oracle rolls out its new platform.

Does installed base data involve patient information?

No. It describes organizations, their technology, and the business contacts who manage it. Patient data is never involved.

How long are healthcare sales cycles?

Often long and tied to annual budget planning. Measure engagement depth and stage progression, not just monthly replies.

How concentrated is the hospital EHR market?

Per KLAS's 2026 report, Epic runs 43.7% of US acute care hospitals and 56.9% of beds, and has gained a net 568 hospitals over five years.

Should we target hospitals or health systems?

It depends on the decision. Enterprise platforms are usually decided at the system level; department tools can be bought locally. Map both.

Which roles should we reach?

Typically IT leadership, applications and EHR teams, clinical informatics, finance or revenue cycle, security, and the relevant clinical leaders.

Can we target physician groups too?

Yes. Physician groups and ambulatory sites can be targeted by ambulatory EHR and practice management system.

REFERENCES

Sources

Statistics link to the pages they were taken from. Segment patterns, plays, the worked example, and outreach guidelines are Data InfoMetrix guidance, not legal advice. Vendor names describe the market and imply no partnership or endorsement.

- 1 [American Hospital Association: Fast Facts on U.S. Hospitals, 2026 \(infographics\)](#)
- 2 [HealthsystemCIO: KLAS US Acute Care EHR Market Share 2026](#)
- 3 [Healthcare IT News: Epic gains ground as EHR purchasing slows](#)
- 4 [HIT Consultant: KLAS 2026 EHR market share report](#)
- 5 [ASTP Health IT Data Brief: Interoperable exchange among U.S. hospitals, 2023](#)
- 6 [HIPAA Journal: Largest healthcare data breaches of 2025](#)
- 7 [HIPAA Journal: September 2025 healthcare data breach report](#)

MORE FROM THE INSTALLED BASE INTELLIGENCE SERIES

Beyond Firmographics, The Installed Base Data Buyer's Guide, and From List to Pipeline (eBooks) • The Migration Wave • The Compatibility Economy • Technology Data Decays Twice • Ecosystem-Led Growth (white papers)

NEXT STEP

Know every hospital's stack before the first call.

Tell us which EHRs, platforms, and facilities matter to your growth. We'll build a researched, verified healthcare audience around them.

WEBSITE

datainfometrix.com

EMAIL

sales@datainfometrix.com

PHONE

+1 (212) 461-3271

7901 4th St N Ste 300, St. Petersburg, FL 33702

EST. 2016 · US HEADQUARTERED

Get counts and a quote



Installed Base Data · Installed Base Intelligence