better

mission

Exploring the future of digital healthcare. A publication by Better.

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Shared Care Record

Connecting data, systems, and care in Ireland, Greece, and Slovenia.

PLUS • IN THE SPOTLIGHT: Ireland, Greece, Slovenia, Malta, Wales • INTERVIEWS: Partha Das, Evaldas Dobravolskas, Borut Fabjan, Dominique Pon, Boštjan Lah • Universal Care Plan • GLOBAL ECHO: UK, Lithuania, India, Indonesia, DACH region • TECHNOLOGY: Better Platform & Studio, Mobile Meds, AI • NEWS: Hive, Events • ***and more ...***

mission

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Digital health is entering a new phase of maturity. Across countries, systems, and care settings, ideas that once seemed like aspirations have become reality. Shared care records have evolved from concept to national infrastructure, platforms have proven their value at scale, and open, structured data has demonstrated that it can genuinely support safer, more connected care.

Among the strongest signals of this shift is the advancement of national and regional digital health ecosystems. From Slovenia's shared care initiatives and national drug registry to Ireland's National Shared Care Record, Greece's national EHR, London's Universal Care Plan, and regional data ecosystems in the Netherlands, we are seeing health systems choose long-term platforms over isolated systems. These initiatives confirm what we have long believed: meaningful digital transformation depends on shared, trusted data that can be reused across organisations, workflows, and time.

This year also reinforced why the Postmodern EHR matters. Rather than replacing existing systems, healthcare organisations are building hybrid architectures where EHRs, registries, analytics, and clinical applications work together on a common data foundation. Hospitals in Finland, Germany, Indonesia, Lithuania, Slovenia, Sweden, Switzerland, the UK and beyond are adopting this approach, demonstrating that modularity, interoperability, and openness have moved from long-term ideals to concrete decisions being made today.

On the technology side, we continued to invest in the Better Platform as the backbone for this evolution. From low-code tools and medication management to clinical modelling, AI-assisted workflows, and data querying, our focus remains on helping care teams work more effectively with data. Not replacing clinical judgement, but augmenting it. This approach was also recognised when Better was named a Leader in the IDC MarketScape: EMEA Healthcare Data Platforms for Providers 2025 Vendor Assessment. At the same time, we have grown our community of partners and customers, recognising that sustainable transformation only happens through collaboration and shared learning, as highlighted through Marketplace and Hive.

Looking ahead, the direction is clear. Healthcare will increasingly be shaped by shared care records, open platforms, and intelligent systems built on high-quality data. Our role at Better is to keep building the foundations that make this possible. Everything in this edition of Mission reflects that journey, and I am proud of what we have achieved together with our customers, partners, and the Better team.

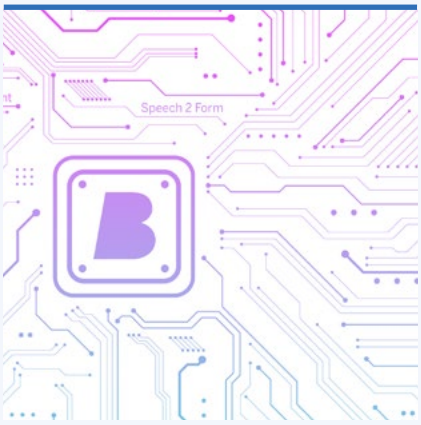
Tomaž Gornik
CEO & Founder

IN THE SPOTLIGHT

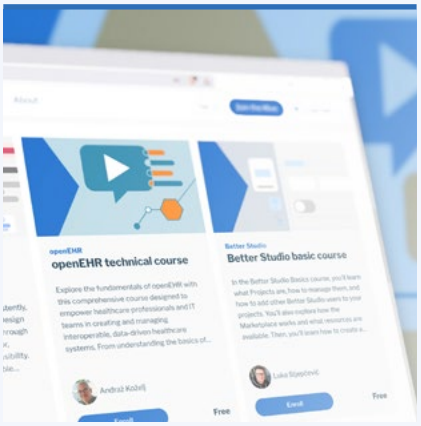
GLOBAL ECHO

PRODUCT

TRENDS



NEWS



EVENTS

From data to healing: Building healthcare on a foundation of trustworthy information

Every day in healthcare, we make decisions under pressure. We strive to deliver safe, effective, and personalised care, yet we often do so with incomplete, fragmented, or outdated information. Despite remarkable digital progress, the most fundamental element of healthcare remains the same: we can only act on the data we can trust.

In recent years, a multitude of digital health solutions have emerged - mobile apps, analytics platforms, wearables, enterprise EHRs, even artificial intelligence. But technology alone cannot improve care if the underlying information is flawed or inaccessible. Good solutions applied to the wrong problems help no one. The real challenge is ensuring that data flows correctly to the point of care, through the care process, and back into a continuous learning cycle.

Better data means better decisions.

And better decisions lead to better outcomes.

To achieve this, we must take a truly data-centric approach:

1. Data is a clinical asset

Information about the patient must be correct, complete, and available wherever care occurs, not locked in silos or converted to static documents. Clinicians need to see the whole picture. Care teams need shared situational awareness. Researchers and analysts need structured data to learn from real practice. When we treat data with the same seriousness as medication or equipment, quality improves.

2. Decisions require both data and knowledge

Information alone is not enough. Clinicians synthesise scientific evidence, experience, and patient values. Human judgment manages ambiguity and empathy. But decision-support systems require structured, machine-readable data to contribute effectively. When data quality is strong, digital support becomes meaningful - not distracting.

3. Care processes rely on information flow

Patients move between primary care, specialised clinics, emergency departments, and increasingly their own homes. Chronic care, remote care, and hospital-at-home models demand coordination. Data must move with the patient supporting prevention, timely intervention, and efficient transitions. New forms of care only succeed if the information they depend on is seamlessly accessible.

4. Advanced analytics and AI depend on high-quality data

AI is not the goal, but it is a powerful example. For algorithms to be safe, equitable, and useful, they need reliable data:

- during training - to learn from reality,
- during operations - to reason in real time.

If data is biased, incomplete, or inconsistent, insights will be too. In other words: data quality is patient safety.

Karolinska University Hospital is actively building an environment where data is captured once, used many times, and continuously improved. By integrating clinical, imaging, laboratory, genomic, and patient-reported data into a unified platform, we enable knowledge to follow the patient.

This is the foundation for personalised care, operational excellence, and impactful research. It will help us update best practices faster, enable innovation, and ensure that decisions, whether by humans or machines, are grounded in trusted information.

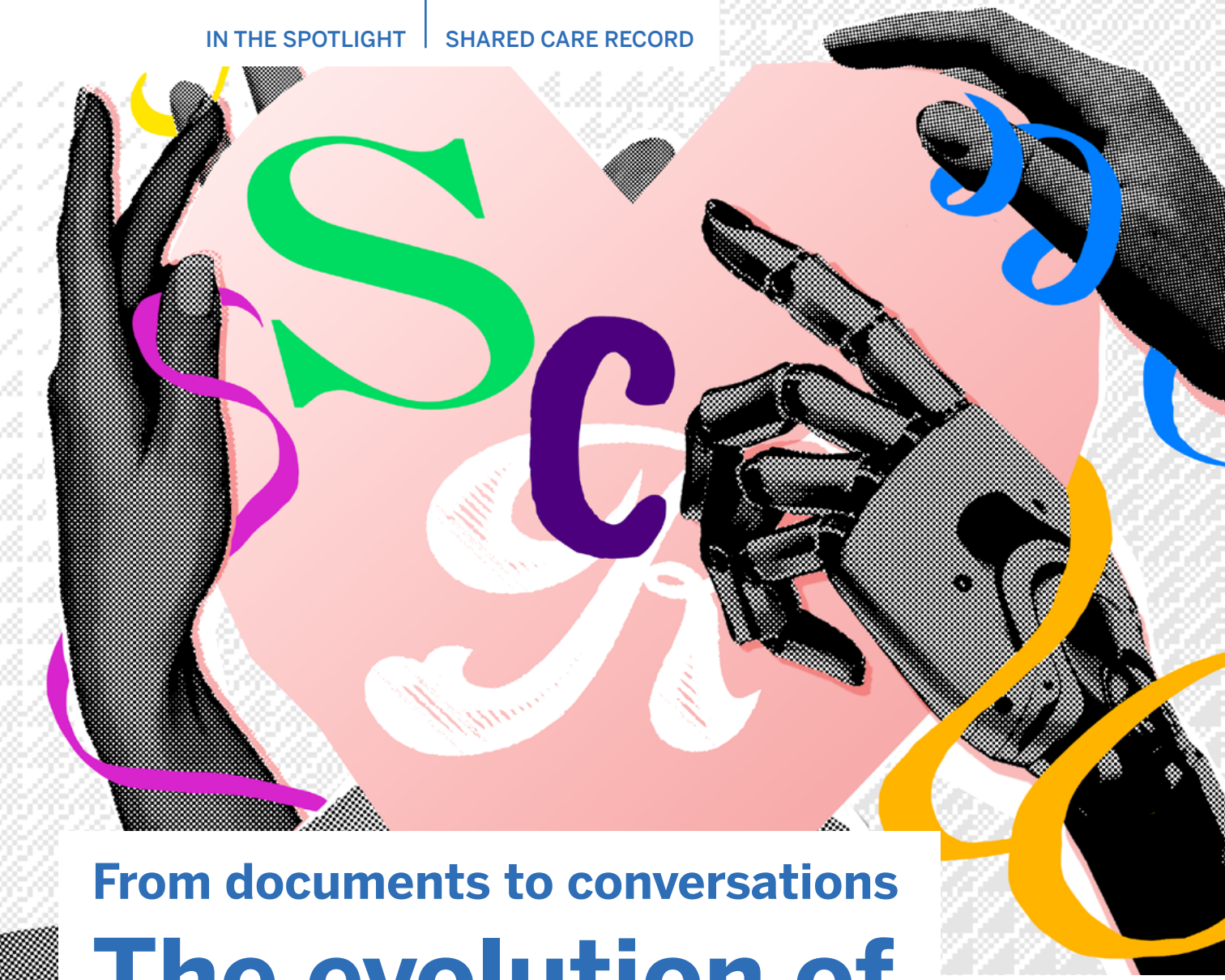
We are facing profound challenges in healthcare: rising complexity, resource constraints, and a rapidly ageing population. Our only sustainable response is to make every decision smarter.

Data itself does not heal.

But without high-quality data, we cannot heal the way we aspire to.

The future of healthcare is data-centric — because the future of healing is knowledge-driven.

Patrik Georgii-Hemming, MSci, MD, PhD
Chief Medical Information Officer, Karolinska University Hospital



From documents to conversations

The evolution of Shared Care Records

Written by: Tomaž Gornik
Illustration: Artur Felicijan
Article published: January 2026

Shared Care Records (SCRs) have undergone significant evolution over the past two decades. What began as relatively simple mechanisms for sharing documents across organisational boundaries is now moving towards intelligent, conversational systems that actively support clinicians, patients, and health systems. This evolution can be understood in four broad stages, each building on the limitations of the previous one.

Introduction

Over the past 15 years, we have had the opportunity to work at the forefront of Shared Care Record programmes across multiple countries and health systems. From our first national deployments in Slovenia and Malta, to our recent deployments for cities like London and countries like Greece and Ireland, we have seen first-hand how these initiatives have evolved. From early, document-based exchanges designed primarily for visibility, through to today's large-scale, ecosystem-driven deployments that actively support clinical care, coordination, and population health.

Our journey closely mirrors the broader maturation of Shared Care Records as a concept. We started with implementations focused on sharing clinical documents across organisational boundaries, addressing the most basic problem of information silos. Over time, these programmes progressed towards structured, longitudinal records capable of supporting collaboration across primary, secondary, community, and social care. More recently, we have been involved in deploying SCRs as national platforms, enabling multiple applications and services to operate on top of a common, vendor-neutral data foundation.

The most recent example of this evolution is the national Shared Care Record for the Health Service Executive (HSE) in Ireland. This programme represents a culmination of lessons learned over more than a decade: moving beyond documents, embracing structured data at scale, and deliberately designing the SCR as an enabling platform for future applications, analytics, and AI-driven services.

This accumulated experience provides a practical lens through which to understand the evolution of Shared Care Records. The four stages outlined below are not theoretical, they reflect real deployments, real constraints, and real progress observed across national and regional programmes as SCRs transition from passive repositories into active participants in care delivery.

1 Document-based exchange: Digitising and sharing information

The first generation of Shared Care Records focused on document-based exchange. The primary goal was to make clinical documents, such as discharge summaries, clinical notes, and test reports, available across all care settings. Technically, this was often achieved through document repositories, portals, or health information exchange (HIE) infrastructures.

This stage delivered a vital breakthrough: clinicians could see information created elsewhere. However, these systems were essentially read-only. While documents could be uploaded and viewed, they could not easily be structured or enriched once shared. Crucially, third-party applications and clinical systems were typically unable to contribute new data directly into the shared record in a computable way.

In practice, this meant SCRs functioned as passive archives rather than living records. Data was locked inside PDFs, scanned documents, or proprietary formats. Clinicians still had to re-enter information into their local systems, and innovative applications, such as decision support tools, care coordination apps, and analytics, could not update the record. The result was limited clinical impact and minimal workflow integration.

2 Structured shared records: From documents to data

The second stage transitioned beyond documents to structured, longitudinal, shared records. Instead of exchanging files, systems began sharing granular clinical data: problems, medications, allergies, observations, encounters, and plans.

This shift enabled a single, coherent patient record to be assembled across multiple care settings. Data could be queried, filtered, and reused, rather than merely read. Clinicians gained faster access to relevant information, thus reducing duplication of tests and assessments. Due to the structured nature of data, alerts and notifications became possible.

Importantly, this stage allowed multiple systems to both consume and contribute data. The shared record became a collaboration layer rather than a static repository. Examples include national or regional shared records that aggregate data from hospitals, primary care, community services, and social care, forming a continuously updated longitudinal view of the patient.

While powerful, these systems were still largely system-centric. Interaction models remained based on screens, forms, and predefined workflows, and the cognitive burden on clinicians remained high.

3 Ecosystems on top of the SCR: Interoperability as a platform

In the third stage, the Shared Care Record becomes a digital health platform rather than just an integration artefact. Once high-quality structured data is available, it can support an ecosystem of applications layered on top of the shared record.

At this point, standards such as the International Patient Summary enable consistent cross-border and cross-vendor data exchange. At the same time, APIs allow specialised applications to plug into the shared data layer. Clinical use cases expand beyond viewing data to actively supporting care processes.

Real-world examples illustrate this shift clearly. The Universal Care Plan (UCP) in London demonstrates how a shared record can support multidisciplinary care planning around a single, patient-centred plan. In Slovenia, eKarton demonstrates how national shared data can underpin a growing array of clinical and administrative services, facilitating care coordination for the prevention and management of chronic diseases. Greece's national EHR similarly builds on shared data foundations to enable both professional and citizen access.

At this stage, SCRs support not just clinicians, but also patients. However, while ecosystems of apps are possible, they still depend on humans to interpret information and take action.

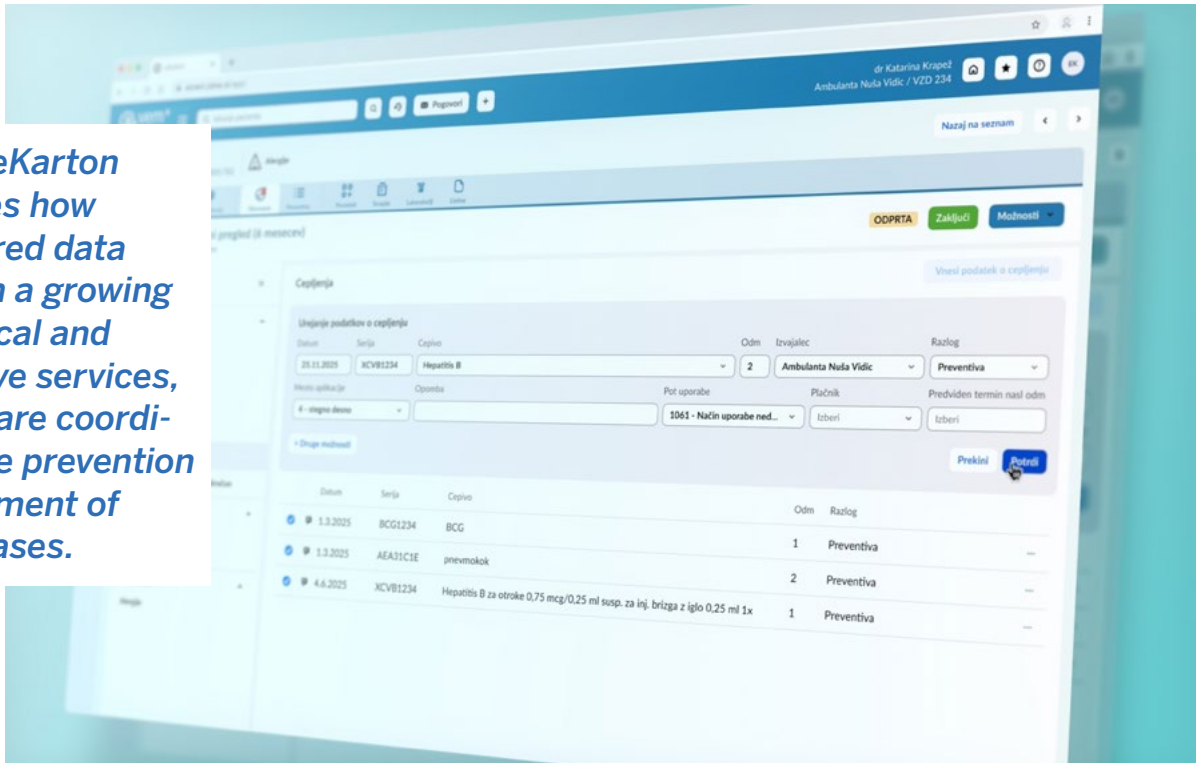
4 Conversational and agentic records: From access to assistance

The fourth stage represents a qualitative shift: the Shared Care Record becomes conversational, proactive, and agent-enabled, allowing users to interact with the record.

Instead of navigating screens and forms, clinicians and patients can interact with the record using natural language. Under the hood, protocols such as the Model Context Protocol (MCP) enable AI systems to access structured clinical data safely and consistently. The result is not simply "chat with your EHR," but context-aware interaction grounded in the patient's longitudinal record.

In this model, the SCR does more than respond to queries. Intelligent agents can:

- Proactively identify care gaps (e.g. missing reviews, overdue tests, guideline deviations).
- Surface relevant information at the point of care.
- Support clinical reasoning and shared decision-making.
- Assist patients in understanding and managing their conditions.
- Enable secondary uses of data for research and population health, aligned with frameworks such as the European Health Data Space.



In Slovenia, eKarton demonstrates how national shared data can underpin a growing array of clinical and administrative services, facilitating care coordination for the prevention and management of chronic diseases.

Critically, this stage extends the application ecosystem further, encompassing not just apps, but also agents that operate on top of the shared record, each focused on specific tasks or domains. The Shared Care Record becomes an active participant in care delivery, not just an information source.

Notably, Greece already enables patients to prompt their own health records using natural language, lowering barriers to access and engagement.

In summary

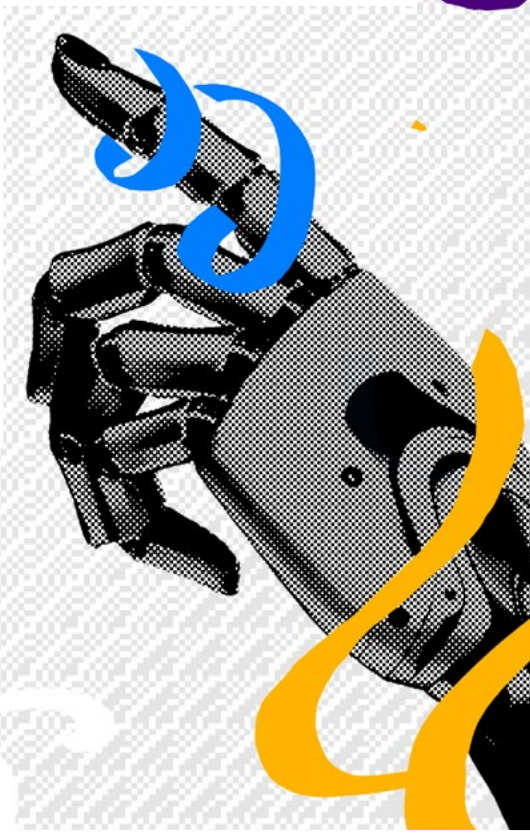
Shared Care Records have evolved from basic document-sharing solutions into a core component of health-system infrastructure. Early document-based approaches improved visibility across organisations but were essentially read-only and poorly integrated into clinical workflows. The move to structured, longitudinal shared records enabled true collaboration, allowing multiple systems to contribute to and reuse clinical data. More recently, SCRs have been designed as platforms that support ecosystems of applications for care planning, coordination, analytics, and patient access without relying on monolithic systems.

Shared care records have been designed as platforms that support ecosystems of applications for care planning, coordination, analytics, and patient access without relying on monolithic systems.

The next stage further extends this, introducing conversational and agent-based capabilities. These enable Shared Care Records to transition from passive access to active assistance, proactively identifying care gaps and supporting informed decision-making. Overall, SCRs are progressing from documents to data, from visibility to collaboration, and from access to assistance, reflecting their growing role in delivering coordinated, sustainable care at scale.

At Better, our digital health platform has been shaped by more than ten real-world regional and national Shared Care Record deployments, operating at the scale, complexity, and governance levels required by modern health systems. We have progressed through every architectural phase from document exchange and HIE integration to the persistence of a longitudinal shared care record, and ultimately, to an ecosystem platform approach. Central to this evolution has been our uncompromising commitment to open standards, including IHE, HL7, and openEHR, ensuring vendor neutrality, semantic interoperability, and long-term regulatory alignment.

This foundation enables national-scale scalability, supporting tens of millions of patient records within a single longitudinal data layer, while meeting the requirements of cross-border data sharing, secondary use, and data-space governance anticipated under the European Health Data Space. Crucially, the same architecture makes the platform inherently AI-ready: structured, high-fidelity longitudinal data supports advanced analytics, clinical decision support, and next-generation AI and agentic workflows, without re-platforming or loss of clinical meaning.



Building Ireland's Shared Care Record

A national foundation for connected care

Ireland has taken a decisive step towards truly connected, person-centred healthcare with the delivery of the National Shared Care Record (NSCR). Commissioned by the Health Service Executive (HSE), the NSCR is one of the cornerstone initiatives of Ireland's Digital for Care strategy and a key enabler of the Sláintecare vision, providing every citizen with a shared digital health record that follows them across care settings.

Article published: January 2026
Written by: Brina Tomovič Kandare
Image credit: iStockphoto

Better is proud to be part of the strategic consortium, alongside EY and Kainos, delivering this national capability. Together, the partners are building a shared digital foundation that consolidates health information from hospitals, GP practices, community care services, and pharmacies into a single, secure, and interoperable view of patient data. Rather than replacing existing systems, the NSCR connects them, allowing information to move with the patient and supporting safer, more informed clinical decisions at every point of care.

From ambition to reality at the national scale

The project officially went live in November 2025, just six months after contract award. Delivering a national-scale shared care record in such a timeframe is exceptional and reflects a remarkable level of collaboration, focus, and trust across organisations and teams. The phased rollout began in the Waterford Wexford healthcare area in the HSE Dublin and South-East region and will gradually extend across the country. Health

professionals will access the shared record through the HSE clinician portal, while citizens will engage through the familiar HSE Health App and patient web portal.
The NSCR is also designed to align with the EU Shared Care Record framework, ensuring cross-border interoperability as Ireland's digital health ecosystem continues to mature.

"The National Shared Care Record (NSCR) is a cornerstone of the Government's Digital for Care strategy, designed to create a single, integrated digital health record for every citizen," said **Jennifer Carroll MacNeill TD**, Minister for Health, in a debate in the Irish parliament. *"This transformative initiative is being delivered by the Health Service Executive (HSE) in alignment with Sláintecare principles, ensuring better continuity of care, enhanced patient safety, and improved access to health information across all services."*

"The National Shared Care Record (NSCR) is a cornerstone of the Government's Digital for Care strategy, designed to create a single, integrated digital health record for every citizen."

Jennifer Carroll MacNeill TD
Minister for Health, Ireland

An agile approach to shared care

The heart of the NSCR is grounded in open standards and structured data. Better contributes its platform-based Shared Care Record, which enables health data to be stored in a structured, vendor-neutral way, ready to support current needs and future innovation. This foundation allows the NSCR to support a growing range of use cases, including appointments, diagnostic results, chronic disease tracking, care plans, and discharge summaries. Importantly, it also creates the conditions for continuous evolution: new datasets, services, and workflows can be added without disrupting what already works.

More than a record: a national capability

The NSCR establishes a trusted national data layer that future digital services can build on, including Ireland's planned national Electronic Health Record (EHR) programme, currently in its planning phase. In this sense, the Shared Care Record is a practical expression of the Postmodern EHR, as it is not a single system, but a shared, interoperable data backbone supporting many applications and care pathways.
For Better, this project is a powerful validation of years of work advocating for structured data, open platforms, and shared care records at a national scale. *"This initiative is a major milestone on Ireland's journey towards a national EHR,"* said **Tomaž Gornik**, CEO and founder of Better. *"With structured, vendor-neutral data at its core, the NSCR creates the basis for a truly joined-up, data-driven healthcare system — one that can grow and adapt with the needs of patients and clinicians."*

A collective achievement

Behind the technology lies a collective effort. Teams across the HSE, EY, Kainos, and Better worked side by side, from clinical modelling and design to engineering, infrastructure, security, and delivery, to bring the NSCR live. It is a reminder that national digital health transformation is as much about collaboration, trust, and shared purpose as it is about platforms and standards.
As Ireland continues to build on this foundation, the National Shared Care Record stands as a clear signal of what is possible when healthcare systems invest in shared data, openness, and long-term digital strategy, putting people, not systems, at the centre of care.

Greece's NEHR: One record for a nation

Greece has launched one of the most significant healthcare digitalisation projects in Europe, the National Electronic Health Record (NEHR). The digital health platform, MyHealth, is built on the Better digital health platform and enables citizens and healthcare professionals to access comprehensive health data in a simple, fast, and secure way.

Article published: November 2025
Image credit: Salvador Aznar

The Greek National Electronic Health Record is the largest digital health system in the European Union, covering over 10 million citizens. For the first time, the new national system brings medical records (diagnoses, prescriptions, lab results, vaccinations, hospitalisations) from hospitals, clinics, and public and private health centres into one place. Citizens can easily access their medical history through the myHealth app, and doctors can view a complete picture of their patients' health through myHealthDoc. Both tools make healthcare simpler, more transparent, and more connected.

The project is run by a consortium led by COSMOTE TELEKOM, the national telecommunications operator and the largest systems integrator in the country, and is being implemented for the Greek Ministry of Health by IDIKA SA (e-Government Centre for Social Security) as part of the European Recovery and Resilience Facility. Better is one of the key players in the project, as the company provides its digital health platform for central data storage and application development. The company also contributes its extensive experience in implementing national health records in other countries.

Consistent and structured data storage and exhchange

The Better Platform is based on openEHR standard for clinical data and HL7 FHIR for operational and demographic data. This enables consistent and structured data store and exchange between different systems and stakeholders in the healthcare ecosystem, ensuring openness and sustainability. Together with additional components, such as the low-code development tool Better Studio, the platform supports faster development of targeted applications on top of a unified patient health record.

The platform integrates clinical data from all levels of the healthcare system, including hospitals, primary care centres, private providers, e-prescription systems, and laboratory systems. This information is available to healthcare professionals and citizens. The platform provides a secure and efficient connection between over 130 public and 140 private hospitals, 11,000 pharmacies, 50,000 doctors, and 2,500 diagnostic centres across Greece.

Throughout the project's duration, extensions to the system are foreseen by adding new data from third-party systems, namely oncology protocols, data on hospitalisation, dialysis, radiotherapy, high-cost therapies, and the introduction of AI-powered digital assistants to support both clinicians and patients.

"A historic moment for the digital reform of public health"

At the launch of the new system in June 2025, the Greek Minister of Health, **Adonis Georgiadis**, said: *"The launch of the National Electronic Health Record marks a historic moment for the digital reform of the Greek healthcare system. Our goal is to move into a new digital era of healthcare, characterised by transparency, accessibility, and a human-centred approach. Citizens gain an active role in managing their health, while the state acquires a clear and functional picture of the national health reality. This is the crown jewel of the digital transformation in public health, which will be fully completed by the end of 2025, but is already dynamically shaping the future of citizen care as of today."*

Tomaž Gornik, founder and CEO of Better, said: *"We are proud that our platform serves as the foundation for the National Electronic Health Record in Greece. This is one of the largest digital health projects in Europe, which was delivered within a year by COSMOTE TELEKOM and consortium partners, and which will significantly improve the quality of care and access to health data for more than 10 million people. The project proves that open data standards such as openEHR and FHIR enable sustainable solutions and easier system interoperability, which is essential for modernising healthcare systems."*

A foundation for future development in line with European regulation

The solution introduced in Greece is already successfully implemented in Slovenia, Malta, Sweden, UK, Switzerland, and other parts of Europe. Based on open, standardised, and structured data, the platform ensures long-term interoperability of systems, and provides a reliable foundation for further development in line with the European Health Data Space (EHDS) regulation. This approach enables a common presentation and understanding of data across the healthcare system and serves as a basis for future inclusion in European services such as MyHealth@EU, as well as support for cross-border data exchange, secondary use for research and public health, and broader digital transformation of healthcare at the EU level.

ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ & ΚΟΙΝΩΝΙΚΗΣ ΑΛΛΗΛΕΓΓΥΗΣ

The Greek National EHR scope

- 1 national electronic health record
- 130 hospitals
- 50,000 employees
- 10,000,00+ citizens

Article published: December 2025
Written by: Samo Drnovšek

eKarton: Building Slovenia's lifelong national digital health record

What is eKarton?

At its core, eKarton builds on the Central Registry of Patient Data (CRPD), the national backbone for harmonised health data, and evolves it into a meaningful, clinically usable record. CRPD provides the structured information and common services, while eKarton adds the context, clarity, and guided workflows that turn data into a complete, lifelong health story accessible to authorised providers.

With eKarton, these crucial datasets become part of a structured national record, captured through standardised, easy-to-use forms.

eKarton transforms how information is captured in structured formats, organised around clinical contexts, and used to actively coordinate care across the healthcare system. It introduces a standardised, secure process for capturing, validating, and transforming patient documentation from all providers into a single environment designed for active coordination.

Slovenia already achieved remarkable success in solving data fragmentation through CRPD, which collects information from hospitals, clinics, laboratories, pharmacies, and specialist practices into a centralised repository. eKarton takes this foundation to the next evolutionary level, transforming harmonised data into active care coordination.

What does eKarton solve?

Eliminating information overload

Slovenia's challenge today is no longer data fragmentation, as CRPD already solved that by creating a unified, standardised national health data layer. The real issue is usability and clinical context. Providers can find information but struggle to quickly understand what matters most for the patient in front of them.

A family physician opening a patient's CRPD record sees years of visits, lab results, referrals, and reports from across the system, which is an impressive achievement but overwhelming in practice. When a patient needs rapid assessment, the clinician must locate relevant history, medications, recent tests, and specialist opinions hidden within large volumes of documentation. The data is all there, but turning it into clear, actionable insight often requires the doctor to become a "data archaeologist," digging through abundance instead of receiving what is clinically essential.

Ensuring that data follows the patient

A person's healthcare journey touches many providers, from family physicians, specialists, laboratories, pharmacies, to emergency departments, paediatricians, and home-care nurses. With eKarton, all authorised providers see the same structured, up-to-date data, no matter where care occurs.
A school nurse's note about possible hearing issues appears instantly to the child's family physician. Lab results from a private diagnostic centre are available to an obstetrician without paper reports. Emergency doctors treating an elderly patient can immediately access medications, allergies, and recent tests recorded elsewhere.

Essential information, as medications, allergies, lab results, pregnancy records, and screening outcomes, travels with the patient. Handovers become smoother and safer because every clinician works from a complete, shared picture.

Bringing preventive and chronic care to the forefront

Healthcare systems often prioritise acute events, like hospitalisations, emergencies, surgeries, while preventive care and chronic disease management generate less structured, less visible information. Yet these areas provide some of the greatest long-term value when documented consistently.

That is why the first eKarton modules focus on prevention and chronic care: child health and school screenings, family-medicine preventive services, diabetes follow-up, community nursing, pregnancy and women's health, and dental care. Today, much of this information is incomplete or scattered – a school screening recorded on paper that never reaches the paediatrician, glucose notes kept in a personal diary, pregnancy data stored across different systems.

With eKarton, these crucial datasets become part of a structured national record, captured through standardised, easy-to-use forms. This ensures completeness, supports better coordination between providers, and enables early risk detection through systematic monitoring. Preventive care shifts from a secondary activity to a consistent, well-documented part of every patient's lifelong health story.

How this transforms healthcare

For patients

The health record truly follows patients throughout life. Whether they visit their family doctor, a specialist, a school clinic, or receive home care, authorised providers see the same up-to-date information.

Prevention becomes reliable and proactive. Screenings are tracked systematically, important milestones aren't missed, and follow-up reaches the right providers. Through zVEM, Slovenia's citizen health portal, patients can access their own health information and take a more active role in their care.

Care becomes safer and better coordinated. With a comprehensive overview of the patient's health, clinicians make faster, more accurate decisions, handovers improve, and unnecessary duplicate tests are reduced.

For clinicians

Clinicians see a connected view of each patient's health story instead of switching between systems. Pregnancy records flow into newborn screening results, school health findings feedback to family doctors, and chronic disease risks become visible during acute care visits.

eKarton brings systematic structure to care processes. Pregnancy check-ups highlight required screenings automatically. Child assessments alert when past findings need follow-up. Home care visits feed information into the shared record visible to all authorised providers.

Data entered once through simple, intuitive forms is reused automatically across institutions. This means less typing, less searching, fewer repeated questions, and more time for clinical reasoning and patient care. Because all modules follow the same design, clinicians spend less time learning interfaces while standardised forms ensure consistent data capture across Slovenia.

A model for the future

This project consolidates more than 15 years of Better's experience with open platforms, clinical modelling, and national-scale data systems. It also enables Slovenia to become a lighthouse country, an example that other regions and nations can learn from.

As Better CEO Tomaž Gornik highlighted, healthcare globally is moving towards regional models serving 1.5 to 2 million people, which is precisely Slovenia's size. What Slovenia builds can become a blueprint for Europe, demonstrating how nations evolve from basic information exchange towards truly coordinated healthcare delivery.

This represents a fundamental shift in how healthcare is delivered, documented, and understood. For citizens, it means better care throughout life. For the healthcare system, it means greater efficiency and quality. For the world, it means a working model of twenty-first century healthcare where information serves people, prevention becomes systematic, and care coordination operates as a platform capability.

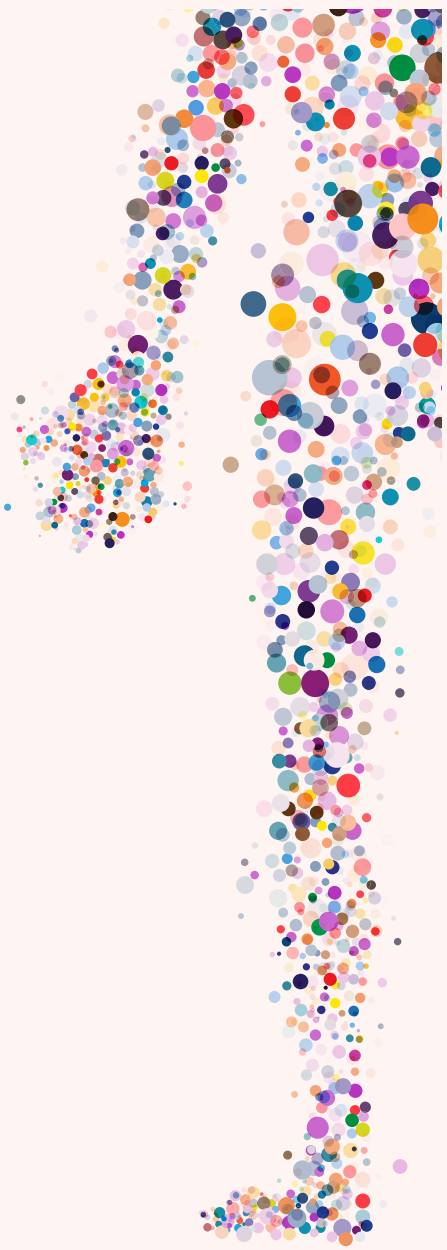
"With a comprehensive overview of the patient's health, clinicians make faster, more accurate decisions, handovers improve, and unnecessary duplicate tests are reduced."

Samo Drnovšek
Health Data Strategy &Product Marketing Manager,
Better

Article published: December 2025
Written by: Samo Drnovšek

Building contextual intelligence upon a harmonised health data foundation

Slovenia's Centralised Registry of Patient Data (CRPD) represents one of Europe's most successful health information harmonisation initiatives and has achieved true interoperability at the national scale, harmonising health information from disparate sources into a centralised repository accessible through standardised interfaces.



Launched in 2013 and evolved in a few phases, this platform solved the fragmentation problem by establishing unified APIs, openEHR for clinical data, FHIR for operational data, and IHE.XDS for document exchange, creating a single source of truth across Slovenia's entire healthcare ecosystem.

The technical infrastructure supporting CRPD reflects production-ready sophistication. API-first design with OpenAPI specifications ensures consistent interfaces. Attribute-based access control provides fine-grained security considering user roles, access purpose, clinical context, and patient consent. AuthBroker components enable single sign-on, transforming authentication tokens between identity systems. Terminology services ensure consistent clinical vocabularies. Validation servers maintain data quality by verifying information conforms to defined models before acceptance into CRPD.

With these technical foundations firmly established, Slovenia now advances to the next evolutionary phase. The platform has accomplished its core mission of harmonising healthcare data at the national scale. This success creates the opportunity to pursue a fundamentally new capability layer.

The question shifts from *"how do we collect and harmonise patient data?"* to *"how do we transform this rich, harmonised data foundation into contextual intelligence that actively supports clinical decision-making and care coordination at the point of care?"* This transition from data harmonisation to care activation defines the eKarton initiative.

eKarton: Building contextual intelligence on a proven foundation

The eKarton project represents Slovenia's strategic response, by building contextual intelligence, workflow orchestration, and application ecosystem capabilities on top of the proven platform. eKarton extends CRPD's foundation by adding new functional layers needed to transform harmonised data into actionable clinical knowledge presented in the context of specific care scenarios. CRPD continues as the authoritative data layer with unified APIs, maintaining its role as the single source of truth. What eKarton adds is a sophisticated functional layer providing contextual presentation, workflow orchestration, care coordination, and application development capabilities that transform data abundance into clinical insight.

The transformation from data overload to clinical insight depends fundamentally on dramatically increasing structured data captured at the point of care. While CRPD already includes a significant amount of structured data, eKarton pushes this further by deploying specialised digital services that capture high-quality structured information for specific clinical domains. Applications for pregnancy care, child screening, elderly preventive care, diabetes management, and patient-reported outcome measures ensure that data enters the system in computable formats from the moment of capture.

This functional layer enables "contextual care streams" rather than simple data repositories. The power of this approach lies in making data captured once immediately reusable across multiple clinical contexts. Consider a paediatrician reviewing their patient during a routine consultation. That child recently underwent developmental screening at school conducted by a school health paediatrician, typically not the child's selected primary care provider. Through the Child Screening pathway application, the school paediatrician captured structured data including developmental milestones, vision and hearing test results, and physical examination findings. The child's selected paediatrician now sees an integrated child development timeline that weaves these school-based assessments together with growth measurements from previous well-child visits, immunisation records, and specialist consultations into a coherent narrative. Developmental screening results appear alongside growth trajectories, revealing patterns and flagging areas requiring attention.

The common workflow layer: Transforming passive data into active care coordination

One of eKarton's most transformative features is its common workflow layer, solving a key limitation of CRPD. While CRPD harmonised health data, it remained passive - clinicians could view information but not easily coordinate care, assign tasks, or execute complex protocols across providers. Coordination still relied on phone calls, emails, and memory rather than systematic support.

eKarton changes this dynamic. Its workflow engine makes coordination explicit, visible, and trackable. Clinical pathways become executable workflows that orchestrate activities across organisations, assign responsibilities, trigger interventions, and provide real-time visibility into the patient's journey. Unlike rigid, app-specific workflows, eKarton implements them at the platform level, flexibly spanning every touchpoint.

Take child health screenings. Traditionally, these rely on fragmented tracking. From birth through adolescence, children need a complex schedule of visits, screenings, and immunisations. eKarton turns this complexity into clarity, automatically maintaining schedules, sending reminders, and coordinating between school-based screenings and paediatricians. When developmental concerns arise, workflows integrate therapists and specialists seamlessly.

The same intelligence powers elderly preventive care and chronic disease management. Cancer checks, cardiovascular assessments, and falls risk evaluations are orchestrated systematically. Diabetes workflows adapt dynamically - missed appointments trigger outreach, and unfavourable trends activate early interventions.

Horizontal capabilities tie it all together. Home care nursing supports children with complex needs, elderly patients, and those managing chronic conditions through a unified service that integrates into every pathway. When home care is required, the system transfers clinical context, sets tasks, and ensures data flows back into the record.

The benefits are profound. Routine coordination tasks are automated, reducing cognitive load for clinicians. Multidisciplinary teams work in sync, with dashboards showing completed actions, pending tasks, and upcoming milestones. Decision support appears naturally within workflows, guiding choices without disruptive alerts. And because workflows are tracked at the platform level, organisations can analyse thousands of care journeys to identify bottlenecks, measure adherence, and optimise protocols.

By formalising coordination as executable workflows with clear responsibilities and comprehensive tracking, eKarton transforms what was once an individual effort into a systematic capability of the healthcare system.

Building end-to-end care applications: From platform to active solutions

With CRPD being Slovenia's powerful asset, the challenge remains transforming that foundation into something dynamic - applications that guide clinicians and patients through complex journeys, from the first data entry to visualisation and coordination.

eKarton builds an ecosystem of applications on CRPD's shared data layer, enriched with contextual intelligence and adaptive workflows.

Instead of static records, we get living care pathways that are responsive, intelligent, and deeply integrated into everyday practice.

The engine behind the ecosystem

Better Studio, a low-code environment where clinical teams and developers build applications without deep interoperability expertise, is what makes it all possible. Form builders allow clinicians to design data entry interfaces that automatically generate openEHR compositions stored in CRPD. Visualisation components enable developers to create dashboards and clinical timeline views that present CRPD data contextually for specific scenarios. The marketplace concept embedded within Content Manager extends this ecosystem approach by enabling the sharing and reuse of application components across organisations.

Vertical pathways and horizontal capabilities

Prenatal care is a perfect example of how eKarton transforms complex coordination into a seamless experience. The moment a pregnancy is confirmed, the system doesn't just record the event; it springs into action. A workflow engine initiates a nine-month care pathway that spans multiple providers and settings. It schedules prenatal visits according to evidence-based guidelines, orders lab tests and ultrasounds at the right gestational ages, ensures genetic counselling when risk factors appear, and even tracks prenatal education sessions and immunisations. Missed appointments trigger reminders and, if needed, direct outreach. Every step is orchestrated, and every provider, from midwives to maternal - fetal specialists, is connected.

The same intelligence powers child health, elderly preventive care, and chronic disease management, each with workflows that adapt dynamically to clinical events, ensuring proactive, coordinated care.

Chronic disease programs, like diabetes management, follow structured care sequences that adjust automatically - adding cardiology consultations or triggering early interventions when indicators worsen. Care evolves with the patient, not just the calendar.

A seamless clinician experience

Perhaps the most transformative feature is context launch. No more logging out of one system to access another. eKarton applications open directly within existing workflows. Patient context transfers automatically, user identity follows via single sign-on, and the clinical scenario determines what information appears. It's frictionless, intuitive, and positions Slovenia at the forefront of healthcare interoperability.

The path forward: From harmonisation to activation

Slovenia's eKarton project marks a turning point in how nations think about health information infrastructure. The first generation of systems focused on connectivity - getting systems to talk to each other. The second generation, exemplified by CRPD, achieved harmonisation and built unified data repositories. Now comes the third generation: platforms like eKarton that transform harmonised data into activated intelligence, intelligence that drives clinical decisions, orchestrates care, and enables continuous quality improvement.

CRPD accomplished what many countries still struggle to achieve: breaking down fragmentation through unified APIs that harmonise patient data across all systems and providers. Its scale is impressive: 600 million records, 98% population coverage, 85% structured data ratio, and millions of transactions processed monthly. It also proved something equally important: that collaboration can overcome vendor lock-in and create a thriving national ecosystem.

But harmonisation alone is not enough for the next era of care. eKarton builds on CRPD's foundation by adding contextual intelligence, workflow orchestration, care coordination tools, and low-code application development capabilities. These layers turn a static repository into a living digital health platform, one that enables active care rather than passive data storage.

As eKarton rolls out through 2026 and beyond, it will validate a powerful model. This is the shift from data harmonisation to care activation, where information becomes actionable insight, data captured once is reused across contexts, and coordination moves from heroic effort to systematic capability.

Slovenia's experience offers lessons for health systems worldwide. Many nations are pursuing harmonisation like CRPD. When they succeed, they will face the same challenge: turning abundance into action. Slovenia shows that transformation doesn't require tearing down what works. It requires thoughtful layering of new capabilities on proven foundations. By building intelligence, workflows, and application ecosystems on top of harmonisation success, Slovenia charts a pragmatic, evolutionary path, a path others can follow and adapt to their own contexts.

The Slovenian National EHR project scope

- Serves a population of 2.1 million
- 57 primary healthcare centres
- 26 hospitals
- 1,600 healthcare providers
- 9,200 beds in hospitals
- 8,600 doctors

Creating a single source of medication information in Slovenia

With the national project to build a new National drug dictionary, Slovenia is replacing an outdated medication dictionary with a modern, structured, and interoperable platform that will support the national shared care record, the eKarton.

The new register will provide a single source of medication information for the entire healthcare ecosystem. Built on open standards and aligned with European guidelines, it will rely on the same validated, up-to-date data that will be accessible to clinicians, pharmacists, policymakers, and the public. This is essential for safer prescribing, more accurate dispensing, more consistent decision-making, and better outcomes across the system.

What the new registry will bring

Today, medication data in Slovenia is fragmented across different systems, formats, and institutions. This makes prescribing more complex, introduces risks, and slows down essential processes such as procurement, reporting, and analytics. The new National drug registry directly addresses these challenges by providing:

- **A unified drug dictionary**
  A modern data model will ensure that medications are represented consistently, semantically, and in line with international standards, making information easier to exchange, validate, and analyse.
- **Safer prescribing and dispensing**
  Clinicians will have access to more accurate, complete, and up-to-date medication information, reducing the risk of medication errors and improving the quality of care.
- **Better decisions for hospitals and public institutions**
  Reliable medication data will enable better procurement planning, clearer reporting, and stronger national oversight of medicine use, shortages, and pricing.
- **A foundation for future digital services**
  The register will support ePrescribing, medicines reconciliation, clinical decision support, and other national initiatives, all of which depend on clean, structured medication data.

A national collaboration

The project is fully funded by the European Recovery and Resilience Facility and is being delivered in close cooperation with the Ministry of Health, the Agency for Medicinal Products and Medical Devices (JAZMP), the Health Insurance Institute (ZZZS), the National Institute of Public Health (NIJZ), the Slovene Chamber of Pharmacy, UMC Ljubljana, UMC Maribor, the Institute of Oncology, and other key partners across Slovenia's health system.

Better will deliver the underlying platform that captures, validates, and distributes structured medication data across the national ecosystem. The company will shape the core data model, validation logic, and workflows that make the register useful in real clinical practice, and also connect it to the wider national ecosystem, creating a simple way for professionals to access and use the information they need.

A cornerstone of the Slovenian shared care record

Just like eKarton, Slovenia's shared care record, the National drug registry is built on the principles of structured data, interoperability, and long-term flexibility. Medication information is one of the most commonly exchanged elements of healthcare, and the quality of this data directly influences clinical safety and patient outcomes. By modernising the drug dictionary as part of the broader eKarton strategy, Slovenia is ensuring that every care plan, prescription, hospital admission, and summary record is backed by reliable, consistent data.

This alignment across national projects represents a unified vision of a healthcare system where data moves seamlessly, where information supports real-time care, and where national infrastructure is built to evolve.

As Slovenia continues developing its shared care record, this dictionary will ensure that one of the most critical pieces of information in healthcare, medication data, is consistent, structured, and trustworthy.

Better development program

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- STUDIO ACCESS
- LEARNING SPACE HIVE
- DEDICATED TECHNICAL SUPPORT
- CONSULTING
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Accelerate your digital health journey with the Better Development Program

The Better Development Program is designed to help partners grow capabilities and build scalable, future-ready solutions. Alongside access to the latest technologies, participants work closely with Better's clinical and development teams, supporting knowledge transfer, capacity building, and portfolio development to deliver robust, efficient, and sustainable solutions.

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Join us now and transform your future!

better

Malta

When transfer-of-care apps become the backbone of national health systems

Malta's National Emergency Case Portal (NECP) is a clear example of how a small country can take a decisive step towards truly joined-up care. Built on a shared, platform-based data foundation, the NECP enables emergency teams across Malta to access structured, reliable patient information when it matters most.

Written by: Samo Drnovšek
Article published: January 2026
Image credit: Eva Konič

Rather than introducing another standalone system, Malta has focused on creating a trusted, interoperable layer that supports real-time decision-making during transitions of care, and by doing so, showing how a mature digital health ecosystem can translate data into safer, more coordinated emergency care.

Malta NECP: When shared care becomes a national coordination system

In Malta, the National Emergency Case Portal (NECP) was launched to address overcrowding in emergency departments. Many patients were visiting leading hospitals for conditions that could be managed via telemedicine, community Points of Care, or smaller emergency sites, and as such, creating inefficiencies that staffing alone couldn't solve.

In modernising this pathway, Malta faced a familiar challenge: enabling telemedicine teams, hospitals, and community care sites to share real-time information without creating new silos. Instead of procuring another standalone tool, Malta built NECP on its national digital health platform, which already provided shared clinical records, operational data, identity, and secure access.

NECP introduced real-time transfer of care, connecting all urgent and emergency services into one coordinated process. When citizens call for help, telemedicine clinicians assess the severity of the situation and

route patients intelligently to nearby Points of Care, facilities with shorter waits, or preferred locations when appropriate. Responsibility transfers digitally at each step, cases appear instantly on destination dashboards, and updates flow seamlessly into the National Electronic Health Record. Clinicians avoid blind spots, and patients get clarity and reassurance.

Delivered in months, not years, NECP proves that national digital health platforms can solve systemic challenges through applications that are simple on the surface, powerful in coordination, and fully integrated by design.

The platform beneath: A standards-based foundation for national transformation

Better Studio was the catalyst for Malta's rapid innovation, but the real enabler was platform maturity. Studio provided a low-code environment where national teams could design forms, workflows, and logic quickly and safely, without years of vendor customisation. Built on platform standards and governance, interoperability and quality were inherent, not bolted on.

Behind Studio was a robust national digital health platform. A clinical data repository based on openEHR ensured lifelong, structured storage of assessments and observations, while a FHIR-based operational repository modelled transfers of care — referrals, appointments, episodes, and responsibility shifts — with precision. These operational events became inputs for coordination and access control.

Identity was unified through a national Single Sign-On system enriched by AuthBroker, which added contextual attributes such as workplace, professional registration, and emergency duty to a secure token. This created the backbone of trust, enabling applications to understand not only who a user is, but in what capacity they are acting and for which organisation.

On top of this, attribute-based access control (ABAC) governed information flow. Unlike static role-based models, ABAC uses dynamic attributes, such as current responsibility for a patient, to determine access. Clinicians see data only when responsibility has formally passed to them, ensuring safety, ethics, and legality. AuthBroker provides identity attributes, and the FHIR repository provides responsibility context, feeding ABAC policies for precise, real-time decisions.

Combined with a national Dashboard Server for real-time visibility, Malta gained a new capability: building fully integrated, policy-aligned applications at scale, without silos or technical debt. This is how infrastructure maturity turns systemic challenges into rapid, sustainable innovation.

A Shared Care Record that reflects how healthcare actually works and why it matters nationally

For clinicians, the change is profound. Instead of navigating multiple systems, repeating questions, and worrying whether critical information is missing, they experience care as a single, coherent narrative. The record reflects real responsibility: when they take charge of a patient, information appears; when responsibility ends, so does access. Integration is no longer forced, as care itself drives it.

For patients, the benefit is even more fundamental. Their story is whole. They no longer need to retell their medical history during moments of vulnerability. Each part of the health system recognises its role in the journey, as the system is built around continuity.

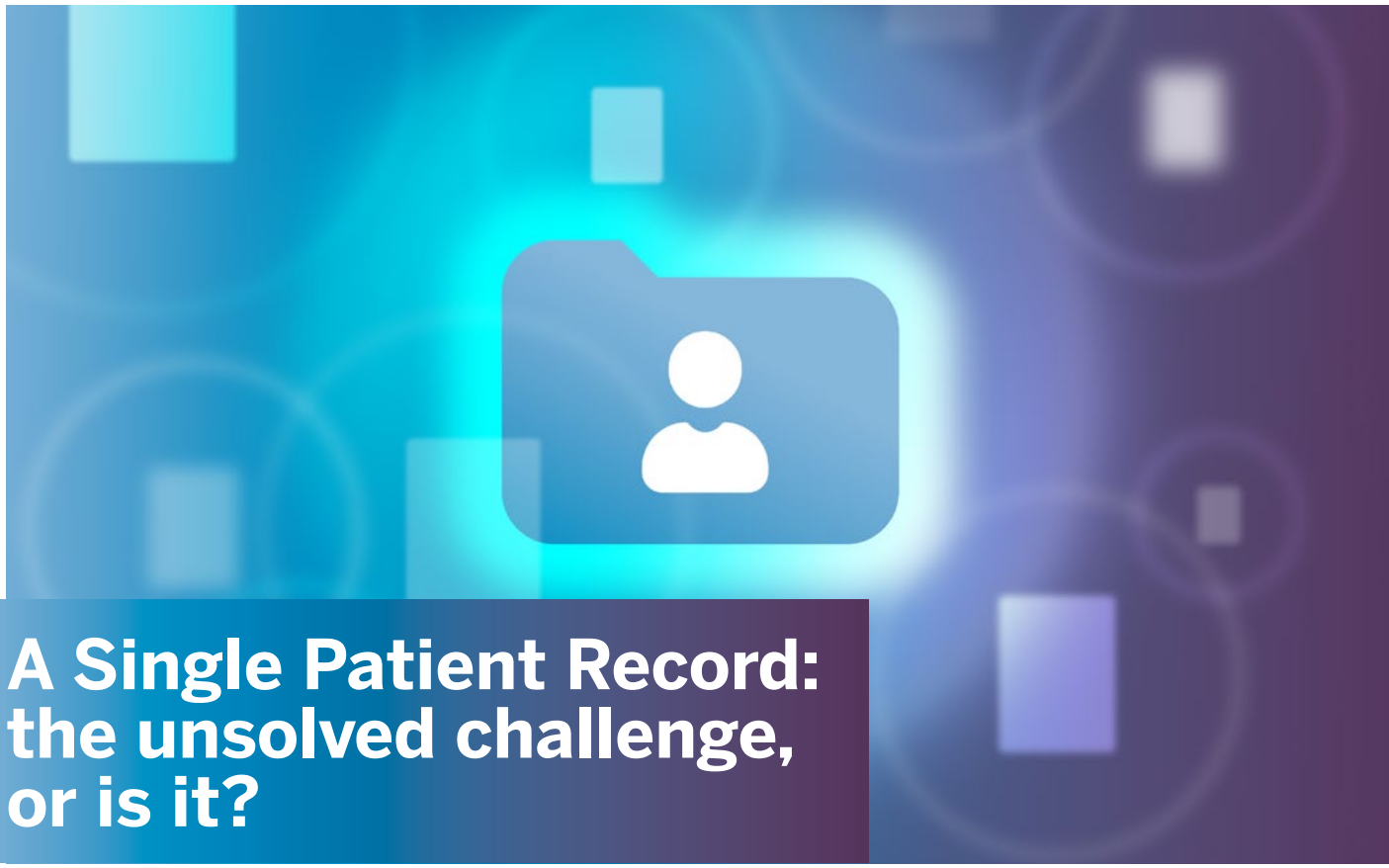
For health system leaders, this creates a new kind of national infrastructure: one where data is no longer trapped inside isolated systems, where innovation does not require major procurements, and where new pathways can be rolled out rapidly across the country.

The implications for ministries and national programs are transformative. A platform-based shared care environment delivers consistency across the system – not through centralised micromanagement, but through a common foundation that ensures every application operates by the same principles of access, identity, data quality, and safety. It offers sustainability by decoupling data from applications, allowing systems to evolve without losing history. It accelerates transformation, enabling new programs and reforms to be implemented through fast, low-code development rather than multi-year procurement cycles.

The path forward: Platforms, not products

Malta's journey shows what happens when a country invests in a strong national platform and empowers its health system to build on it. Emergency care was only the beginning. The same platform can now support chronic disease management, maternal care, oncology, preventive programs, rehabilitation, and social care, all using the same data, access rules, identity infrastructure, and rapid development environment.

This is the Postmodern EHR in action: a small, trusted national core surrounded by an ecosystem of applications that evolve as fast as healthcare needs. For ministries, this is not just an IT decision, it is a strategic choice about sovereignty, agility, safety, and continuity. A choice to build a system that serves clinicians and patients today and still supports innovation decades from now. A choice to build a platform, not a product.



A Single Patient Record: the unsolved challenge, or is it?

Written by: Richard Kavanagh
Image credit: Better

The government has committed to introducing a Single Patient Record (SPR) for England. It is one of the clear ambitions set out in the 10 Year Health Plan, and will see it operate as a patient passport, making sure people get seamless care no matter where they are in the NHS.

It's a long overdue ambition, in part because of its perceived complexity and because most of the public think it already exists. However, it is certainly not an unsolved challenge. Elsewhere, across the globe, other health and care systems have rolled out national shared records. Here I explore how the NHS can turn the SPR vision into reality.

Data for life

What a SPR should do is provide data for the life of a patient and to achieve it we need to adopt a data format that is going to be valid in years to come. This means records can't be locked away in separate IT systems using proprietary formats that only specific vendors can read and write. They should be capable of outliving technology providers through the use of standardised data models and APIs that any compliant system can implement. This mitigates issues caused by business model changes and removes the risk of commercialisation. To achieve this approach, it needs to be built on open, vendor neutral standards, such as openEHR, that can create one consistent longitudinal record, during a person's lifetime.

True data ownership

Then, there is the reoccurring question of who actually owns the data. In theory, it is the patient, but the existing digital infrastructure doesn't adequately support that principle. Currently, the custodians of the data are the IT systems that the data is stored in, and it can be incredibly difficult for an individual to obtain a copy of their health and care record. They can make a formal request, but the lead time is lengthy due to the fragmented data being compiled from multiple care settings and systems.

Currently, the custodians of the data are the IT systems that the data is stored in, and it can be incredibly difficult for an individual to obtain a copy of their health and care record.

This fragmentation occurs because healthcare data often exists in different formats – lab results in one schema, imaging reports in another, GP notes in yet another. Without a common data architecture, assembling a complete record becomes a manual, time-consuming process of translation and consolidation.

To enable patients to truly own their data in a meaningful way, we need to support health and care systems to move away from organising records around systems to data that is centred around the person. The result should be a SPR in a format which is open and accessible to individuals and the relevant health and care organisations involved in their care.

Promoting innovation

Rather than restrict innovation, open approaches enable it. Adopting an open approach for a SPR can accelerate digital transformation by securely separating patient data without the frictions of disparate data silos. It provides an effective and flexible data launchpad for clinicians and digital teams to expediate extensive digital programmes.

Today's shared care records

Shared care records are the closest thing we have to a SPR in the NHS. They are breaking down silos to create a joined-up record of each patient's health and care, ensuring that information follows the patient, and giving health and care professionals the full picture they need to provide personalised care. For patients, this means no longer repeating their medical history at every appointment, and for clinicians, it means being empowered with the right information at the right time.

The Universal Care Plan (UCP) is making great strides in this area and Better is proud to be supporting the transformation that is helping to deliver safer and more personalised care for every Londoner. Spanning five integrated care systems, 35 NHS trusts, and 1,400 GP practices, it recently celebrated the milestone of enabling over 100,000 care plans to be created and shared across health and care teams. It has established nationwide access to care plans by integrating with the NHS App and the NHS National Record Locator, and due to the successful introduction of sickle cell care plans, is working towards also sharing these nationally.

Tomorrow's shared care records

The traditional approach for shared care records has been to maintain a federated view of data centred around systems and users. We must now move towards the next generation based on lasting, structured, and usable data to create the fundamental foundation for a SPR. Shared care records are how we start to deliver on that ambition and we are in conversation with some well-established shared records across England that are moving towards a more active model.

Throughout Europe, nations and regions such as Slovenia, Greece, Malta, Ireland, and Catalonia are already building shared care records using openEHR and open platforms. Slovenia has been using openEHR for ten years, and today the national electronic health record stores shared health data for 98% of its population. This has seen the system integrate with 1,600 health providers and store over 250 million clinical records for 2.1 million people. Additionally, the scope of Greece's electronic health record spans 130+ public hospitals and over 10 million citizens.

We must now move towards the next generation based on lasting, structured, and usable data to create the fundamental foundation for a SPR.

As the government looks to solve the challenge of creating an SPR in England, let's not forget that the problem has already been solved in other parts of the world. We only have to look at advanced health and care systems in Europe that have overcome the challenge. These examples show what is possible when structured, interoperable data is at the core of care delivery. They prove that the vision of safe, connected care is not a distant goal, but a reality being lived today, and the UK is well-positioned to learn from and build on these successes.

Following in their footsteps will be key to meeting the 10 Year Health plan's vision of an NHS fit for the future – one where the technical infrastructure is as accessible and interconnected as the care itself, built on foundations that will serve patients not just for years, but for decades to come.

How the Universal Care Plan is transforming care across London?

Personalised care has long been a cornerstone of the NHS vision. But turning that ambition into everyday reality requires joined-up data, clear communication, and the ability for every professional caring for a patient to see the same vital information at the right moment. London's Universal Care Plan (UCP) is delivering exactly that.

Written by: Brina Tomovič Kandare
Image credit: S. Hansche

What began as a digital solution to improve urgent and end-of-life care has now become a London-wide personalised care planning platform used across multiple conditions, age groups, and services. With more than 100,000 care plans created to date, thousands of clinicians accessing the system every day, and a major expansion now underway, the UCP is setting a new standard for how care can be coordinated across one of the world's most complex health systems.

At the heart of the UCP is one simple idea: every Londoner should have one care plan, visible to all professionals involved in their care. To make this possible, the UCP integrates with the London Care Record, enabling cross-organisational visibility, connects to the National Record Locator, allowing plans to be viewed across England, and supports cross-sector collaboration, including GPs, hospitals, community teams, palliative care, social care, mental health services, care homes, and hospices.

Usage data shows rapid and sustained growth from urgent care teams, specialist services, and GPs. For example, the number of UCPs viewed by urgent care increased by 85% in a single year.

Personalised care for all

The UCP initially focused on supporting people approaching the end of life, an area where timely, coordinated decisions can significantly improve both care quality and patient experience. The positive impact was clear: 70% of end-of-life patients with a UCP achieved their preferred place of death, far above national averages, and unplanned admissions dropped significantly, to 30%, which is well below the national benchmark of 46%.

In 2024–25, the programme expanded beyond its initial scope and new care planning sections were introduced for dementia, frailty, learning disabilities and autism, children and young people, carers and contingency arrangements, and people living with sickle cell disease.

This shift moved the UCP beyond disease-specific planning to a truly personalised care and support plan, where what matters to a patient is just as important as what is the matter with them.

The expansion also means more consistency across London, with working groups, clinical networks, and transformation teams standardising practice and driving adoption across hospitals, primary care, social care, and community services. It is also important that only relevant fields appear for each individual, meaning every plan is tailored rather than templated.

The result is a care planning solution that mirrors real clinical pathways: a plan started by a GP can be reviewed by a paramedic; a palliative care nurse's input can be seen instantly by a hospital team; a young person's care preferences can be accessed by their school nursing service. It is the very essence of coordinated care.

"The UCP platform has become a well-established tool for health and care professionals and is helping to ensure people have their care wishes and preferences respected. Our role is to enable all parts of the system to quickly access relevant patient information at the right place and right time. I am proud that we continue to enable this for people and our health services," said **Nick Tigere**, Head of the UCP Programme.

Integration with GP Connect

One of the most important milestones was the integration between the UCP and GP Connect: Access Structured Record. This integration automatically retrieves up-to-date allergies, medications, and medical device information directly from the patient's GP record. For clinicians, this eliminates duplication, reduces errors, and ensures they always see the most current information, which is a major improvement in both user experience and clinical safety.

This foundation also paves the way for including additional GP Connect data types in future, further strengthening consistency across systems.

"This integration marks an important step forward in making personalised care safer, faster, and more connected. Clinicians across London can now rely on information that comes straight from the patient's GP record, meaning fewer manual updates, fewer discrepancies, and a more complete view of each person's care," said **Tomaž Gornik**, CEO and founder of Better.

Empowering patients through the NHS App

UCP has already been accessed by patients more than 200,000 times via the NHS App, and the next phase will go even further. Soon, individuals will be able to edit non-clinical sections of their care plan directly in the app, including "What matters to me", personal routines, support networks, and other contextual information.

Making the care plan editable for patients will enhance engagement and autonomy. For professionals, it also means less administrative work and more time focused on clinical decision-making. It will all contribute to a collaborative digital care planning companion.

A foundation for the future

The UCP is not standing still. New use cases are already emerging, including a potential evolution towards a single personalised care record for Londoners. The platform's flexible architecture, built on open standards and a modular, extensible design, enables continuous expansion.

As the NHS moves toward more proactive, community-based, person-centred care, the UCP is becoming a critical component of that future. It shows what is possible when technology supports collaboration, amplifies clinical insight, and gives patients a meaningful role in shaping their care.

The Universal Care Plan is a new way of working, grounded in partnership, shared understanding, and personalised support. As it continues to grow, it promises to bring London closer to the goal of truly connected, truly personalised care for every person, at every stage of life.

Wales' digital medicines movement: How Better Meds is supporting a national digital transformation

Across Wales, a meaningful shift is underway. Medicines, long managed through paper charts, fragmented systems, and manual handovers, are becoming digital, connected, and patient-centred. What was once seen as a technical upgrade is now emerging as one of the most important transformations in Welsh healthcare: The move towards a fully digital medicines ecosystem.

Written by: Veronika Stepanova
Image credit: Dražen Žigić

This vision is being driven nationally by Digital Health and Care Wales (DHCW), whose strategy sets out an ambitious goal for 2030: medicines that are safer, smarter, and seamlessly shared across every care setting. Electronic prescribing and medicines administration (ePMA) is a cornerstone of that vision: not just digitising a process, but redesigning how clinicians make decisions, how teams collaborate, and how patients experience care.

This momentum is building. Five Welsh health organisations — Betsi Cadwaladr University Health Board, Aneurin Bevan University Health Board, Powys Teaching Health Board, Hywel Dda University Health Board, and Velindre University NHS Trust — have chosen Better Meds as their partner on this journey. Each organisation's adoption is more than a technical deployment. It's a commitment to a future where medicines are clear, consistent, and connected across Wales.

These organisations are laying the foundations of Wales's future medicines infrastructure, supporting continuity across hospitals, community settings, and national services.

Digital medicines vision

Wales's digital journey isn't happening in isolation. It's part of a coordinated, long-term reinvention of how health and care systems work together. DHCW's 2024–2030 strategy committed to building a modern, interoperable digital foundation for all of NHS Wales. Medicines are central to that vision, with a clear mandate: prescribing, administering, and managing medicines should be safer by design and digital by default.

The Shared Medicines Record is one of Wales's most ambitious digital programmes. Its aim is simple but transformative: ensure that every clinician, in every setting, can access accurate, up-to-date medicines information. The adoption of ePMA systems like Better Meds is a major building block toward this, creating structured, standardised data that can flow across the country.

Five Welsh health organisations have chosen Better Meds as their partner on this journey.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys Teaching Health Board

GIG CYMRU NHS WALES
Ymddiriedolaeth GIG Prifysgol Felindre Velindre University NHS Trust

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan Aneurin Bevan University Health Board

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

This is part of Wales's Digital Medicines programme that focuses on building a single, coherent medicines ecosystem, one where hospitals, community services, and national systems are all aligned. This initiative brings together several national programmes and projects, including ePMA. The five organisations adopting Better Meds are early contributors to this architecture, helping establish the patterns, standards, and infrastructure that others will follow.

Leading the change

Serving the largest population in Wales with more than 700,000 people across six counties, Betsi Cadwaladr University Health Board's adoption of Better Meds marks a major milestone in the digital transformation of the North. Rolling out ePMA across multiple hospitals and community sites, the health board is setting the stage for region-wide medicines visibility and more consistent safety practices.

"We are one of the first in Wales to start this work, which will support Digital Health and Care Wales' programme. These wider Welsh Government initiatives will support breaking through organisational boundaries and create a shared medicines record across Wales. We will be working closely with the national team and other health boards to share learnings and insights to achieve the wider national objectives," said **Mandy Jones**, Deputy Executive Director of Nursing and Senior Responsible Officer at Betsi Cadwaladr University Health Board.

Aneurin Bevan University Health Board sees digital prescribing not as a system upgrade, but as a catalyst for safer care. With Better Meds, the health board is positioning itself at the forefront of Wales's medicines modernisation, creating digital workflows that support real-time decision-making and reduce medication-related risks.

For a rural, geographically dispersed health board like Powys Teaching Health Board, the move to ePMA supports a long-standing commitment to equitable access and clinical safety. Better Meds helps simplify prescribing, reduce paper-based risks, and strengthen the quality of data that feeds into Wales's national systems.

Hywel Dda University Health Board serves a population of more than 385,000 people. Its adoption is another major step for Wales. Transitioning from paper to digital prescribing will bring clarity, transparency, and consistency to medicines workflows across the region while contributing to national alignment on data and standards.

Lastly, as the home of specialist cancer care and the Welsh Blood Service, Velindre University NHS Trust has unique and complex medicines pathways. By choosing Better Meds, the Trust is bringing greater clarity and real-time insight to medicines beyond chemotherapy, supporting safer journeys for some of Wales's most vulnerable patients.

A milestone moment

The adoption of Better Meds by five Welsh organisations is more than a set of individual wins. It's a signal that Wales is serious about transforming how medicines are managed. With DHCW's strategic guidance, these early adopters are paving the way for a safer, more efficient, and more digitally connected medicines ecosystem.

For Better Meds, it is proof of partnership; for Wales, it is progress towards a truly national digital medicines record.

Article published: December 2025
Written by: Samo Drnovšek
Image credit: iStockphoto

EHDS: Europe's next big healthcare moment and why platforms will lead it

For years, Europe has chased interoperability. Every country has tried, in its own way, to build portals, shared care records, registries, and national platforms. Some succeeded. Others struggled. All worked in parallel, often fragmented and rarely aligned. The European Health Data Space (EHDS) changes this. For the first time, Europe is saying: *"Let's build this together. Let's speak the same data language."*

A regulatory obligation and a quiet leverage to modernise

EHDS is no longer a policy debate, it is law. Regulation (EU) 2025/327 entered into force on 26 March 2025, creating the first EU-wide legal, technical, and governance framework for sharing and reusing electronic health data. The timelines are firm: by March 2029, every member state must support cross-border exchange of patient summaries, e-prescriptions, and e-dispensations, and all commercial EHRs must be certified. By 2031, medical imaging, lab results, and discharge reports will join the mandatory data set. Non-compliance comes at a cost: financial penalties of up to €20 million or 4% of global turnover, and non-EHDS-compliant systems cannot be marketed in the EU. Yet beneath the regulatory pressure lies a far larger opportunity that stakeholders increasingly recognise, a chance to finally modernise Europe's fragmented digital foundations. EHDS is about building interoperable, patient-centred, future-proof health data infrastructures; about shifting value from siloed clinical applications to shared data, semantics, and governance. It marks the moment when interoperability becomes a public good, and when platforms built on open standards can help Europe leap forward where traditional EHR architectures fall short.

What stakeholders believe EHDS will unlock?

Across Europe, conversations about EHDS carry a familiar mix of excitement and unease. *"It's huge," "It's unclear," "It's overdue," "It's our chance to finally fix this."* Yet despite concerns about timelines, governance, and the unfinished state of the implementing acts, a shared belief keeps resurfacing: EHDS could finally deliver what health systems have been missing for years. Stakeholders imagine real continuity of care, where a patient's story follows them across providers and borders; simple, standardised access for citizens through national portals and the future European Digital Identity (EUDI) Wallet integrated with MyHealth@EU; and a new era of high-quality, structured data that can power planning, analytics, AI, and research. There is genuine hope that Europe can finally establish a coherent and interoperable health data ecosystem, one that is vendor-neutral, future-proof, and capable of evolving as clinical practice evolves. But hope alone doesn't make systems interoperable, architecture does.

Why direct vendor compliance won't work and what will

Although the EHDS regulation mandates two harmonised software components inside every EHR — a European Interoperability Component for standardised exchange and a European Logging Component for audit trails — the assumption that vendor compliance alone will deliver interoperability simply does not hold. Europe's healthcare landscape is fragmented across hundreds of EHR vendors with wildly varying architectures, from legacy systems with minimal FHIR support to newer systems that promote "FHIR readiness" more in slides than in production. Many lack semantic governance, IPS generation, or robust audit capabilities; smaller vendors lack certification capacity; larger ones focus on national priorities rather than EU alignment. No country can realistically enforce consistent semantics, consent logic, and audit behaviour across dozens of EHR products. The consensus across markets is clear: a purely vendor-to-EU model will fail. A national interoperability layer, standardised, governed, and centrally orchestrated, is essential for EHDS to function at all.

The gateway architecture that will win

Across Europe, a consistent architectural pattern is emerging. Instead of connecting every hospital or vendor directly to the EU infrastructure, countries are converging on a federated national gateway that acts as the single, trusted bridge into MyHealth@EU. This national layer absorbs the complexity that EHR vendors cannot realistically handle on their own, ensuring semantic alignment, data quality, consent enforcement, IPS generation, and full auditability before anything crosses a border. At its heart sits the shared-care record, which provides the clinically coherent, normalised data foundation. Surrounding it is a vendor-integration layer that federates and harmonises outputs from diverse EHR systems. The national EHDS gateway then exposes a unified FHIR façade, applies semantic and consent rules, and ensures compliance. Finally, a transitional component links the existing National Contact Point for eHealth (NCPeH) infrastructure with the future EHDS framework. Together, these layers create the architecture that can succeed: a governed, scalable, national backbone that shields clinicians and vendors from complexity while delivering the reliability Europe needs.

Non-compliance comes at a cost: financial penalties of up to €20 million or 4% of global turnover, and non-EHDS-compliant systems cannot be marketed in the EU.

Shared Care Records: The EHDS accelerator that already exists

One of the quiet truths emerging from our research is that many countries already possess the very infrastructure EHDS now requires. Shared Care Records - long seen as national or regional utilities - have been solving the foundational challenges of EHDS for years: aggregating data from heterogeneous EHRs, harmonising semantics, offering clinician views and patient portals, and integrating dozens of systems into a coherent whole. For smaller or centralised countries like Slovenia, Malta, Ireland, Cyprus, Greece, or Portugal, a national shared care record naturally becomes the spine of the EHDS architecture. For larger, federated markets such as Germany, Spain, the Netherlands, Sweden, France, or Italy, regional shared care records or health information exchanges can play the same role, harmonising data locally before passing it to the national gateway.

For countries with such platforms, EHDS is not a reinvention but an evolution. The shared care record simply grows into its new responsibilities, becoming the persistent patient data layer feeding the EHDS gateway, extending its existing semantic normalisation pipelines to ensure that data is clean and coded before crossing borders, widening its FHIR APIs from clinician access to citizen and cross-border use, and expanding its IHE-based document exchange services into the federated Minimum Harmonised Data Set (MHDS) gateway model. Because these systems were built with modularity in mind, new components such as consent orchestration and terminology governance can be added with minimal disruption. EHDS, in this context, is not a disruptive rebuild, it is the natural widening of an architecture already designed to connect, adapt, and interoperate.

The platform approach: Invisible foundation for national infrastructure

EHDS shifts the centre of gravity from the EHR to the interoperability backbone. Traditional EHR vendors built systems for a different era, with clinician workflow, billing logic, and proprietary models designed to own the clinical interface, not serve as a neutral national infrastructure. Better Platform doesn't compete with EHRs; it connects them, enabling national infrastructures they cannot build alone.

A modern EHDS-ready platform requires a coherent architecture where data, semantics, exchange, and access control work as one. At the foundation is a vendor-neutral clinical data layer built on openEHR, ensuring structured, future-proof data that reliably transforms into IPS datasets. Above this sits a semantic layer addressing Europe's biggest bottleneck: terminology governance with FHIR Terminology Services, governed value sets, and mapping pipelines to SNOMED CT, LOINC, and EU standards.

For smaller or centralised countries like Slovenia, Malta, Ireland, Cyprus, Greece, or Portugal, a national shared care record naturally becomes the spine of the EHDS architecture.

The platform supports hybrid exchange — FHIR APIs for real-time access and IHE XDS/MHD/MHDS for federated document workflows — with a flexible consent engine enforcing national policies, opt-in/opt-out models, and granular restrictions. Finally, it must enable rapid development of end-user applications, allowing organisations to build or embed clinical apps directly within existing EHRs using contextual SMART-on-FHIR or SMART-on-openEHR launches. This combination of clean data, strong semantics, hybrid exchange, dynamic consent, and low-code application delivery is what turns EHDS from a regulatory burden into an architectural capability.

Better Platform delivers precisely this architecture. With openEHR-based clinical data repositories, native FHIR APIs, terminology services, IHE XDS/MHD support, and attribute-based access control already in production across national deployments in Slovenia, Malta, and Ireland, the platform provides the EHDS-ready foundation that countries need. Better Studio adds the final piece, a low-code environment that enables the rapid development of clinical applications that integrate seamlessly into existing workflows. Not a future roadmap, but a proven infrastructure operating at a national scale today.

EHDS will not be delivered by legacy EHR stacks or theoretical blueprints. It will be built by platforms that already do the hard work: structuring data, governing semantics, orchestrating consent, and exchanging information reliably across regions and systems. Better Platform is uniquely positioned here. It is openEHR-native, with mature FHIR capabilities, fully IHE-integrated, and proven at the national scale. As Member States step into the EHDS era, Better offers not just compliance, but a competitive advantage: a complete, extensible, production-tested foundation ready to power the health data space Europe has been waiting for.

Milestones and expectations

As healthcare systems continue to evolve, local insights matter more than ever. Our Market Directors reflect on the key lessons and share their perspectives on the technologies and priorities that will shape digital healthcare in 2026.

Anže

Reflecting on 2025, what have been the most valuable learnings or turning points for your market, and how have they shaped your strategy going forward?

In Slovenia there are 3 main drivers of changes: (1) Big national tenders to which Better also responded: eKarton, National drug dictionary, and eTTL, (2) Slovenia just confirmed a new legislation addressing the digitalisation in healthcare, and (3) The frustration of healthcare providers with their existing state of digital tools and their growing ambition to be able to introduce more modern digitial solutions.

Better is in a good position to use these three drivers to extend our solutions in Slovenia also through partners and no longer just direct. With the new legislation for digital healthcare, Slovenia will get stable funding for new projects which will be built on the same concepts as eKarton and on top of the eHealth backbone, where Better is the main technology provider. Combining that with the ambition on medical teams to get more modern solutions the focus in Slovenia will finally switch from buying only admin and billing solutions to modern clinical applications with the requirement that these run within a Slovenian ecosystem powered by Better Platform.

In the Netherlands, there is (1) the Dutch data availability agenda, which argues that data needs to be stored separately from the applications to reduce vendor lock-in, speed up innovation and ensure that data is stored for the lifetime of the patient. (2) National ACP (Advance care planning) coalition is defining a national information standard and a blueprint for ACP solutions, and Better is part of this coalition. (3) Better just signed a regional project with RSO South Limburg, where we will deliver Better Platform as a foundation for the region to build their regional digital health ecosystem based on openEHR CDR and Better ACP solution. We will use this as a lighthouse account to demonstrate the benefits of openEHR and Better digital health platform in achieving a data availability agenda.

How do you see healthcare organisations evolving in terms of data maturity and openness, and where do you think Better can make the greatest difference?

Healthcare organisations are increasingly aware of the importance of storing patient data in a structured and vendor-neutral format, making it accessible across all levels of care and to different IT solutions. However, healthcare organisations often lack the experience or understanding of how a data and platform-driven ecosystem can be set up and governed in an efficient way. And this is an opportunity for Better because we don't just have the innovative and scalable Digital Health Platform, but with all the latest successful hospital, national, and regional implementations we now have the knowledge and know-how on how to transform healthcare organisations in a predictable and low-risk way. This is crucial to get the buy-in also from the board-level decision makers.

Looking ahead, what emerging technologies or healthcare trends do you believe will define 2026, and how is Better positioned to respond to them?

When it comes to technology, we cannot ignore AI. The main healthcare trend will remain around implementing a more patient-centred care, which starts already with wellness and wellbeing, prevention and continues with chronic care management and more connected care at the regional and national level. For both trends, having quality and structured data will be key. Better Platform with new planned upgrades will be able to support the different AI projects and solutions, and with our existing product and solution portfolio, we are already ahead of the competition when it comes to offering regional solutions for a more connected care.

What are your priorities and aspirations for the coming year, and how will they help shape the future of digital healthcare?
Use the new projects in Slovenia and the Netherlands as lighthouse accounts and an opportunity to build a knowledge base, benefit cases, and blueprints so that it becomes easier for other healthcare providers and partners to implement similar concepts and solutions. Digital healthcare needs to move towards data-driven and connected ecosystems where not only data but also workflows are separated from the applications to support new regional models of care. And these ecosystems need to be able to support the needs of medical teams and citizens to have a single and up-to-date patient record that can be used for decision-making at the point of care, but also for different scenarios of secondary uses of data. ■

Anže Droljc is Business Development Director at Better.

Torsten

Looking back on 2025, what were the most valuable insights or turning points for your market, and how did these shape your strategy for the future?
The year 2025 was marked by many sales activities, both on the customer side, primarily in Switzerland, and in partnership development. We were able to sign contracts with new partners: Cistec and OWT from Switzerland, and x-tention from Austria, and we are now very well-positioned for the future in the DACH region.

At DMEA 2025 in Berlin, we presented a new partnership strategy in collaboration with Tieto and x-tention, and received very good feedback. This strategic approach has now developed into a joint concept called "Open Health Platform". In the near future, we will use this to break new ground together in promising market entry strategies, particularly in Austria, but also throughout the entire DACH market.

How do you see healthcare organisations evolving in terms of data maturity and openness, and where do you think Better can make the greatest difference?
Definitely the successful tender for an openEHR-based data platform at Basel University Hospital. This project is a lighthouse project with a signaling effect, similar to the project and programme at Karolinska University Hospital in Sweden. Even before the official start of the project, we are already sensing great interest from other hospitals. But this project has a regional and national impact as well! The way in which health data should be made available to the various players in the healthcare system is being openly discussed - and this in itself is a great success.

In your opinion, which new technologies or trends in healthcare will shape the year 2026, and how is Better positioned to respond to them?
AI and machine learning are hot topics in the DACH healthcare market as well. There is a lot of talk and demand for them, and we are currently developing our first solutions, which is very good. We also view our Better solutions as an enabler for all AI/ML applications, as they provide data in a structured, optimally usable quality as a basis for AI/ML.

However, many of the challenges for IT in healthcare facilities are more a thing of the past and far more pressing. One example of this is the upcoming and necessary i.s.h.med® – HIS replacements in the coming months and years. This is placing a lot of pressure on the affected institutions and raises a big question: *"Continue as before – vendor lock-in style – or be bold and open to new approaches?"* We see concrete potential for our Better Platform here, together with our partners.

What are your priorities and goals for the coming year, and how will these contribute to shaping the future of digital healthcare?
2026 will be a particularly exciting year, with many opportunities opening up. This requires active partner support on our part, a high level of commitment from all involved, especially in the initial joint projects, and ensuring joint success in close cooperation with the teams at Ljubljana. I see this as the highest priority for myself and the DACH team for 2026. The goal is to successfully complete several proofs of concept and at least one project in each of the countries in the DACH region. This will motivate both the market and our partners in a very pragmatic and exemplary way to shape the future of digital healthcare together with us. ■

Torsten Barthel is Sales Director at Better Deutschland GmbH.

Brian

Reflecting on 2025, what have been the most valuable learnings or turning points for your market, and how have they shaped your strategy going forward?
The biggest turning point has been watching trusts shift from viewing digital platforms as replacements to seeing them as enablers. We have learned that our openEHR approach works best when it complements rather than competes with existing systems. This has completely shaped how we position the Better Platform, focusing on interoperabil-

ity and data liberation rather than wholesale replacement.

How do you see healthcare organisations evolving in terms of data maturity and openness, and where do you think Better can make the greatest difference?

NHS organisations are finally moving beyond data silos and recognising that vendor-neutral repositories are the foundation of the 10 Year Health Plan's three shifts, particularly the transformation from analogue to digital. The Better Platform, based on openEHR, makes the most significant difference here because it allows trusts to own their clinical data properly while still integrating seamlessly with all their existing systems.

Looking ahead, what emerging technologies or healthcare trends do you believe will define 2026, and how is Better positioned to respond to them?

The neighbourhood health centre model and the expanded NHS App will define 2026. Both need flexible, standards-based platforms that can rapidly deploy new digital services across community settings. Better low-code Studio and FHIR capabilities mean trusts can build these neighbourhood digital services quickly without lengthy procurement cycles, which is exactly what the Plan demands.

What are your priorities and aspirations for the coming year, and how will they help shape the future of digital healthcare?

My priority is helping NHS organisations implement the "left shift" to community care by showing them how the Better Platform enables rapid deployment of integrated digital services across neighbourhood centres. If we can demonstrate that openEHR and low-code tools genuinely accelerate the Plan's three shifts whilst keeping data open and reusable, we will prove that vendor neutrality isn't just ideology, but the practical foundation for sustainable NHS digital transformation. ■

Brian Murray is Sales Director at Better UK & Ireland.

Petar

Reflecting on 2025, what have been the most valuable learnings or turning points for your market, and how have they shaped your strategy going forward?

I don't have to explain what openEHR is anymore! After seven years in this space, I have had countless calls and meetings where we had to justify why openEHR and why not FHIR. To be honest, it often felt like an uphill battle. In 2025, that has changed. The level of awareness and adoption has grown so much that conversations now start from shared understanding, rather than explanation. Both the openEHR and HL7 FHIR communities have made tremendous progress, and together they are shaping the future of health data management strategies worldwide.

How do you see healthcare organisations evolving in terms of data maturity and openness, and where do you think Better can make the greatest difference?

A key part of our vision moving forward is the Better Marketplace and our growing community of healthcare organisations, partners, and developers. Together, they share best practices, reusable content, and open data models that accelerate digital transformation across regions. When innovation is built on open standards and shared knowledge, solutions created in one healthcare system can quickly benefit others, driving collective progress and shaping a more connected, learning healthcare ecosystem worldwide.

Looking ahead, what emerging technologies or healthcare trends do you believe will define 2026, and how is Better positioned to respond to them?

2025 has marked a clear shift from vision to action when it comes to data standardisation and interoperability in healthcare. The European Health Data Space (EHDS) and the International Patient Summary (IPS) have become central reference points, driving regulatory and technological alignment across Europe and increasingly beyond.

Awareness and adoption of open standards, particularly openEHR, have grown significantly, now forming part of nearly every governmental or regional discussion on digital health infrastructure. As regulatory bodies continue to define frameworks for data management (EHDS), AI enablement (AI Act), and cross-border health data exchange (IPS), Better's technology is naturally aligned with these principles.

Open, vendor-neutral data is no longer an aspiration, it's becoming a policy. And that positions our solutions to play a pivotal role in supporting this transformation globally.

What are your priorities and aspirations for the coming year, and how will they help shape the future of digital healthcare?

Our priorities remain the same: helping governments, regions, hospitals, and healthcare providers standardise and make better use of their data, build applications faster, and improve medication management for both patients and caregivers. AI will undoubtedly accelerate progress, but without solid data foundations, it's just noise — as the saying goes, garbage in, garbage out. Our focus for the year ahead is to keep contributing to a future where digital health systems are built on open, longitudinal, and high-quality care records that truly support better decisions and better care. ■

Petar Abadžić is International Markets Director at Better.

Connecting the world **the Better way**

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30+ partners

200+ employees

1000+ healthcare institutions connected

40M+ unique patients' EHRs stored

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We:com · wipro · xtention (IT with care.) · zühlke (empowering ideas) · 3fs · 6B

France accelerates its digital health transformation with Alliance SIH

Written by: Brina Tomovič Kandare
Image credit: iStockphoto

After years of fragmentation, high integration costs, and limited interoperability, France is moving towards a new digital health architecture. The driving force behind this is the Alliance SIH, an initiative that brings together La Poste Santé & Autonomie, Maincare, CPage, the GIE Hopsis, and the Hospices Civils de Lyon.

Presented at SantExpo, the country's largest digital health event, the alliance signals a clear ambition to leave behind fragmented, application-centric hospital systems and build a new sovereign, open, and data-driven foundation for the future.

For years, French hospitals have operated with complex and costly IT landscapes, often relying on hundreds of proprietary applications that don't communicate effectively. According to national audits, hospitals juggle between 80 and 500 software systems, while nearly all the data generated in care delivery remains under-structured and under-used. This fragmentation slows innovation, complicates care coordination, and places hospitals in a position of technological dependence at a time when AI and advanced analytics demand high-quality, well-structured data.

The Alliance SIH proposes a different direction. Its white paper ***Alliance SIH, Pour des systèmes d'information hospitaliers ouverts, souverains et centrés sur les données*** outlines a collective strategy to adopt open standards such as openEHR, FHIR, and OMOP, placing data and not applications at the centre of the hospital information system. Instead of each application storing its own siloed dataset, a shared, standardised clinical data layer would ensure consistency, long-term value, and true interoperability across systems. Examples from Catalonia, London, Greece, and Slovenia show how this model enables faster innovation, more flexible procurement, and improved clinical outcomes.

More open and competitive digital health ecosystem

The alliance represents both a technical shift but a governance and sovereignty commitment. By promoting an architecture based on international, vendor-neutral standards, France aims to regain control over its data assets and stimulate a more open, competitive digital health ecosystem, where local and European partners can contribute on equal footing.

To accelerate the first implementations, the alliance is also working with experienced technology providers that specialise in open, data-centric architectures. Among them is Better, whose openEHR-based platform and low-code tools have supported large-scale transformations in countries like Greece and Ireland.

The transformation will be gradual, with the first concrete use cases expected in 2026, followed by a progressive migration of existing systems to the new architecture. But the direction is clear: France is positioning itself to build an open, sovereign digital health infrastructure capable of supporting innovation, improving care coordination, and enabling the data-driven healthcare system that hospitals and clinicians increasingly need.

Alliance SIH marks an important turning point that could shape the future of digital health not only in France but across Europe.

"When a hospital has access to its data, it regains control of its destiny."

Dominique Pon
Managing Director,
La Poste Santé & Autonomie

Written by: Brina Tomovič Kandare
Article published: December 2025

“openEHR fundamentally redefines how clinical data is stored and managed”

As France sets out on a mission of transforming its healthcare system, we sat down with Dominique Pon, Managing Director of La Poste Santé & Autonomie. He shared with us their vision, explained the reasons for the shift in France’s mindset, and also mentioned their collaboration with Better.

France is undergoing an important shift from application-centric hospital systems to data-centric ones. From your perspective, what was the motivation behind this move, and why is now the right time for France to embrace openEHR and open standards?

The motivation for this shift lies in the urgent need to overcome the fragmentation and the lack of interoperability in our current hospital information systems (SIH). For too long, French hospitals have relied on hundreds of proprietary applications that struggle to communicate effectively and that limit innovation and flexibility. Now is the right time because we are at the crossroads of technological advances, particularly with the rise of artificial intelligence, which demands structured, high-quality, and accessible data. Embracing openEHR and open standards like FHIR and OMOP is crucial to building agile, sovereign, and sustainable data-centric architectures that enhance patient care, clinical collaboration, and sovereignty over our health data. The experience of pioneering countries shows the concrete benefits of this transition, and France must act collectively to avoid falling behind internationally.

The Alliance SIH unites major players, La Poste Santé & Autonomie, CPAGE, Maincare, and HCL around a shared vision. Could you explain the strategic goals of this alliance and how it plans to shape the future of hospital information systems in France?

The Alliance SIH was created with the strategic intent to unite key players around a common vision: to design and implement a next-generation hospital information system based on open, sovereign, and data-centric principles. Its goals are to restore control over health data to healthcare organizations, foster interoperability, and accelerate innovation through collective efforts. The Alliance aims to break down technological silos and develop a coherent ecosystem where data can freely circulate under rigorous governance, improving care coordination, reducing costs, and reinforcing our national digital sovereignty. By pooling expertise, sharing resources,

and leveraging international open standards, the Alliance is committed to building a robust, scalable, and agile platform that will transform healthcare delivery in France.

One of the pillars of the Alliance SIH's approach is a migration towards open and data-centric architectures using openEHR, FHIR, and OMOP. What are the main challenges in this transformation, and how do you plan to overcome them?

The transformation towards open and data-centric architectures faces multiple challenges, including the complexity of migrating from legacy, proprietary systems; ensuring data quality and semantic consistency across institutions; and addressing cultural and organizational resistance to change. Moreover, the fragmentation and the sheer number of applications currently deployed complicate integration efforts. To overcome these, the Alliance advocates for a progressive migration strategy, starting with establishing a shared data repository based on openEHR and integrating FHIR and OMOP standards to cover interoperability and research needs respectively. Collaboration among all stakeholders—public authorities, clinicians, IT vendors, and hospitals—is essential for success.

In the white paper you published, openEHR is described as the foundation for a new generation of hospital systems, promoting data persistence and clinical collaboration. Why was openEHR chosen, and what unique advantages does it offer compared to traditional EHR models?

openEHR was chosen because it fundamentally redefines how clinical data is stored and managed—it treats data as a persistent, interoperable, and semantically rich asset, independent from any application. This separation of data and application layers enables long-term data preservation, more effective reuse, and easier integration of new technologies such as AI. Unlike traditional EHRs, which often lock data within proprietary systems and impede data sharing, openEHR offers an open, community-driven standard that allows healthcare providers to retain ownership of their data and adapt systems flexibly over time. Its collaborative development approach involving clinicians and data architects ensures semantic precision and clinical relevance, which directly supports better clinical decision-making and research.

Better is mentioned as a technology partner in this journey. Could you share more about your collaboration with Better, how the company and its experience are helping the initiative, and what you envision for this partnership going forward?

Better's experience has been foundational for our progress. From the very start, the teams at Better have helped us see much more clearly the core concepts behind data-centric approaches and the forces shaping this field. Their strategic input and expertise have guided our reflections, facilitated our understanding, and supported our maturation as a collective. Better stands as a key actor in our ongoing collaboration, constantly providing insight and clarity that enable us to translate ambition into effective action. This ongoing exchange will remain essential as we continue to scale up data-centric innovation across French hospitals.

Looking ahead, what are the next major steps for the Alliance SIH and the French healthcare system in this digital transformation?

Looking ahead, our major focus over the coming months will be to refine and formalise our strategy for adopting a data-centric model, particularly centred around openEHR. The core decision at this stage is whether to adopt a comprehensive Digital Health Platform or to focus specifically on deploying a Clinical Data Repository (CDR); currently, the CDR-driven approach appears to be the priority. Early in 2026, we aim to publish a concrete, technical and functional roadmap that will detail the first real-world implementations to be delivered by the Alliance. In parallel, we are preparing to welcome other vendors and solution providers who have expressed interest in joining the Alliance—demonstrating both its growing success and its ability to federate actors. At the same time, we would like to work closely with the French government to advocate for making this data-centric approach a national doctrine, thus ensuring sustainability and coherence across the entire healthcare system.

"Embracing openEHR and open standards like FHIR and OMOP is crucial to building agile, sovereign, and sustainable data-centric architectures that enhance patient care, clinical collaboration, and sovereignty over our health data."

Dominique Pon
Managing Director, La Poste Santé & Autonomie

Opening a new chapter in Lithuanian digital health

Together with Lithuanian health-tech company Varutis, Better is bringing open, interoperable electronic health records and data platforms to hospitals and clinics across Lithuania.

A strategic partnership for openEHR in Lithuania

In 2024, Better and Varutis signed a partnership agreement to build a next-generation EHR and data platform for the Lithuanian healthcare sector, based on the openEHR standard. Varutis lead the development of the new EHR system, "Varutis OpenCare", using the Better digital health platform.

The collaboration is rooted in a shared vision of open standards and data interoperability. By using a vendor-neutral Clinical Data Repository and low-code development tools, the partnership aims to reduce the time and effort needed to build new EHR modules, ensure high-quality data management, and enable longitudinal health records, setting the stage for scalable, modern, and shared-care healthcare infrastructure across Lithuania.

First major deployment: Klaipėda University Hospital

The first concrete result of this partnership is the digital transformation started at Klaipėda University Hospital. As of mid-2025, the hospital has begun implementing openCare, the new openEHR-based hospital information system covering its full range of operations, including patient registration, treatment planning, test result management, and clinical documentation.

This is the largest openEHR deployment in Lithuania to date. Because the system is built on Better Platform, Klaipėda University Hospital will benefit from the flexibility of Better Studio, the low-code tools, allowing the hospital to model and manage clinical workflows independently, and evolve them as needs change.

According to hospital and partner statements, this initiative is expected to significantly improve clinical decision-making, increase patient safety, streamline workflows, and lay a solid foundation for future innovations.

Why it matters for Lithuania and beyond?

This partnership, which combines Varutis's local knowledge and Better's international experience with open platforms, creates a scalable infrastructure that can serve national healthcare demands today and tomorrow. openEHR enables consistent, structured data that can flow across hospitals, clinics, labs, and other care providers, solving long-standing issues of data fragmentation.

With low-code tools, changes and new clinical modules can be deployed faster than with traditional systems, presenting an advantage for adapting care to evolving needs. This initiative gives both clinicians and patients access to better, safer, more coordinated care, aligning with Better's vision of data-driven, person-centred healthcare.

What to expect next?

With Klaipėda University Hospital now implementing the first phase, the collaboration between Better and Varutis will expand across Lithuania. Together, we are writing the next chapter of digital health in the country.

“Varutis and Better partnership brings openEHR closer to the hospitals”

Written by: Brina Tomovič Kandare
Article published: January 2026

Lithuania is taking important steps towards more open, interoperable, and future-proof healthcare systems. The interview with Evaldas Dobravolskas, CEO of Varutis, explores why openEHR became a strategic choice, what early implementations at Šiauliai and Klaipeda University Hospital are teaching them, and how this partnership could shape the future of healthcare data in Lithuania and beyond.

Varutis and Better have formed a partnership that introduced a new openEHR-based EHR and data platform in Lithuania. From your perspective, what makes this collaboration important for both companies and for the Lithuanian healthcare system?

As we began our partnership, we expected, and we received, a great experience in openEHR. All the ecosystem, tools, technical experience, knowledge transfer, and everything we got from Better was great. First, we completed a small pilot project at Šiauliai Hospital in Lithuania together, and we gained a real understanding of what openEHR is and how effective the Better tools are. We can now use these tools to develop our open care solution and platform based on Better tools and the overall CDR platform.

On the other hand, our partnership and activities in Lithuania also offer the possibility to be more present and closer to hospitals in Lithuania, as the majority of hospitals in Lithuania are our clients. So, the Varutis and Better partnership brings openEHR closer to the hospitals. We hope that these common actions, both international from Better and local from Varutis, will bring openEHR closer to government and national decisions to consider using openEHR or Better tools, as well as Varutis tools. However, first and foremost, we need to bring the final decision about openEHR to the Lithuanian government's attention, and we believe we are quite close to achieving that. We have a common partnership agreement, and we are participating in some actions for which we hope to receive final decisions in tenders, and possibly achieve success.

Positioning openEHR in the Lithuanian healthcare is a strategic decision. Why did you decide on openEHR, and how is the process progressing?

The final decision was relatively easy, but the road to get here was quite long. We have quite an old hospital information system, and we needed to decide how to rebuild a next-generation system, so we evaluated different approaches. We had numerous discussions with FHIR experts, openEHR experts, and your team, and ultimately decided that openEHR was the best approach for Varutis. We believe that our partnership is the best way to initiate the redevelopment of our existing OpenCare product and to transition our current clients to a new system.

At the national level, we were uncertain about how it would proceed in the future, but we have seen some promising signs. We are attempting to implement pilot projects at the national level to test the technology and establish openEHR as a standard in hospitals, and we hope it will be successful. We have currently completed one pilot and are working on two projects. One is at Klaipeda University Hospital, which is the third largest in size in Lithuania, and they have decided to adopt openEHR as a long-term project, not just a pilot. They will develop their own team, train on openEHR technologies, and we hope that this will serve as a good example for hospitals in Lithuania.

How do you see Better Platform and tools like Better Studio, Portal, and Clinical Data Repository helping you deliver on your goals for Lithuanian hospitals?

We have excellent references from Better customers in other countries, and we can see the benefits not only as tools but also in effective use cases for hospitals and regions, such as the UCP and other projects. We are pleased that these reference sites and tools are currently the best available on the market. We see that the low-code studio and platform, along with their compatibility between these separate tools, are a very essential advantage compared to other competitors. So it's a great ecosystem of openEHR tools.

And what do you see as the benefits these tools bring both to patients and clinicians?

The primary benefit of openEHR usage is data openness, data quality, and the potential for closer alignment with a physician's logic, rather than technological logic. The core of clinical data in openEHR enables more precision in the medical process, and the openness of openEHR allows for the introduction of different solutions for physicians. And I hope and believe that in the future, they will have a relatively easy possibility to choose the best solution they want, not being tied to one vendor and having to work with their solution. If openEHR is implemented in their hospital, they will have the option to choose which tools to use, and patients will benefit from receiving better services from the physician's side. Therefore, the primary benefits will come to physicians, who, in turn, will pass these benefits to patients.

We have already mentioned Klaipeda University Hospital, which is the first one to implement your system.

Klaipeda is the second one we have worked with, but the first University Hospital. It is the first hospital to have its own team working with Better Studio, utilising Better tools, and will conduct its own development activities on openEHR together with the Varutis team. Our first common deployment was at Šiauliai Hospital, where we initiated the EuroHeart project, the first openEHR project in Lithuania. It was an interesting project, because it is a European-wide clinical register, and it was based on a Swedish dataset. We introduced openEHR data modelling across the overall dataset, and all data is now stored in openEHR. Now, it may be easier to spread solutions to countries or hospitals that already have openEHR, as we are a part of the EuroHeart register within Europe. It will be an interesting future.

Do you see potential for OpenCare to expand beyond Lithuania, and if so, what markets or regions do you have in mind?

Our primary goal is to accomplish all that needs to be done in Lithuania. We hold more than 50% of the Lithuanian market share, and we need to transfer or transform the sector to openEHR. We hope to achieve this within the next two years, approximately. In parallel, we see opportunities for partnerships within one or more projects to share our experience in solutions like EuroHeart or similar. And, of course, we are looking to our neighbours; we know that Latvia and Estonia also have some opportunities. The openEHR community enables us to view it not as a market, but rather as a competency-sharing platform across different sectors or areas of openEHR. As a relatively small company, we can be a partner in some of these actions. Currently, we are focusing on Lithuania, but we see potential opportunities for exchanging work with you and your partners, as well as with our possible future partners.

How do you see our partnership evolving, and what role do you expect Varutis and Better to play in the next years?

We hope to be the partners who can share the best knowledge, both our local understanding of regulatory expectations in the Lithuanian market, as well as the international experience and expertise that Better brings. We aim to be the best-known openEHR partners in Lithuania and possibly the number one choice for hospitals and national solutions. We are confident that our local experience and Better experience will enable us to do so.

And from your perspective, what are the main challenges in the digital healthcare market today?

In Lithuania, as in other countries, our main challenge is reaching a consensus. OpenEHR is one of the topics discussed over the last three years, but currently, most actions are pilots and tests. We need to agree whether openEHR should be present at the national level, at the hospital level, at the regional levels, and also what the long-term directions are. The main challenge will be to choose a direction that is a common agreement among hospitals, the government, and politicians at the national level, one that will not change after the elections and with the change of government.

Looking ahead, what trends do you expect will most influence the future of healthcare and health IT in Lithuania over the next years?

I believe that the ecosystem surrounding openEHR and what Better aims to build on the Marketplace of openEHR-based solutions will be the most influential, as this openness and the possibility of not depending on a single large vendor will allow us to have different choices. AI solutions will also transform healthcare. It is still quite sensitive, and the outcome will depend on how we wisely integrate AI into the treatment process. It's not written text; it's medical decisions on patient treatment, so it's challenging to predict how quickly it will be adopted into daily practice and to what extent physicians and medical staff will trust AI solutions. However, some existing use cases demonstrate that there is potential for assistance in the treatment process. We can see that openEHR may be the best choice for data management in AI-based solutions, as it has clear modelling and data coding, which are essential for AI to be seen as a trusted solution.

How ePMA is setting the bar for safer medication management

Written by: Julia Scott
Image credit: Artur Felicijan

In the ever-evolving landscape of healthcare, digitisation is no longer a distant goal but a pressing necessity. At Dartford and Gravesham NHS Trust, the implementation of electronic prescribing and medicines administration (ePMA) system, Better Meds, is not just a technological shift—it's a cultural transformation that places patient safety and clinical efficiency at its core.

By pioneering this system, the Trust has set a powerful example of what can be achieved when technology meets thoughtful execution.
For frontline clinicians, the stakes couldn't be higher. Medication errors, inefficiencies in prescribing, and fragmented communication have long plagued healthcare systems, often with devastating consequences. With ePMA, however, the playing field is changing. As our experience shows, electronic systems are not just about digitising processes—they're about reimagining how care is delivered, ensuring that every decision is informed, transparent, and clinically sound.

Empowering clinicians and patients

One of the most compelling outcomes of ePMA adoption is its ability to empower clinicians. By offering a

streamlined, intuitive interface, the system reduces administrative burdens and frees up time for what truly matters: patient care. Clinicians can quickly access comprehensive medication histories, make informed prescribing decisions, and collaborate more effectively across teams. For patients, this translates into safer, more personalised care.

Medication errors—a persistent issue in healthcare—are significantly reduced when prescribing is guided by real-time alerts and decision support tools embedded within the ePMA. Patients benefit not only from increased safety but also from the confidence that their care is guided by the most accurate, up-to-date information available.

Challenges and successes of implementation

The journey to ePMA success is not without its challenges. As our team found, effective implementation requires a strong commitment to training, communication, and adaptation. Our Trust's approach underscores the importance of engaging all stakeholders—from IT teams to clinical staff—early in the process to ensure the system meets real-world needs. However, our experience was that our staff was eager to adopt the system from the beginning, with the question of *"Why haven't we done it already?"* resonating throughout the course of the project.

Training also played a pivotal role in our success. By ensuring that clinicians and staff were proficient in using the system and understood its benefits, we fostered a sense of ownership and enthusiasm. This collaborative spirit proved essential in overcoming initial resistance and embedding the system into daily practice.

Adaptability was another key lesson. No two hospitals are alike, and ePMA systems must be tailored to fit the unique workflows and priorities of each organisation. For us, this meant refining processes, addressing feedback, and continuously improving the system post-implementation.

A blueprint for the future

The success of ePMA at our Trust can offer a blueprint for healthcare organisations across the UK. It shows that digital transformation is not just a technical endeavour but a deeply human one, requiring empathy, collaboration, and a clear vision for better patient outcomes. Personally, this is what guides and inspires me, and I cannot envision myself doing work that isn't improving the care of the people we serve and the experience of my colleagues providing that care.

As the NHS continues its journey toward greater digitisation, I think the lessons from our Trust resonate loudly. ePMA is more than just a tool; it's a catalyst for change, setting the bar for what's possible in modern healthcare.

To others embarking on this journey, I advise that you prioritise patient safety and recognise that successful implementation requires balancing technical improvements with attention to the human factors involved. ePMA is not simply a technological upgrade—it's an opportunity to transform medicines management across the entire system, with benefits that extend far beyond the pharmacy.

"As the NHS continues its journey toward greater digitisation, I think the lessons from our Trust resonate loudly. ePMA is more than just a tool; it's a catalyst for change, setting the bar for what's possible in modern healthcare."

Julia Scott
CxIO (Chief Multiprofessional Informatics Officer),
Dartford & Gravesham NHS Trust

DaVita
Data-driven kidney care

DaVita, one of the world's largest kidney care providers, operates across diverse healthcare systems, regulatory landscapes, and clinical environments. With the organisation's expansion, DaVita chose a data normalisation strategy grounded in openEHR and powered by Better's vendor-neutral Clinical Data Repository. This approach enables the organisation to get high-value clinical data from existing EMRs, standardise it, and use it to deliver richer analytics, stronger governance, and more consistent quality across all countries.

Written by: Brina Tomovič Kandare
Image credit: iStockphoto, DaVita

We spoke with **Partha Das**, International Chief Medical Officer at DaVita, about why the openEHR model was the pragmatic solution, how the unified data layer is already transforming quality and decision-making, and what Phase 2 of their programme means for the future of data-driven kidney care around the world.

DaVita is one of the world's leading kidney care providers, operating in multiple countries and systems. What motivated you to embark on this data normalisation journey, and why was the openEHR approach the right choice for achieving it?
We have grown rapidly as an organisation in the last seven years. Since 2019, we have entered 5 new countries, and the number of people with kidney disease we look after has tripled in that time.

Our main mode of growth has been to acquire other providers of kidney care, which means that we run a number of different EMRs across our global portfolio. It makes sense to keep these systems running for several reasons, including frontline teammate satisfaction, compliance with country-specific healthcare regulations, data privacy laws, and the cost of change.

However, running disparate systems brings up challenges for governance and data analytics, largely because individual EMR databases vary in terms of what data can be interrogated/extracted. Initially, we looked at running a single EMR system across all countries, but this approach did not feel like it would work from a pragmatic point of view.

We then came across openEHR as a standard to normalise our clinical data. The concept of harvesting data from our existing systems, immortalising them in vendor-independent CDRs, and placing applications or analytics on top of the CDRs, felt like the most pragmatic step to leveraging our internal data without disrupting clinical workflows.

The collaboration with Better introduces a vendor-neutral Clinical Data Repository across DaVita International. How does this unified data platform improve care quality, efficiency, and clinical decision-making across your network?
Firstly, the move to CDRs has made us review all of our data governance processes and concentrate on strengthening our data fidelity as well as improving our internal capabilities in working with data. We now have a team of data scientists working across our countries, which has been a big boost.

We are now able to get insights much more quickly than we did previously, which is vital for guaranteeing quality across our countries, and we can free our clinical management teams from spending time working with multiple spreadsheets. For me, the visibility of where we are doing well and where we have opportunities has been incredible. It has meant that we can now speak to the people we have the privilege to care for with confidence about the quality and experience of care they will receive. It is also important when we speak to external partners and policymakers.

We want to guarantee that people living with kidney disease are better off in our care than with any other provider and the data that the CDR is allowing us to work with demonstrates this point again and again.

You are now entering Phase 2, aiming to double the number of processed data points and increase the update frequency. What new opportunities or insights do you expect to gain from this expanded dataset?
Our internal quality framework is called Interstellar. It measures the quality of our care across four domains: patient safety, nursing practices, traditional medical outcomes (like mortality), and patient experience. The Phase 2 project will allow us to coordinate Interstellar more efficiently, as well as augment the framework to drive standards higher, in line with one of our company's core values of continuous improvement.

Furthermore, in Phase 2, the data will not only demonstrate the quality we can bring to patient care, but will also provide the foundations for one of the largest multicountry research databases for dialysis patients. Leveraging this can help us ask more detailed questions to help drive care better and also to give insights back to the wider nephrology community.

"Our goal is to bring the data full circle and back to the people we care for in our clinics."

Partha Das
International Chief Medical Officer, DaVita

You mentioned that DaVita will soon read data exclusively from the CDR for the first time and that it is an important step for the organisation. How do you see this shift transforming the way your teams use data to guide care?
Firstly, this means making a number of older legacy data processes redundant (which will alleviate some headaches for our data science teams), and secondly, as a result, we should see our data fidelity improving significantly. The beauty of the CDRs is that they remain within our countries, so no patient data (even anonymised/encrypted) moves across national borders. Finally, having all countries on our openEHR CDR, will mean we can much more easily develop and test advanced tools such as machine learning based risk prediction models. We also hope to start using some of the Better Studio functionalities to visualise information in a compelling way for our frontline clinical teammates.

Looking ahead, what are your long-term goals for data-driven kidney care, and how do you see your collaboration with Better evolving to support DaVita's global mission?
Better has been a great partner for us over the years. We want to start expanding the data we hold in our CDRs, both in terms of volume and depth, so that we can further generate insights to improve our care in a manner that maintains data privacy and confidentiality.

Ultimately, once we are through these development stages, our goal is to bring the data full circle and back to the people we care for in our clinics. We want them to be able to leverage their data in the way that we have been able to, so they can guide us on how we can serve them better through more holistic and personalised care.

A partnership shaping the future of open digital health

Three digital health leaders — Tieto, x-tention, and Better — have joined forces to deliver a new generation of open, patient-centric healthcare systems for the DACH region. Their strategic partnership brings together complementary strengths and a shared vision for a future built on openness, interoperability, and data freedom.

Responding to the needs of the market

The partnership directly addresses the challenges currently facing healthcare providers across Germany, Austria, and Switzerland. Many organisations are constrained by monolithic hospital information systems that are costly, closed, and difficult to evolve.

This is why the three companies are introducing the Open Health Platform — a fully open, modular ecosystem that integrates clinical and operational data through international standards, such as openEHR and FHIR.

The Open Health Platform offers an alternative that prioritises flexibility, collaboration, and long-term sustainability. By choosing the Open Health Platform, hospitals and healthcare institutions can eliminate vendor lock-in through open data and interfaces, achieve a unified, person-centred view of care, integrate innovative applications quickly and safely, and lower operational costs and simplify IT landscapes.

As a result, the partnership empowers healthcare organisations to innovate on their own terms, adapt faster to new requirements, and ultimately deliver better outcomes for patients and professionals alike.

Each partner contributes a key piece of the digital health puzzle

Tieto brings its Lifecare clinical applications, which are the essential building blocks of a modular, interoperable electronic health record. The applications are designed in close collaboration with healthcare professionals, trusted throughout the Nordics, and compliant with European healthcare regulations. Lifecare clinical applications and Smart UI workspace enable role-based, seamless user experience for healthcare professionals and multi-vendor ecosystems.

x-tention contributes its deep integration and interoperability expertise, backed by its Orchestra Integration Platform and a proven track record of supporting hospitals through digital transformation.

Better provides the Better Platform, an openEHR-based clinical data repository (CDR) and low-code envi-

ronment (Better Studio) that allows organisations to rapidly build new applications and maintain complete ownership of their health data. Better Meds, a clinically proven electronic prescribing and medicines administration (ePMA) solution, brings safer medication management, improved workflows, and a unified user experience across the ecosystem.

A roadmap for the future

Looking ahead, Tieto, x-tention, and Better are committed to shaping a sustainable, open digital health ecosystem in the DACH region. Their plans include the first joint implementations, expanding the ecosystem of third-party applications, and promoting open standards and modular architectures across Europe as an alternative to traditional, monolithic electronic health records.

By uniting deep local expertise, proven Nordic innovation, and world-leading open data technologies, the three companies are redefining the future of healthcare IT, where data is open, systems are connected, and patients are truly at the centre of care.

tieto

"Together with Better and x-tention, we are proud to introduce Lifecare clinical applications to the DACH region. This partnership combines our shared strengths to give healthcare providers a modern, future-proof alternative for modernizing their healthcare IT systems. With proven, interoperable, and user-friendly Lifecare products, we are ready to support the DACH region in accelerating its digital transformation and delivering smarter, more connected care."

Teemu Vähäkainu, Vice President Data Driven Care, Tieto

xtention
IT with care.

"This strategic partnership will be a game-changer for the health ecosystem in DACH. A truly open Health Data Platform will spark innovation and collaboration for the benefit of clinicians and patients. We are proud to introduce our European partners in our home markets and present a capable alternative to existing vendors."

Benedikt Aichinger, Managing Director, x-tention

better

"Healthcare organisations are ready for a more open, flexible, and future-proof approach, and together, we are providing exactly that. By combining our openEHR-based data platform with Tietoevry's clinical systems and x-tention's integration expertise, we are offering an open ecosystem where organisations retain control over their data and innovate at their own pace. This collaboration strengthens our commitment to supporting providers with modern, modular solutions that improve clinical workflows and unlock long-term value for patients and professionals."

Roland Petek, COO, Better & Managing Director, Better Gmbh.

Written by: Brina Tomovič Kandare
Article published: December 2025

“Our vision is to serve the healthcare ecosystems across India, Asia, the Middle East, and Africa”

India is undergoing one of the world’s fastest and most ambitious digital health transformations, and companies like Ezovion are at the centre of that change. Founded in 2017, Ezovion has grown from a hospital operations platform into a comprehensive, provider-centric ecosystem.

With its recent acquisition by Quantum Nexis and a rapidly expanding global footprint, the company is now accelerating its mission to bring interoperable, standards-based healthcare solutions to India and emerging markets. To support the next phase of this journey, Ezovion has joined forces with Better, and we spoke with **Kathiresan K**, Ezovion’s co-founder, about the opportunities ahead, why open standards matter for India, and how the collaboration with Better is laying the groundwork for a more connected, patient-centred digital health ecosystem.

Ezovion has been driving innovation in healthcare IT in India. Could you share a little bit about Ezovion’s journey so far and the vision that guides your work?
Founded in 2017, Ezovion began as a healthcare technology company focused on transforming hospital and clinic operations through intelligent healthcare solutions. Over the years, we have evolved into a provider-centric platform that integrates outpatient and inpatient workflows, dental and physiotherapy modules, lab and pharmacy management, HR systems, and AI-powered automation with robust EHR features. In May 2025, Ezovion was acquired by Quantum Nexis, marking a strategic milestone that expanded its global footprint and innovation capacity. Our vision is to serve the healthcare ecosystems across India, Asia, the Middle East, Africa, delivering scalable, secure, and interoperable digital healthcare experiences.

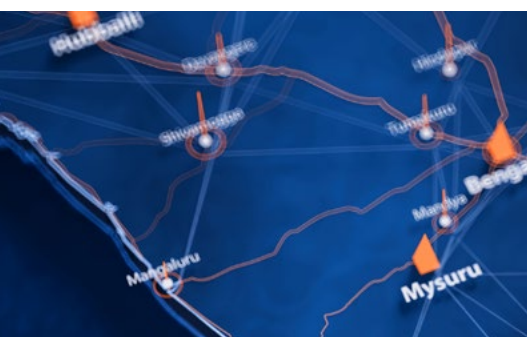
You have signed the development programme with Better. What are the primary objectives you hope to achieve together through this collaboration in the short term and long term?
It was a great momentum and a happy time in establishing this relationship. We wanted to partner with Better and integrate the Better Platform to jointly address the needs as a nimble, scalable, and interoperable health solution. We want to accelerate ABDM compliance and interoperability in India, and become a key digital health platform partner for the healthcare mission programs of the

"The unified data architecture, scalable infrastructure, and ABDM compliance will ensure alignment with India's national digital health mandates."

Kathiresan K
Co-founder, Ezovion &
Advisor, Quantum Nexis

Indian government. We would like to expand globally with a scalable, standards-based infrastructure, and deliver measurable outcomes like reduced readmissions and administrative overhead. We also want to build deeper expertise and delivery capabilities using the Better Platform and position ourselves as a preferred service partner.

India has a vast and complex healthcare ecosystem. Where do you see the greatest opportunities for deploying openEHR-based systems there, and how will this partnership help Ezovion address those opportunities?
Absolutely, India's healthcare ecosystem is on the path to maturity and standardisation, as expected over the next 4-5 years, driven by its scale, diversity, and momentum of digital transformation. This offers immense opportunities for deploying openEHR-based systems. The Better openEHR platform enables longitudinal patient records that can be accessed across facilities, even in low-resource settings. Ezovion, with Better tools, can deploy lightweight, interoperable modules tailored for the rural workflows, making Ezovion and Better a powerful hybrid solution. Ezovion's partnership with Better is strategically positioned to unlock these opportunities in ways that are both technically robust and socially impactful.



With the Better Platform and tools, what technical advantages do you believe Ezovion will gain, in terms of scalability, interoperability, and delivering value to healthcare providers and patients?
Ezovion's integration with the Better Platform unlocks a suite of technical advantages that directly elevate its scalability, interoperability, and value delivery, especially in complex, multi-tiered healthcare environments such as India and emerging global markets.

From the perspective of hospitals, clinicians, and patients in India (or other target markets), what concrete benefits do you anticipate will come from this partnership? What pain points will it solve?
We wish to deliver tangible, high-impact benefits across the healthcare spectrum, especially for hospitals, clinicians, and patients in India and other emerging markets. We are looking to address real-world pain points and unlock new value. The unified data architecture, scalable infrastructure, and ABDM compliance will ensure alignment with India's national digital health mandates. Reusable clinical templates, faster documentation, reduced errors, and improved clinical decision-making with the low-code tools will bring benefits to clinicians and care teams. And we will provide the continuity of care by improving outcomes and reducing duplication.

Beyond India, do you see this collaboration enabling Ezovion to expand into other regions? If so, which ones, and what strategies will you use to adapt to different healthcare systems and regulatory environments?
Yes, we are keen to expand this partnership into Southeast Asia, the Middle East, and Africa, addressing the region's digital health transformation with care record management powered by Better. We are also keen to be Better's partner in mental health and wellness care, which is the potential for joint growth in Europe and the US market.

How do you see openEHR (and related standards like FHIR etc.) evolving in India over the next years? What role do you expect Ezovion and Better to play in accelerating adoption and influencing healthcare IT standards?
India's fragmented healthcare landscape and the government's drive to embrace digital healthcare make openEHR especially valuable for building scalable, longitudinal health records. With more than 90% of global health systems expected to adopt FHIR APIs by 2030 and powered by AI solutions, India is aligning with this trend through initiatives like Ayushman Bharat Digital Mission (ABDM), which mandates interoperable health records and standardised data exchange. Ezovion and Better are uniquely positioned to shape this transformation and drive the adoption of healthcare IT standards. Together, we can help Indian providers build reusable clinical models and archetypes and support the Government of India's services in primary, secondary, and tertiary care.

Article published: December 2025
Image credit: Felix Indarta

52 hospitals from the Hermina Hospital Group in Indonesia with the AFYA Better HIS

Collaboration between Better and PT Daya Medika Pratama (DMP) has achieved a new milestone, as the Hermina Hospital Group, one of Indonesia's largest private hospital groups, selected the AFYA Better Hospital Information System (HIS) for a group-wide roll-out across 52 hospitals.

The AFYA Better HIS is a comprehensive, modular, and interoperable hospital information system developed by DMP for the Indonesian market. Built on the Better Platform, it enables real-time access to clinical data, streamlined workflows, and improved patient outcomes through a modern, open, and future-proof architecture.

Hermina Hospital Group operates 52 general hospitals with 7,000+ beds, serving more than six million outpatient visits and 375,000 inpatient admissions annually across more than 26 cities. The decision to deploy a unified hospital information system reflects Hermina's commitment to delivering high-quality, efficient, and patient-centric care.

Transforming healthcare delivery with open, interoperable technology

AFYA Better HIS is built on the Better Platform standards-based clinical data repository, low-code tools, and interoperability capabilities that deliver a single, longitudinal clinical record across all hospitals, ensure faster and safer clinical workflows supported by structured data, and provide a scalable foundation for future digital and AI-supported services. Besides that, the new system will provide improved data quality for both primary and secondary use, supporting analytics, research, and national reporting.

This roll-out represents one of the largest deployments of Better technology in Asia to date, positioning the partnership as a key driver of digital healthcare transformation in the region.

"Our collaboration with Daya Medika Pratama continues to show what is possible when strong local expertise is paired with an open, future-ready digital health platform. Hermina's decision to implement the AFYA Better HIS across its hospitals is an incredible milestone, not only for our partnership, but for digital health in Southeast Asia. Together we are creating the foundations for safer care, better data, and more meaningful patient outcomes at a national scale," said **Petar Abadžić**, International Markets Director at Better.

Ricky Gunawan, Director of PT Daya Medika Pratama, added: *"Hermina Hospital Group's trust in AFYA Better HIS is an endorsement of our shared vision to modernise healthcare delivery in Indonesia. By combining Better's world-leading openEHR-based platform with our local expertise and operational capabilities, we are delivering a hospital information system that truly meets the needs of clinicians, patients, and healthcare providers. This implementation will set a new standard for digital excellence in Indonesia."*

Strengthening the impact in Asia

This agreement marks one of the most substantial digital transformation initiatives in the region, strengthening Better's presence in Asia and bringing modern, data-driven digital health capabilities to millions of patients across Indonesia. Together with DMP, Better is committed to supporting Indonesia's digital transformation journey and increasing the availability of open, high-quality health data nationwide.

Building a scalable digital foundation for Indonesian healthcare

Indonesia's healthcare system is undergoing rapid digital transformation, with hospitals facing growing demands for interoperability, scalability, and regulatory compliance. In this interview, Ricky Gunawan, Director at PT Daya Medika Pratama, explained how the partnership between Daya Medika Pratama and Better has evolved into a joint effort to deliver AFYA Better, a modern, openEHR-based hospital information system tailored to the realities of Indonesian healthcare.

Written by: Brina Tomovič Kandare
Published: December 2025

He shared his thoughts on the value of combining local expertise with a globally proven platform, the role of open standards in long-term digital maturity, and how this collaboration is helping hospital groups like Hermina build a consistent digital foundation.

The collaboration between Daya Medika Pratama and Better has grown significantly in both scale and ambition. How would you describe the essence of this partnership, and what makes it such a strong fit for the Indonesian healthcare market?

The collaboration between Daya Medika Pratama (DMP) and Better combines DMP's deep insight into Indonesian hospital operations and Better's globally proven openEHR technology. Indonesian hospitals face complex requirements, including integration with SATUSEHAT and BPJS Kesehatan, which DMP is well-equipped to handle. Better adds a modern, standardised, and scalable platform used by over 1,000 hospitals worldwide.

This partnership works because DMP aligns the solution with local workflows, Better provides a secure

and interoperable foundation, and both share a vision for structured data and long-term transformation. The result is a solution that is stable, fast to implement, and highly flexible for Indonesia's hospital landscape.

AFYA Better is the result of joint development between DMP and Better. What does this co-creation process look like in practice, and how has combining local expertise with a globally proven platform shaped the final product?
AFYA Better is developed through complementary roles: DMP leads implementation and clinical customisation, designing workflows, building openEHR templates, handling integrations, training staff, and ensuring the solution fits local regulations and hospital culture. This makes DMP the local architect that brings the platform to life. Meanwhile, Better provides the technological foundation, including the openEHR-based Better Platform, tooling such as Better Studio, and technical support to ensure performance, security, and long-term stability. Together, this creates a development process that is fast, adaptive, stable, and scalable across hospitals.

Indonesia's healthcare landscape is large, diverse, and undergoing a major digital transformation. From your perspective, what are the biggest challenges hospitals face, and how does the DMP & Better collaboration uniquely help address these challenges?
Hospitals in Indonesia face major digital challenges, as many use non-standard EMR systems that are hard to integrate with SATUSEHAT, depend heavily on vendors for even small changes, and struggle with limited IT resources. Large hospital groups also need a unified system that can scale across multiple facilities. The DMP-Better collaboration directly solves these problems. An openEHR-based platform with native FHIR integration simplifies interoperability, while archetypes and templates reduce vendor dependency. Better tools accelerate clinical development, and DMP ensures the solution fits local workflows.

AFYA Better is also designed for enterprise scale, proven by its deployment across the Hermina hospital network.

You chose openEHR and the Better Platform as the technological foundation for AFYA Better. What drove that decision, and how do open standards and structured clinical data support the long-term digital maturity of Indonesian healthcare providers?
The decision is based on the belief that clinical data is one of the hospital's most valuable long-term assets. openEHR provides standardised, vendor-neutral data structures, allows clinical changes through templates rather than code, and enables real interoperability across hospitals in the same group. Better was chosen because it is the most mature openEHR platform globally and offers a complete ecosystem that accelerates development. With this foundation, AFYA Better HIS becomes a long-term digital platform, not just a hospital information system.

With Hermina's decision to roll out AFYA Better across its hospitals, the partnership is entering a new phase of scale and impact. What are your expectations for the next three to five years, and where do you see the collaboration expanding?
Over the next three years, implementing AFYA Better across the Hermina network will serve as a major accelerator of digital transformation for all Hermina's hospitals, through standardised clinical documentation, CPOE integrated with CDS, and consolidated structured clinical data based on openEHR.

The DMP–Better collaboration ensures that every Hermina facility adopts consistent and high-quality digital workflows, while strengthening clinical and digital human resources becomes a key factor, so that transformation relies not only on technology but also on organisational readiness and competence.

With a strong platform and well-trained personnel, all Hermina hospitals are expected to achieve the required digital maturity within three years.

"Hospitals in Indonesia face major digital challenges, as many use non-standard EMR systems, depend heavily on vendors for even small changes, and struggle with limited IT resources. Large hospital groups also need a unified system that can scale across multiple facilities. The DMP-Better collaboration directly solves these problems."

Ricky Gunawan
Director, Daya Medika Pratama

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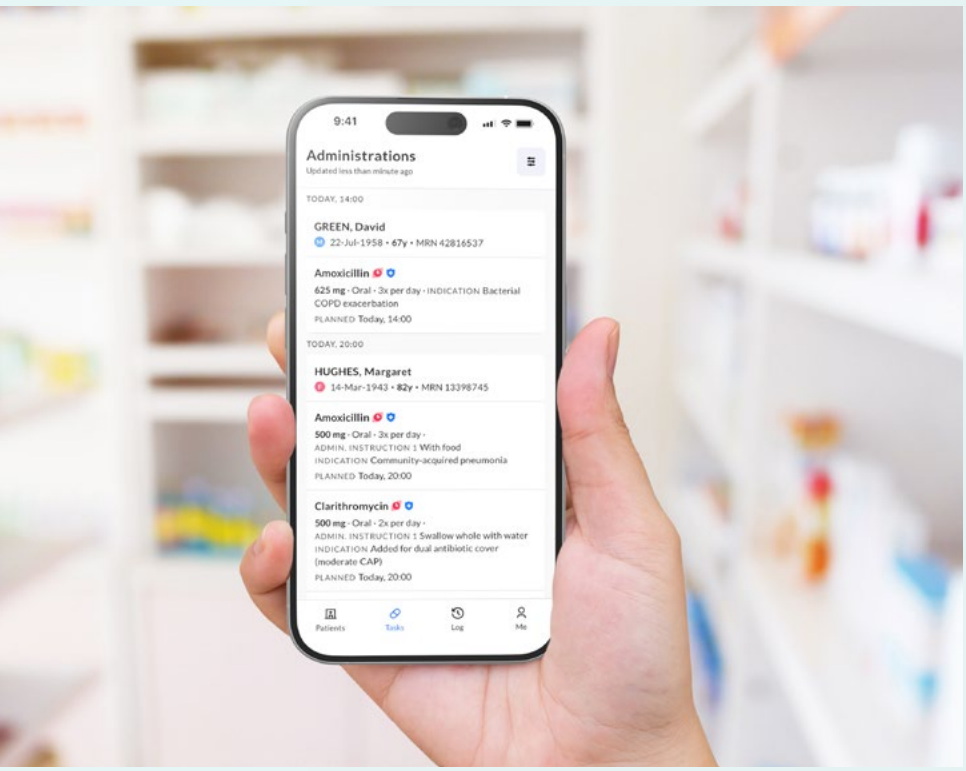
Better Meds in your pocket

Written by: Veronika Stepanova



In today's rapidly evolving healthcare landscape, care is no longer confined to hospital walls. Nurses, community health workers, and other frontline professionals are on the move, and they need tools that keep pace.

Enter Meds Mobile, a powerful component of Better Meds, Better's electronic prescribing and medication administration (ePMA) solution that brings medication management directly into the pocket of care providers, wherever the patient happens to be.

What is Meds Mobile?

Meds Mobile equips nurses and care providers with the full power of Better Meds through a streamlined, intuitive mobile experience:

- **Offline work capability**: Record medication administrations even without network connectivity, with automatic syncing once reconnected.
- **Full patient data on the go**: Access active prescriptions, allergies, medical history, and administration logs without switching systems.
- **Patient list generation**: Your working patient list built according to your schedule and responsibilities.
- **Support for all medication types**: Anything handled in the desktop version can be managed on mobile as well.
- **Robust security**: Data encryption and native device authentication (PIN, biometrics), compliant with GDPR and HIPAA.
- **Intuitive interface**: Administration tasks are grouped clearly, with filtering by patient or medication and minimal-tap documentation.
- **Minimised alert fatigue**: Notifications are limited to critical issues, such as sync failures, ensuring care providers aren't overwhelmed.

Meds Mobile empowers care teams to capture accurate medication administration data in any setting, improving safety, efficiency, and continuity across hospitals, homes, and community services. Two scenarios show how Meds Mobile transforms medication workflows.

Scenario 1: Patient is at home

Home-based and community programmes such as Hospital@Home (H@H), community nursing, and OPAT (Outpatient Parenteral Antimicrobial Therapy) rely on mobility, accuracy, and safety.

How Meds Mobile supports this scenario:

- Real-time oversight of active medication lists.
- Elimination of secondary paper notes and locally maintained lists.
- Removal of transcription (digital -> paper).
- No dependency on paper charts or their transport.
- No need for chart rewrites.
- Clear administration task lists with oversight of workload and incomplete actions.
- Reliable audit trails.
- Enhanced clinical decision-making through up-to-date information.
- Standardisation of prescribing processes across community teams.
- Even when care moves outside the hospital, clinical quality, governance, and safety remain uncompromised.

Scenario 2: Patient is at the hospital

Even inside hospital walls, mobility matters, especially in high-turnover wards or environments with limited connectivity, such as basements.

How Meds Mobile supports this scenario:

- Elimination of transcription (digital -> paper)
- Removal of chart rewrites and related administrative overhead.
- Always-accessible patient lists and active medication lists.
- Ability to administer medications while offline, ensuring uninterrupted workflow in low-connectivity areas.

In inpatient settings, Meds Mobile supports faster, safer medication administration where laptops or workstations may not be available.

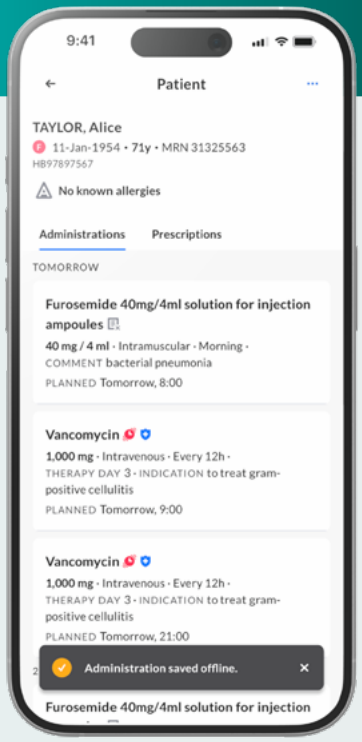
Why this matters

Meds Mobile doesn't just solve a technical problem. It's part of a broader shift towards mobile health, using mobile devices to support healthcare delivery, patient engagement, and data-driven decision-making. Mobile solutions are now essential for:

- Bringing ePMA to the point of care.
- Supporting clinicians in environments where laptops are impractical or impossible.
- Digitising workflows that traditionally relied on paper, charts, and local lists.
- Connecting inpatient, outpatient, and community care through standards-based, interoperable data (openEHR, FHIR).

better meds

By improving medication workflows, enhancing patient safety, and prioritising interoperability, Better Meds is redefining digital medication management for a safer and more efficient healthcare system. Designed with end-users in mind, Better Meds collaborates closely with clinicians to ensure the solution aligns with their specific needs. With a clear medication administration overview, nurses no longer need to worry about the accuracy or type of medication they need to administer.



In an era where health systems demand agility, safety, and connectedness, Better is a strategic enabler of mobile, patient-centred, data-driven medication administration.

Photgraphy by: Jernej Lasič

Better Meds in review with Božidarka Radović

Looking back at the year, what milestones or moments stand out for you and your team?

This year has been extraordinary, and none of it would have been possible without the dedication and collaboration of the entire Better Meds team.

Our client, Somerset NHS Foundation Trust, being recognised with an HSJ Digital Award for Better Meds and Electronic Prescribing Service (EPS) integration into the Somerset Integrated Digital e-Record (SIDeR), alongside our full NHS rollout approval for EPS, was a moment of pride for everyone and a reminder of what steady, thoughtful effort can achieve. Oxford Health NHS Foundation Trust was also a finalist for both the HSJ Digital Award and the HTN Awards for its innovative approach in mental health prescribing, showing how our clients' digital journeys are advancing with our support.

This year, we also became a part of Wales' national Digital Medicines strategy, setting out to help build a connected, coherent medicines ecosystem. Five Welsh university health boards and trusts chose Better Meds for this journey. On the implementation side, going live at The Christie, Europe's largest single-site cancer centre, was a huge milestone. So was partnering with our first private organisation, Speeds Healthcare, to strengthen medication management across 55 mental health sites in the UK, and going live at a Cygnet Hospital in November.

Meds Mobile deserves a special mention: It's a visible, exciting step towards the future of care that allows clinicians to engage with Better Meds wherever they are, while maintaining the safety and reliability they expect. Lastly, two major releases, 3.18 and the upcoming 3.19, kept the product evolving in response to real clinical needs.

Which new features or improvements in Better Meds are you personally most proud of, and why do you think they make a meaningful difference for clinicians and patients?

I'm particularly proud of our progress with EPS and how far our clients have come on their digital journeys. It's incredibly rewarding to see hospitals adopt safer, more structured medication management practices that we've helped facilitate. And while it might be the flashiest highlight, Meds Mobile opens up new ways for clinicians to engage with Better Meds, bringing flexibility and accessibility to their workflows.

That said, this doesn't diminish all the other milestones. Each achievement, from EPS to major rollouts and minor updates, represents a meaningful improvement in patient care.

As medication management continues to move towards more connected, data-driven workflows, what do you see as the biggest opportunities and responsibilities for Better Meds in the years ahead?

AI is on our radar, but our focus remains on people first. We build with users in mind, tailoring every implementation to each hospital's needs and ensuring safer medication management practices that align with real-life clinical workflows. Usage of AI can and will optimise certain aspects, but our philosophy stays the same: long-term partnerships, solutions designed for the people who use them every day, and always acting with honesty and transparency. We will continue to go above and beyond, consistently following our guiding principle 'Build your story by understanding your processes' and shaping solutions that truly support them.

As the importance of data analysis continues to grow, we will be able not only to solve issues faster but also to predict potential errors before they occur, making medication management even safer and more reliable. The opportunity is huge: Connected, data-driven workflows can transform care, but we should never lose sight of the human element. By combining innovation with trusted, personalised support, we ensure that both clinicians and patients benefit.

Božidarka Radović is Product Director of Better Meds.

Written by: Brina Tomovič Kandare
Photography by: Jernej Lasič

Building technology that grows with healthcare

As Better continues to expand its portfolio, the strength of the underlying technology matters more than ever. Our Chief Technology Officer, Boštjan Lah, reflects on how the Better Platform has evolved from an openEHR core into a scalable ecosystem. He shares why open standards remain central to our strategy, what differentiates the platform in real-world implementations, and how emerging technologies are shaping the next generation of data-driven healthcare systems.

From a technological perspective, how would you describe the current state of our architecture, and what elements have been the most important for supporting growth across Better products and solutions?
Better Platform initially started with a small set of components. In fact, our first component was the Better EHR server - an openEHR CDR, and it all grew from there. We quickly identified that, in most cases, this is not enough, and added components to allow the platform to support a multitude of use cases. The most important is Better Studio, which allows low-code development. Architecturally, we have maintained a growing set of components that support and enhance each other for a variety of clinical applications.

openEHR is the backbone of our data strategy. Why is openEHR still the right choice for long-term sustainability, interoperability, and innovation, and how does it differentiate our technology from traditional EHR architectures?
The ability to separate data from applications is a core concept of the Better Platform. But not only that – our data layer is based on open standards. openEHR is the best standard when it comes to storing complex clinical data. With its flexibility and yet non-disruptive model updates, it can truly serve data for life. We have also embraced other standards, such as HL7 FHIR, which is particularly well-suited for operational data.

Many organisations talk about modular systems and vendor-neutral data, but few have implemented them successfully. What do you see as Better's strongest technological advantages, and where do these make the biggest impact for customers?
One thing is to speak without having real-life implementation experience. Through the various solutions built with the Better Platform, we have been able to provide feedback on enhancements to the platform. This, in turn, benefits new and existing customers.

This year brought important progress in how our products integrate, from care planning and medication management to low-code tools and AI assistants. How are we making sure that all these building blocks work together as one cohesive platform?
Even though Better is a product-based company and our development teams are organised by products, we have clearly defined standards on how things should work and make sure that in planning of every new component, each aspect and feature is carefully considered for overall alignment.

AI is becoming increasingly connected with digital health platforms. What do you think will define the next generation of intelligent, data-driven healthcare systems?
A lot of clinical work will be assisted by AI. We can already see such trends through AI assistants built

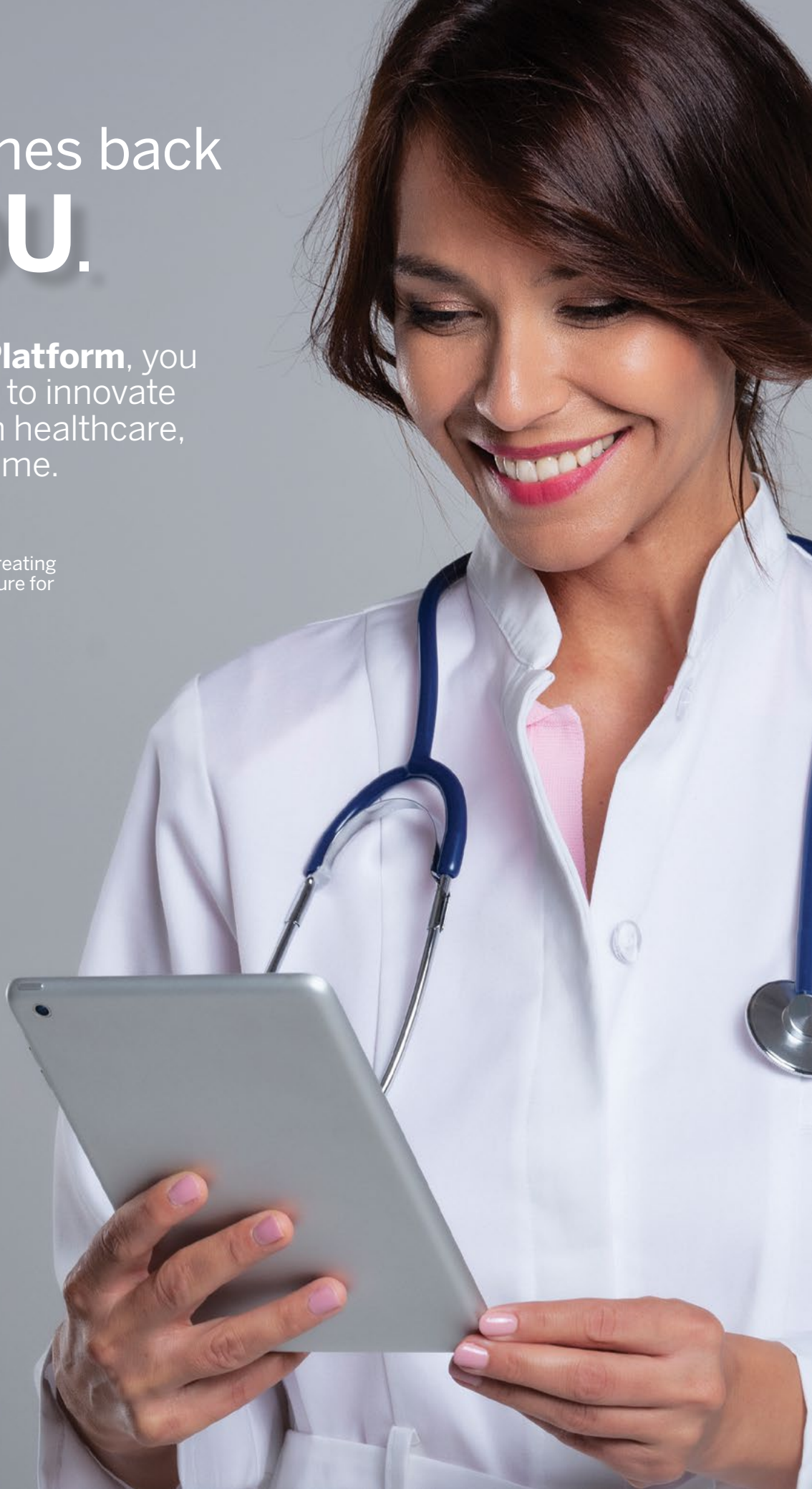
into the Better Meds, AI-supported form creation, and conversational EHRs, where it is possible to ask questions about patient state and history, rather than having to manually search through patient data.

Looking ahead, what are the major priorities for Better? Where do you see the biggest opportunities and challenges, as we continue building a global, scalable, open platform for health and care?
AI is certainly the priority and one that can truly transform the way healthcare works. Our focus is on continued work on the Better Platform's support for AI.

It all comes back to **YOU.**

With **Better Platform**, you have the tools to innovate and transform healthcare, one app at a time.

Join us in creating a better future for healthcare.



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What is Better Platform

Written by: Saša Popović

One can think of a Better Platform as a "supercharged medical database", specifically designed for clinical data. Unlike a traditional, general-purpose database, Better Platform knows how to structure patient and other clinical information using healthcare standards, so different applications can read, write, and share data reliably. In addition to this, it comes with a specific context and helps model clinical data in a way that is correct, compliant with regulations and understandable by clinicians.

The very core of the Better Platform is EHR Server that represents Clinical Data Repository. EHR Server implements openEHR, an open standard in health informatics that describes the health data in electronic health records (EHRs). The goal of openEHR and the Better Platform is to ensure that clinical data is structured, shareable, future-proof, and ultimately, owned by the institutions that produce it. Owning the data means being free to reuse that data, learn from it, gain efficiency from it, and provide better patient and clinical outcomes. openEHR is designed to enable healthcare organisations to access and use patient information safely and effectively over time, across different applications and generations of technology. And yes, we are talking decades here. For patients, this means having their medical data for life, regardless of how applications or technologies change.

Besides openEHR, Better Platform also implements FHIR, one of the most widely adopted standards for healthcare data exchange. FHIR is the foundation for the Operational Data Repository (ODR), also known as the Demographics Server. It manages data such as patient identities, insurance IDs, provider and organisation details, relationships, and more. By maintaining a dedicated ODR, demographic and operational data is stored and managed separately from clinical data, ensuring stronger privacy protections and simplifying interoperability across systems. This separation is critical for compliance and enables seamless integration with external systems through FHIR-based APIs.

With openEHR and FHIR, Better Platform provides data stores for clinical and operational data and as such, forms the foundation of a data-driven health ecosystem. Besides that, the platform provides archetype designer, terminology and validation servers, auth servers with the ability to integrate multiple heterogeneous identity providers and advanced attribute-based authorisation system, an integration server, ETL capabilities, and much more.

Together, these components create a robust, centralised data layer that supports a wide range of clinical use cases and enables multiple applications to work with the same trusted data simultaneously.

Designed to scale to millions of patients and billions of records, the Better Platform ensures consistency, reliability, and performance even in the most demanding healthcare environments. It also supports deployment in the cloud, within a tenant of your choice, or in an on-premise environment, providing the flexibility needed to adapt to different organisational and regulatory requirements.

Finally, clinical applications built on top of the Better Platform are empowered to focus on their specific purpose, while common and demanding goals like data management, scale, security, and integration are effectively delegated to the platform itself.

Whether you are a healthcare provider or a government body using or purchasing clinical application, or a software vendor building one, having a robust, open data platform built on recognised international standards ensures that your solutions remain future-proof, interoperable, and ready to evolve with the needs of modern healthcare.

Building the future of clinical data

Written by: Saša Popović

In 2025, Better Platform evolved significantly, reinforcing its role as a modern, standards-based foundation for clinical and operational data. Throughout the year, we introduced major upgrades, from next-generation ABAC and extended ETL capabilities, to more powerful authentication and validation.

These improvements build on the platform's mission: to provide healthcare organisations with a robust, future-proof environment where clinical data is structured, interoperable, secure, and ready to drive better outcomes.

Better Platform improvements in 2025

ABAC Server 3.0 - a leap in access control

In 2025, we introduced not one, but two major versions of ABAC – 2.0, and 3.0! ABAC stands for attribute-based access control. That is an authorisation system, in a way similar to RBAC (resource based access control), but much more flexible and powerful, and that is needed for complex clinical scenarios, in which for example medical doctors are allowed to see patients' clinical data, and at the same time easily support exceptions like only psychiatrists and ER staff have access to mental health records of a person.

In ABAC 2.0 we have released three key capabilities. With scriptable data ingress, policies can now react dynamically to changes in clinical, demographic, operational, and other data or configurations, using the Data Stream. Synchronous script execution from ABAC policies and policy subroutines enables cleaner configurations that are more modular and easier to maintain. These enhancements allow for complex computations and external system interactions within policy evaluations.

ABAC 3.0 introduces multi-tenancy. With these, ABAC joins our existing fleet of multi-tenant services. Multi-tenancy enables organising, specialising, and dedicating parts of the environment for multiple possibly related but independent organisations or groups, that require their data and configurations to be kept isolated from the rest of the systems.

All these improvements in ABAC Server, in essence, provide all Better Platform users with a smarter and more flexible access management system.

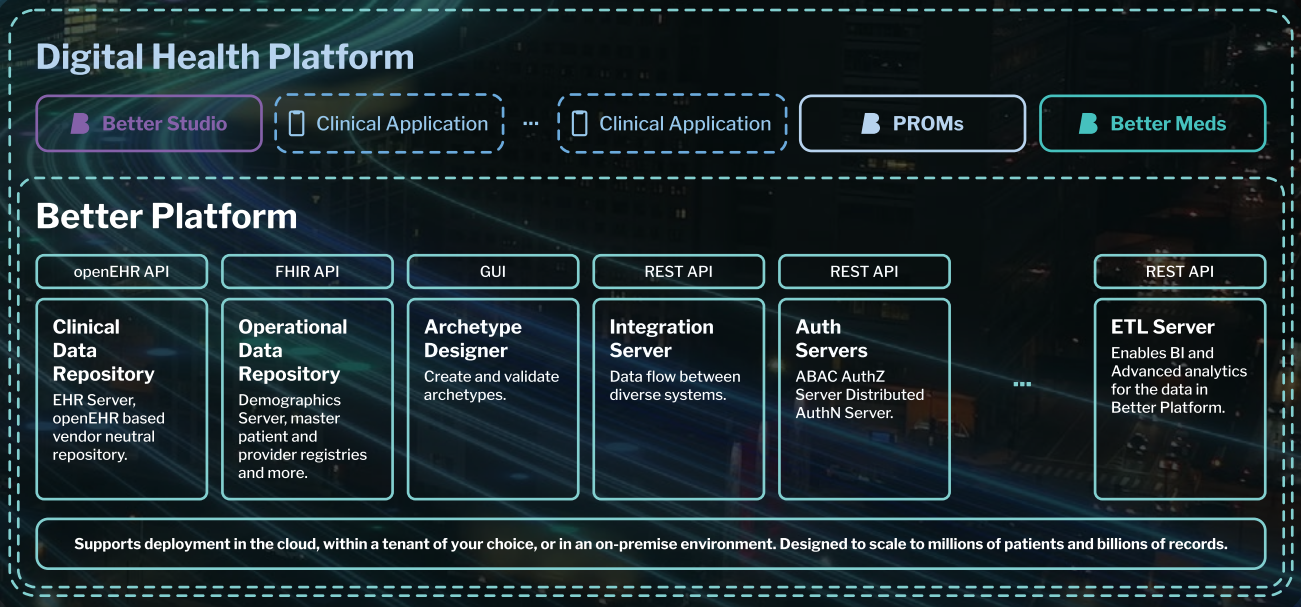
ETL Server 3.0 brings support for more data sources

The release of the next major version of ETL Server introduced support for data beyond CDR in EHR Server. Version 3.0 now supports extracting data from ODR (Operational Data Repository), also known as the Demographics Server. This enables ETL users now to extract both their clinical and operational data into a relational database, and use it for various reporting, analytics, BI, AI, and other purposes, which is essential for many organisations today that strive to be data-driven and AI-enhanced.

Distributed Authentication 3.0

Another service got a new major version release. Distributed Authentication, which includes Auth Broker and Auth Proxy, enables supporting multiple and heterogeneous identity providers simultaneously. Regardless of the system in use, even if multiple independent and different systems already rely on Microsoft Entra ID, Google Identity Platform, Keycloak and more, all of these can be easily integrated into Better Platform.

Version 3.0 brings scriptable JWT token mapping configurations to replace current YAML-based system. In essence, this means far more flexible and maintainable system, that enables granular handling of identity attributes and authentication flows across complex environments.



Enhanced EHR Server capabilities

EHR Server, currently available at version 4.7, received several improvements focused on performance, flexibility, and usability. A few most notable ones are: AQL performance improvements; Kafka support for auditing via data streams; easier and more effective maintenance through partial reindexing of individual EHRs or a set of compositions; new AQL functions for string, number, and timestamp manipulation; support for simplified FLAT and STRUCTURED compositions formats on the standardised openEHR REST API; faster querying in commonly used scenarios; simplified ad-hoc AQL querying with YAML.

Demographics Server (aka Operational Data Repository)

Demographics Server is currently at version 4.12. One of the most impactful updates we have released is the introduction of streaming search endpoints. With streaming, clients can receive large search results incrementally through a single API call, eliminating the need for paging. This reduces latency and system load, and improves responsiveness, particularly in data-intensive scenarios such as patient list generation, reporting, and synchronisation.

Additional improvements include the following: more efficient handling of resources with many references (such as Groups); extended patient merge capabilities that automatically relink references; and support for using external FHIR terminology servers when validating value sets.

These upgrades deliver a more scalable and standards-aligned demographics and operational data layer.

Validator Server

Across the platform, validation capabilities continue to grow in importance as organisations adopt more advanced and data-driven clinical applications.
Key Validator Server updates include: support for metadata about the validation scripts to allow for easier manageability; validation of Simple Tasks, enabling rules that combine clinical, operational, and simple task data; improved auditing that supports event-based logging with Kafka.

Improved logging, tracing, and auditing

All Better Platform components now support an optional X-Request-Id HTTP request header. This Id ends up in diagnostic context for logging, in all downstream HTTP requests to support request correlation, as well as in the audit records and Data Stream records, which enables custom and powerful logging, tracing and auditing.

Looking forward

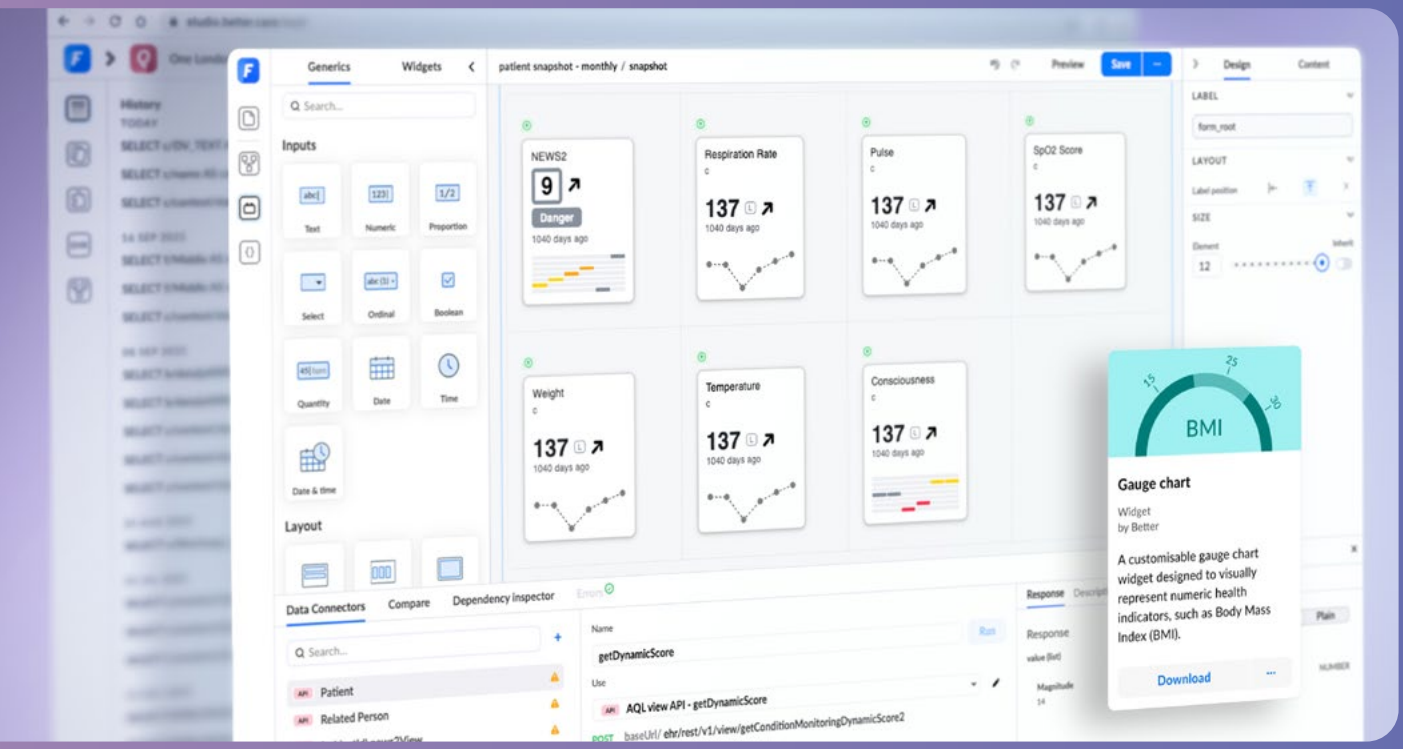
We are focused on delivering an open, secure, interoperable, and highly adaptable platform that helps organisations build their digital health future. The latest updates show our commitment to continuous improvement, bringing greater intelligence, flexibility, and performance across the entire Better Platform.
As healthcare ecosystems grow in complexity and scale, we are also preparing the platform for the next generation of AI-enabled capabilities. By strengthening how data, context, and system functions are exposed, for example, through approaches such as Model Context Protocol (MCP), we are laying the groundwork for safe, explainable, and reusable AI assistants that can operate across workflows.

Together, these advancements provide customers with a strong foundation for data quality, integration, governance, and innovation, ensuring the Better Platform remains future-ready as digital health continues to evolve.

From setup to style: Better Studio 3.14 brings it all together

Published: January 2026
Written by: Eva Konič

Innovation in healthcare technology should, first and foremost, be about creating solutions that respond to real needs. With Better Studio 3.14, we have focused on making development faster, more intuitive, and more adaptable, so teams can deliver clinically approved content without unnecessary complexity or cost.



This release introduces three key enhancements: a new project setup wizard, advanced layout and design options, and a refined version switcher for greater flexibility. Each of these features reflects our commitment to listening to our users and shaping technology that supports better care through smarter workflows.

A new wizard for adding projects

Managing projects in Better Studio has never been easier. The new wizard simplifies the process of adding a project to the Studio environment, guiding users step by step with clear instructions and automated checks. This enhancement ensures that even complex configurations are handled seamlessly, reducing setup time and minimising errors.

One key aspect of this feature is its integration with resource servers. The wizard automatically verifies whether the project includes a resource server, a prerequisite for enabling integrated data sources. Projects that haven't migrated to a resource server won't have access to this functionality, so the wizard helps identify and resolve this early in the process.

Version switcher: Control without chaos

Introduced in version 3.12 and refined in 3.14, the version switcher allows teams to move between the last four supported Studio versions. This gives organisations the freedom to adopt new features at their own pace while maintaining stability in production environments.

Compatibility is critical in healthcare technology. If versions don't align, forms may fail, creating unnecessary risk. The version switcher solves this by offering two clear paths: update to the latest version or roll back Studio to a previous release. It's about giving teams control and the ability to adopt new features at their own pace while maintaining a fully functional setup.

Enhanced layouting & design options

Great design isn't just about aesthetics; it's about usability and trust. Beyond technical improvements, Better Studio now empowers users to personalise their forms and assessments like never before.

With upgraded layouting tools, users now have the ability to fine-tune every component of a form or assessment. This means creating interfaces that are intuitive, accessible, and aligned with organisational standards, all without compromising data integrity.

Why is this important? Because the way information is presented can influence how it's understood and acted upon. By enabling more flexibility in design, we empower teams to create experiences that support clinicians and patients alike.

Why this matters?

The Better Studio 3.14 release is all about efficiency and control. By automating complex steps and offering deeper customisation, Better Studio reflects our mission to make digital health development more agile, cost-effective, and user-focused. By reducing complexity and accelerating development, we help organisations redirect time and resources where they matter most: collaboration and care.

better studio

A low-code development environment designed specifically for healthcare, Studio enables clinicians, developers, and analysts to collaborate and build interoperable applications with speed and precision.

Based on openEHR and FHIR standards, Studio brings together the power of domain-driven design and intuitive low-code tools, making it possible for healthcare professionals to design and deliver EHR applications without needing to write complex code. With clinically validated data models at the core, teams can move from idea to a working application in as little as one hour, improving workflows and accelerating digital transformation across care settings.

Better Studio's growth in 2025 with Benjamin Muhič

Studio has seen impressive growth and adoption over the past couple of years. How would you summarise the journey, and what shaped your vision going forward?
Better Studio began as a simple form builder and has grown into a platform that connects innovation with clinical reality, a place where clinicians, analysts, and developers collaborate to turn ideas into real change. The journey has been shaped by the people using it, their challenges, their creativity, and their ambition to make care better. This year proved that when we open doors and empower teams, meaningful progress naturally follows.

From all the capabilities added to Studio this year, from low-code enhancements to AI-powered assistants, which innovations do you feel have had the biggest impact on how users build applications?
AI-driven tools like the AQL Assistant and DocGPT have changed the way people build by removing friction and providing instant clarity. But the real impact is emotional: users feel more confident, more capable, and more in control. Combined with UX improvements and upcoming features like Speech2Form, Text2Form, and contextual help, we are helping teams turn ideas into working solutions faster and with far less effort. With each new AI capability, it's not just about speeding up tasks, it's about unlocking creativity.

Low-code is becoming central to modern digital health. How do you see the role of Better Studio in shaping how clinicians, analysts, and developers create tools together?
Better Studio is becoming the shared creative space for healthcare, where clinicians, analysts, and developers design better care together. By removing technical barriers and building on open standards, we give teams the freedom to shape solutions that reflect the reality of their work. It's collaboration with purpose: the people closest to patients can finally build the tools they have always needed.

Written by: Alja Suljić
Image credit: Better

Building together, growing smarter

There is no doubt that building digital tools for healthcare is not without challenges. Yet many of these challenges become opportunities when we design with intention and look closely at how care is delivered.

Clinical guidelines, evidence-based protocols, and standardised workflows shape much of the decision-making in healthcare. Across services and specialities, the same patterns reappear, such as familiar assessments, risk scores, calculations, documentation steps, and care pathways. Once we recognise these recurring elements and distil them into reusable components, we can transform the way solutions are built. Instead of recreating the same tools from scratch, we can create shared building blocks that save time, reduce variability, and give both internal teams and external developers a stronger foundation to build upon.

What Better Marketplace is today

Within our low-code environment, Better Marketplace represents a shift in how digital health solutions are created. It is a collaborative content library where proven components are refined, documented through openEHR standards, and offered freely to anyone building in Better Studio. Forms, templates, widgets, and AQL views become more than individual tools; they become a common foundation for faster delivery and more consistent, connected solutions.

Importantly, Marketplace also helps people learn how to build in Studio. For users new to low-code configuration, a well-designed form or workflow becomes a practical example they can explore, modify, and reuse. This lowers the barrier to entry and helps teams gain confidence more quickly, especially when they can see how validated content is modelled, named, and implemented.

In essence, Better Studio and Better Marketplace strengthen one another. Work done in Studio gains reach and long-term value through Marketplace, and Marketplace grows through contributions made in Studio. Together they form a shared ecosystem that supports reliable, interoperable clinical content not only inside Better, but also for the partners and clients who build with us.

Where are we heading next?

Our direction is guided by three ideas and grounded in our core values of care, community, collaboration, and growth. We are expanding what the Marketplace offers, helping growth happen through shared innovation. We are bringing teams and projects closer together. And we are continuously improving through feedback, data, and shared learning, always guided by care for quality and our users. These principles shape what we prioritise now and where we are headed next.

Immediate priorities: Strengthening existing foundations

To strengthen our foundations and support consistent growth, we are focusing on several key areas that ensure quality, reusability, and shared progress across projects. We want to:

- **Expand the Public library** by publishing validated openEHR forms, views, templates, and widgets.
- **Increase visibility** through campaigns, clinical bundles, and awareness days.
- **Reuse work** from internal and national projects to reduce duplication, while creating generic tools that can be applied across multiple contexts.
- **Collaborate early** with teams to align around shared needs.
- **Maintain governance and quality** through consistent metadata and lifecycle management.

As the Marketplace grows, it is necessary to continue improving discoverability, governance, and user experience. What is crucial in the following months is also to strengthen internal contribution pathways and ensure Marketplace remains visible in our everyday workflows.

Long-term vision: AI-ready, community-powered content ecosystem

Looking ahead, we are building a unified content ecosystem that makes high-quality reuse the norm across Better. Marketplace becomes the single source of truth, breaking down silos and making cross-team collaboration feel natural. It helps teams avoid duplication by building once and reusing often, while improving internal discovery so that validated assets are always within reach. As we refine our search, filters, and the overall experience through analytics and feedback, Marketplace grows into a dependable foundation that supports shared learning and strengthens our ecosystem as a whole.

As the industry moves towards broader use of AI, this foundation becomes even more important. Trustworthy AI depends on clean data, clear provenance, and well-defined workflows. Marketplace brings that context together so that any intelligence built on top of our platform can rely on transparent models, governed content, and clear clinical intent, rather than easy shortcuts.

We are also preparing for a new stage. Better Marketplace is evolving into a space where external contributors will be able to share their own solutions and clinical content alongside ours. As the broader community around Better tools grows, Marketplace, together with Hive, is becoming a real connection point for partners, developers, and clinicians. It will offer a place to contribute, collaborate, and build on each other's work, creating an environment where innovation grows through collective effort.

Bringing Better Marketplace to life through new content

Our clinical bundles show how Marketplace turns shared tools into real workflow improvements. The Cardiology bundle, the first speciality bundle on Better Marketplace, brings major cardiovascular scores and measurements directly into the EHR. Clinicians can calculate CHA_2DS_2-VASc, HAS-BLED, GRACE, or CRUSADE in a click, alongside indices such as BMI, BSA, NYHA class, and RCRI. Each tool is built on openEHR archetypes, allowing it to automatically pull in patient data and write results straight back to the record. This removes the need to switch apps or copy values by hand.

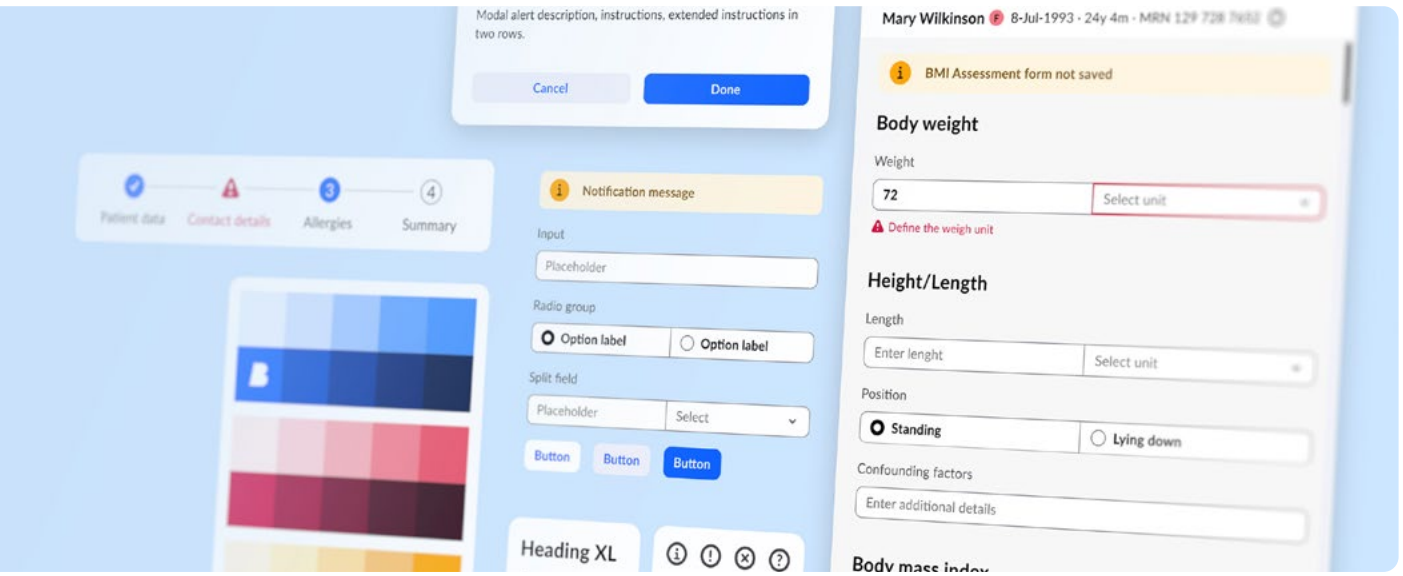
The Endocrinology bundle follows the same pattern. It includes tools such as calculators for LDL, estimated average glucose, serum osmolality, as well as structured assessments like waist-hip ratio, ideal and adjusted body weight, and some risk scores. All tools are validated, interoperable, and ready to reuse. As new specialities join them, Marketplace becomes a richer library that helps teams start faster and focus on innovation rather than rebuilding essential tools.

Better Marketplace is growing with every project and every contribution. It strengthens connections across teams, streamlines workflows, and turns individual effort into organisational progress. By creating once and reusing often, we are shaping a more connected, efficient, and future-ready Better, where the value of our work multiplies every time it is shared.

Written by: Valentin Grudnik
Image credit: Better

Turning vision into impact: The evolution of the Better Design System

At the beginning of 2025, we shared our Better Design System vision for a unified, scalable, and future-ready design system built with Web Components. That marked the start of a new chapter for Better as an effort to transition from Angular-based components to a technology-agnostic foundation that could power every Better product with consistency and flexibility.



Now, as the year ends, that vision has become reality.

Through three major releases in 2025, the Better Design System (BDS):

- delivered 43 reusable web components,
- introduced a robust theming and accessibility framework,
- laid the groundwork for a more collaborative, scalable, and intelligent way of building healthcare software.

Evolving our foundation

Our move to Web Components was more than a technical upgrade. It was a transformation of how we build and maintain Better's digital ecosystem.

Throughout 2025, our releases focused on:

- **Interoperability**: A truly framework-agnostic foundation that works across Angular, React, and beyond.
- **Accessibility**: Inclusive components designed to meet healthcare's strict accessibility standards.
- **Theming**: Unified styling that adapts across Better products without breaking visual consistency.
- **Documentation**: Comprehensive Storybook coverage for every component, property, and pattern.

This evolution made our design system not only faster to use but also easier to scale. With it, we were able to empower teams to build consistent, high-quality experiences across all of Better products.

AI as part of our process

Artificial intelligence has also become an essential part of our workflow. What began as an experiment evolved into an everyday partnership that now accelerates how we design, document, and develop components.

Tools like CoPilot, Claude, and Figma AI have become integral to our design and development process. They help us:

- Research accessibility and component best practices faster.
- Generate realistic prototype content directly in Figma.
- Draft and structure documentation automatically.
- Scaffold new components with consistent file and code standards.

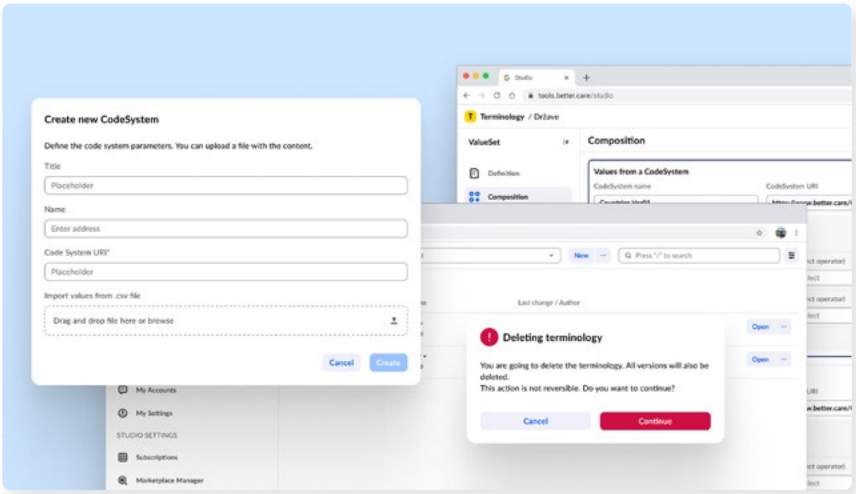
By combining the flexibility of Web Components with the speed and structure provided by AI, the BDS team reduced setup and documentation time, improved consistency, and gained more focus for design quality and user experience.

From components to products

The results of this year's work are already visible in our Better products, one of them is Terminology Editor.

Terminology Editor

Terminology Editor is one of the tools in Better Studio. Its purpose is to create and manage terminologies on a FHIR server and it was build using BDS Web components. Its implementation demonstrated how our system can scale to power complex, domain-specific workflows, so proving that the design system isn't just a library of UI elements but a robust, adaptable design and development platform.



The purpose of Terminology Editor is to create and manage terminologies on a FHIR server and it was build using BDS Web components.

Our close collaboration with the Studio team not only enabled faster development but also helped us improve the design system and its components through valuable feedback.

Collaboration and continuity

This year's progress was built on collaboration between designers, developers, and product teams across Better. Each component represents the alignment of our shared goals: quality, accessibility, and performance.

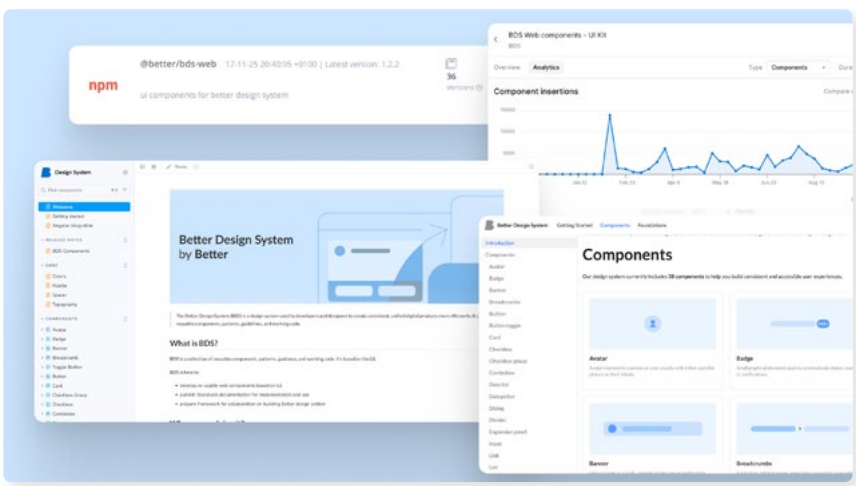
As the BDS continues to evolve, these values are our compass, guiding how we shape the design language and technical foundations that define Better's user experience.

Looking ahead

From our first introduction and release to our AI-driven workflows, this year's journey reflects how vision, collaboration, and innovation come together to shape the future of design at Better.

With the foundation now in place, we look forward to acceleration. We will continue expanding our component library, deepening product integration, and refining AI-assisted workflows to improve accessibility testing, documentation accuracy, and design-to-code automation.

Our mission remains unchanged: to build technology that supports better care through better design. The Better Design System is no longer just a framework, but it has become a living ecosystem, one that continues to grow, learn, and evolve with every product we create.



As the BDS continues to evolve, these values are our compass: quality, accessibility, and performance.

AI@Better

Thoughtful innovation for real healthcare impact

AI is reshaping the way healthcare is built, delivered, and experienced. But the real opportunity is not in the hype, it lies in using intelligence responsibly, transparently, and purposefully to improve the lives of clinicians, patients, and everyone involved in care. At Better, this principle guides every step we take. We design AI that supports human expertise, reduces complexity, and brings clarity to the moments that matter.

Recently, we have seen a significant acceleration in our AI journey. Across our platform, products, and innovation work, we are building tools that make interacting with health data more reliable and intuitive. And we are doing it in a way that stays true to our foundations: open standards, structured data, and a commitment to creating technology that empowers people who care for patients.

We started by helping users get closer to their data. The upgraded AQL Assistant transforms natural language into precise, executable queries. DocGPT takes vast amounts of technical documentation and turns it into answers people can trust, linking every response back to a verified source. These assistants reduce cognitive load and help teams work faster, with more confidence.

We are also exploring the future of clinical data capture. Speech2Form shows how spoken notes could one day become structured clinical data, ready to reuse and analyse. And our work with small language models and local retrieval demonstrates how privacy-preserving AI could operate closer to the user, without sending sensitive data elsewhere.

A natural next step is emerging as well. The shift from queries to conversations is becoming possible because the foundations are in place: openEHR's semantic clarity, reusable system capabilities, and Better's commitment to modelling clinical data in a durable and predictable way. Instead of navigating multiple screens, clinicians will increasingly talk to their data and receive structured and explainable answers they can trust.

Our work on agentic capabilities extends this further. We are exploring the development of task-specific agents that translate narrative prompts into validated queries across openEHR and FHIR, always within safe boundaries and transparent behaviour. Upcoming explorations touch medical coding, scheduling, and real-time insight retrieval, all grounded in clinical co-design.

Across all of this, our goal is clear: AI should amplify clinical judgement, not replace it, and it should help people focus more on care, and less on administration. When AI is built thoughtfully, with purpose and responsibility, it becomes a powerful companion that helps healthcare move forward with confidence.

The future of health data is AI-native, conversational, and safely actionable

Daily Summary

Borut Fabjan is our Chief Innovation Officer. With innovation always being a priority in everything he does, he is now focusing on the advancements that shape the future of healthcare technology, particularly in the field of AI. In the interview, he shared his views on the development of AI, the latest innovations from his team, and offered a glimpse into the future.

Written by: Brina Tomovič Kandare
Photography by: Jernej Lasič

When it comes to AI, Better has been focusing on usefulness, trust, and real clinical impact rather than hype. What principles guide your team when deciding which AI capabilities to build next?
Our starting point is always the problem we are trying to solve. Technology, including AI, is a tool, not an objective in itself. If an existing approach or technology can effectively address a need, we use it. If it can't, we build something new. This keeps us pragmatic while still allowing for innovation where it adds real value.

Which of the latest Better developments do you believe will have the biggest long-term influence on how clinicians, developers, organisations, and patients interact with health data?
We introduced several AI assistants that each improve productivity in specific areas while collectively forming a new interaction layer for health data.

DocGPT redefines how clinicians, developers, and organisations access knowledge. Instead of searching through unstructured resources, users can ask questions in natural language and receive direct, context-aware answers. Recent enhancement, such as more tailored responses and support for multiple formats including Markdown, PDF, Excel,

and multimedia, make institutional knowledge far more accessible and usable at scale.

Query Assistant has the potential for an even broader long-term impact. While it already boosts developer productivity by converting narrative text into executable health data queries, its real significance lies in enabling non-technical users, such as clinicians, to interact with complex patient data using everyday language and receive precise, reliable answers. This dramatically lowers the barrier between clinical intent and data insight.

Form.ai demonstrates how AI can remove friction from structured data capture. By automatically generating openEHR-based forms from text descriptions, PDFs, or screen images, it reduces repetitive manual work and accelerates the adoption of high-quality, interoperable data models across organisations.

Speech2form extends this further by allowing users to populate structured digital forms using voice. Unlike traditional ambient scribing, it directly produces structured health records, improving usability for clinicians while preserving data quality for downstream use.

Finally, on-device LLMs represent a critical long-term shift. By demonstrating that advanced AI capabilities can run securely on mobile devices or directly in the browser, we open the door to privacy-preserving, personalised health agents that operate close to the user. This has profound implications for patient empowerment, data sovereignty, and trust.

Taken together, these developments are less about individual features and more about establishing the foundations of a Conversational EHR, where data is prepared for AI use and agents can be introduced safely into real clinical and operational workflows.

"Making data AI-ready across clinical, operational, and unstructured sources signals a shift from simply storing data to making it usable at scale by AI."

What do these innovations tell us about where digital health and Better are heading?
These innovations show that digital health, and Better in particular, is moving towards a future where health data is AI-native, conversational, and safely actionable. Making data AI-ready across clinical, operational, and unstructured sources signals a shift from simply storing data to making it usable at scale by AI. This lays the foundation for more modular, agent-enabled architecture, where intelligence is layered on top of open data standards and can evolve independently of core systems.

You have often talked about "goal-oriented AI" and agents that support real clinical and operational workflows. How do you see agentic AI evolving at Better, and what new types of agents might we expect to see in the near future?
As the platform becomes increasingly AI-ready, agents will be able to work across clinical, operational, and unstructured data, In practice, this means we expect to see new classes of agents such as Clinical workflow agents that prepare and structure relevant patient information ahead of consultations, support documentation, or assist with follow-up tasks, always keeping clinicians in control.

Data interaction agents enable clinicians and operational staff to query, explore, and validate health data conversationally, without needing technical expertise, reducing administrative burden while improving data quality. And Operational agents support population health, reporting, and compliance workflows by monitoring data completeness, surfacing gaps, and prompting action.

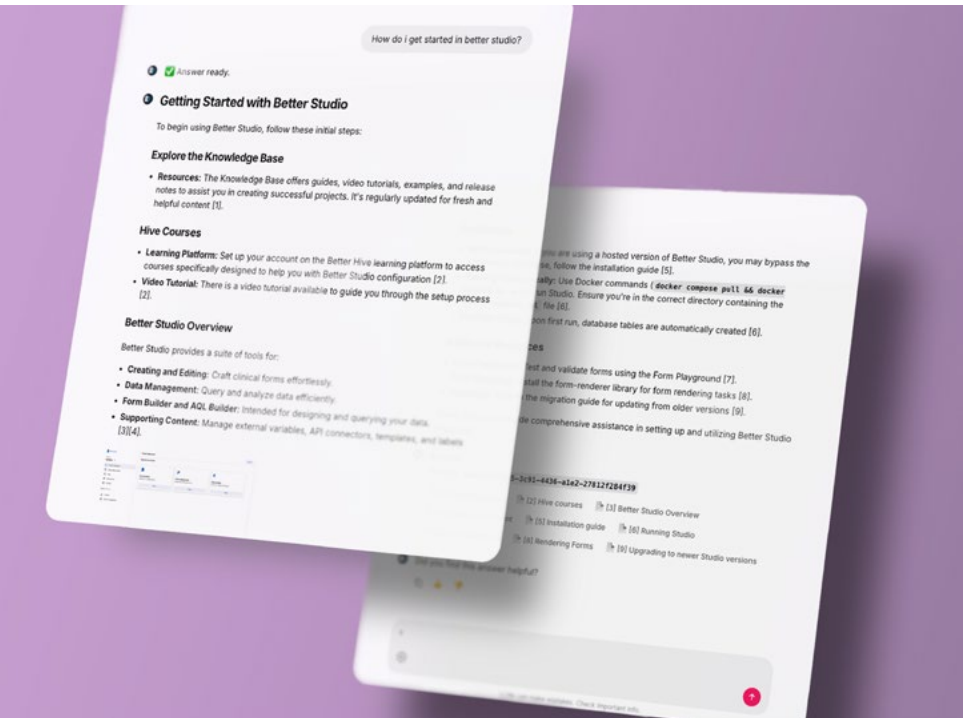
Over time, this will also include third-party and organisation-specific agents, governed through shared frameworks for access control, explainability, and safety. Forming the foundation of an agent-enabled platform. This is also where the Conversational EHR comes into focus: a system where users interact with health data through assistants that understand goals and context, rather than screens and forms.

Looking ahead, how do you see the future of AI in healthcare?
What's most exciting about AI isn't the technology itself, but what it enables. A future where healthcare professionals spend less time dealing with different systems and more time caring for people. A future where AI doesn't replace clinical reasoning, but augments it with clarity, context, and speed.

That is the kind of innovation we are trying to build at Better, and I am grateful to be exploring it with such a curious, talented, and mission-driven team. And we will definitely have a lot more to show.

DocGPT: Making documentation easy to find, understand, and use

Written by: Robert Tovornik
Article published: December 2025



Every organisation collects a huge amount of documentation — product guides, how-to pages, internal notes, support articles, PDFs, and even recordings from training sessions. Over time, this information becomes harder to navigate. People jump between files, scroll through long documents, or ask colleagues for answers that already exist somewhere.

DocGPT explores how AI can turn all this documentation into a reliable assistant that helps users find and understand information quickly.

Answers you can trust, backed by your own documentation

DocGPT lets users ask straightforward questions, such as *"Where can I learn about archetypes?"*, *"How do I get started in Better Studio?"* or *"Is there guidance on setting up ABAC policies?"*, and provides responses grounded in the organisation's existing documentation. Each answer includes a link back to the original source so users can easily verify the information.

DocGPT works across common formats, including PDFs, DOCX files, web pages, internal notes, and video transcripts recorded through Hive. It can also ingest images that appear in documents, even though it does not yet interpret the content inside them.

Helping teams save time and stay aligned

Documentation is only useful if people can find what they need. DocGPT helps teams:

- locate relevant sections across different documents,
- summarise long or complex pages into clear explanations,
- understand key concepts and where they fit, and
- keep information consistent across teams.

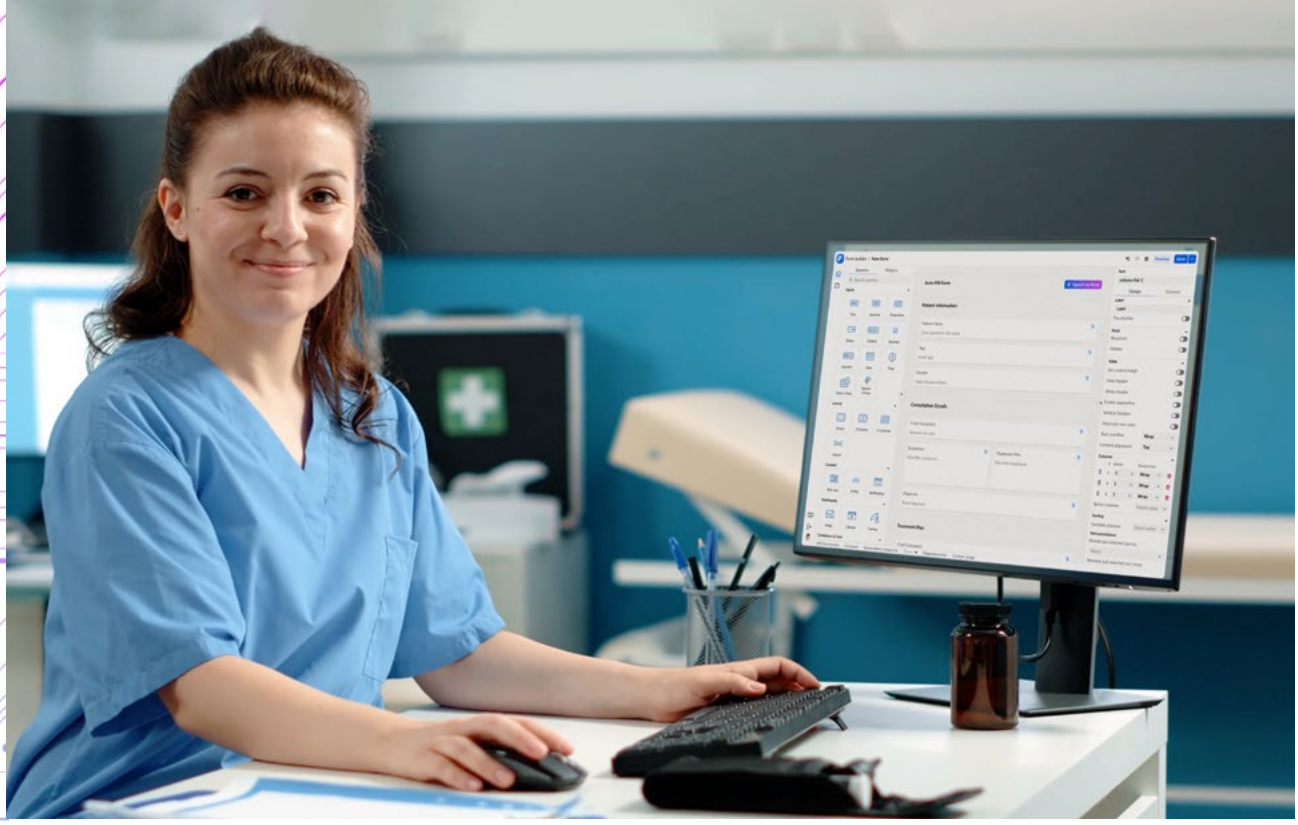
This makes it easier for users to focus on learning, building, and modelling instead of searching through multiple tools.

Designed for how people actually work

DocGPT is tuned to the terminology and context of Better products and the modelling ecosystem. Its responses reflect the organisation's language and are always grounded in retrieved content, helping users learn concepts the same way they are documented.

What's next?

Future work will explore how DocGPT can support more guided tasks, help users navigate changing documentation, and integrate with other internal tools. By making documentation easier to access and understand, DocGPT supports faster onboarding, clearer learning paths, and more confident use of the Better Platform.



Article published: December 2025
Written by: Eva Konič

Speech2Form: Turning voice into structured clinical data

Clinicians capture a large amount of information during patient encounters, often as free-text notes, dictated summaries, or brief voice recordings. While this supports the flow of care, it still requires clinicians to re-enter information into structured forms at the end of the encounter.

This takes time and makes it harder to reuse or analyse data. Speech2Form explores how spoken input could be transformed directly into structured, interoperable clinical data, helping reduce the manual effort behind documentation.

From spoken notes to structured fields

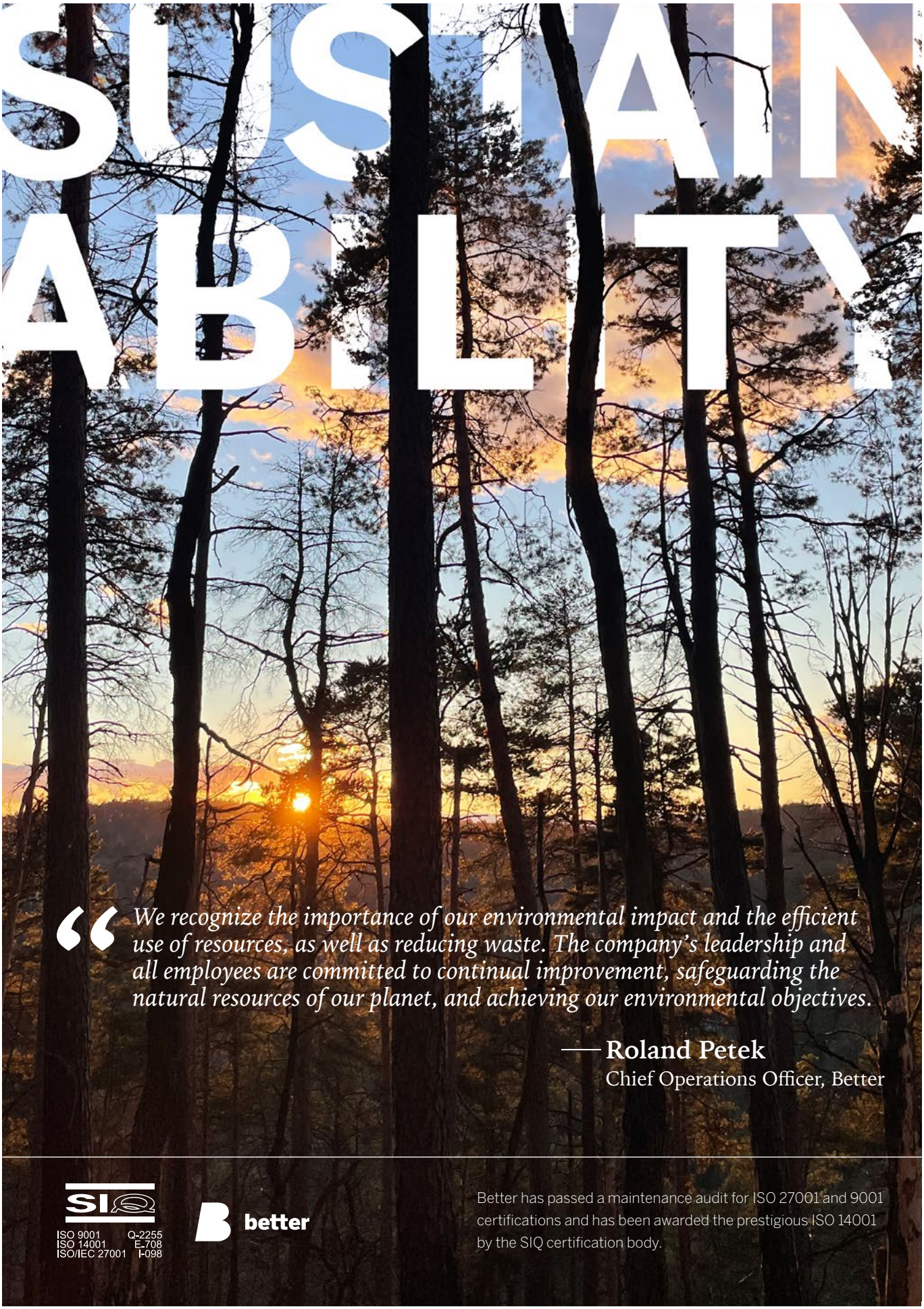
OpenEHR templates already define the data expected in a clinical form — from discrete values such as systolic and diastolic blood pressure, to selectable categories and more narrative observations. This provides Speech2Form with a clear target structure. By combining speech recognition with natural language processing, the prototype interprets spoken narrative and maps key information to the relevant fields, while keeping clinicians in control to review and adjust the results.

Making documentation easier and data more reusable

Structured data is easier to compare, analyse, and share across systems, yet capturing it manually is often repetitive and time-consuming. Speech2Form looks at how LLMs and speech technologies could support this step by extracting clinically relevant information directly from narrative input. The aim is to make documentation more efficient, improve data quality, and give clinicians more time for patient care.

Building on open standards for future flexibility

Openness remains central to the work. By using recognised modelling principles and exploring how speech-derived data could align with existing applications and workflows, Speech2Form highlights new opportunities for simplifying clinical documentation and supporting more connected, data-driven healthcare ecosystems.



We recognize the importance of our environmental impact and the efficient use of resources, as well as reducing waste. The company's leadership and all employees are committed to continual improvement, safeguarding the natural resources of our planet, and achieving our environmental objectives.

— **Roland Petek**
Chief Operations Officer, Better

SIQ
ISO 9001 Q-2255
ISO 14001 E-708
ISO/IEC 27001 I-098

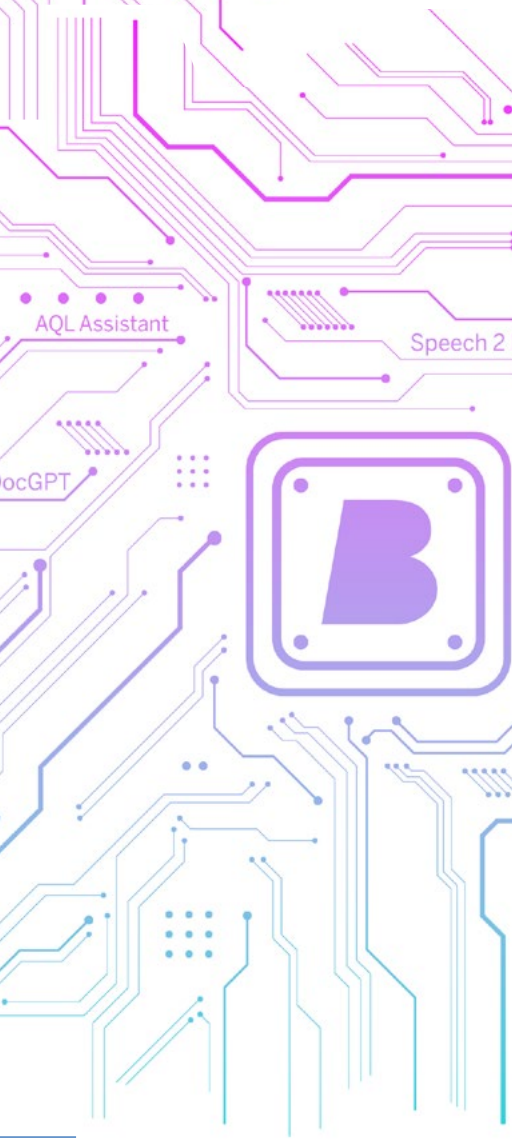
better

Better has passed a maintenance audit for ISO 27001 and 9001 certifications and has been awarded the prestigious ISO 14001 by the SIQ certification body.

Article published: December 2025
Written by: Robert Tovornik

From queries to conversations: The next evolution in how we use EHR data

Healthcare organisations hold more clinical data than ever before, but accessing it is still harder than it should be. Instead of navigating complex interfaces or switching between systems, clinicians increasingly expect to ask questions in natural language and receive clear, actionable answers. Conversational EHR experiences are emerging as a practical way to simplify how teams interact with information. This article explores why they are becoming possible now, how they might work, and how Better is preparing the foundations for this shift.



Why accessing EHR data remains difficult

Modern EHRs store everything from medication histories to lab trends and clinical notes, yet retrieving specific information often requires switching screens, interpreting complex structures, or requesting help to build queries. Even experienced users spend valuable time assembling a complete picture of the patient.

Tools such as Better AQL Assistant already reduce this friction by translating natural-language requests into structured queries. It's a useful step, and it reflects a broader shift in expectations. Clinicians want systems that adapt to their way of thinking, not systems that force them to think like software. Conversational interaction builds directly on that shift.

Why conversational EHRs are becoming feasible

A conversational EHR is not about automating decisions. It is about making information quicker to reach and easier to interpret. Three developments are bringing this within reach.

1 Structured data that supports reliable answers

When clinical information is captured using open, semantic standards such as openEHR, it becomes predictable across workflows. This clarity is essential for any conversational interface: without a consistent structure, answers cannot be trusted.

2 Assistants shaped around real tasks

Across Better products and innovation work, early assistants already demonstrate how focused, explainable support can help with everyday workflows. Medication insights in Better Meds highlight recent changes. The NLP Viewer identifies clinical concepts in unstructured documents and links them to standard terminologies. Internal coding prototypes show how explanations can support administrative tasks. DocGPT helps users navigate technical documentation quickly and accurately.

These assistants do not replace clinical reasoning; they reduce cognitive load and bring clarity to well-defined tasks. They also reflect early forms of the agent-like behaviours emerging across the industry: narrow, reliable, and designed around real user needs.

3 Reusable capabilities instead of repeated integrations

Historically, each new digital tool required its own custom integration with the EHR. This repeated effort slowed innovation and made scale difficult. The industry is now shifting toward defining capabilities once and reusing them across assistants.

Technologies such as the Model Context Protocol (MCP) support this shift by providing a consistent pattern for how assistants can access system functions. MCP is not the main story, but it illustrates the broader move towards standardised, reusable connections that reduce duplication and enable safer, more scalable conversational experiences.

What conversational interaction with the EHR could look like

Conversational EHRs are not a new product category; they represent a more intuitive way of working with existing data.

A clinician might say: "*Show me what's changed for this patient in the last 48 hours.*" The system could return a clear overview of recent encounters, medication adjustments, new results, and relevant documentation.

Before an MDT meeting, someone might ask: *"Prepare a short summary of recent clinical events."* The assistant would gather the necessary structured information into a concise draft, ready for review and refinement.

In both cases, the goal is not automation, it is reducing the effort required to build a clear understanding.

Better foundations for this future

Better is well positioned for this evolution because many of the essential elements are already part of its platform and innovation work.

An open, durable data core

The openEHR foundation of Better Platform ensures that clinical information is captured semantically and consistently. This is exactly the kind of structured environment conversational systems require.

Tools that already bring information closer

Across Better Meds, NLP Viewer, DocGPT, the Medical Coding Assistant (PoC), and the AQL Assistant, the direction is consistent: reducing the distance between users and understanding. Each tool supports clarity in a specific context, paving the way for more intuitive, assistant-driven interactions.

Research into privacy-preserving digital companions

Better's innovation work has also explored how future assistants might operate closer to the user and their data. An internal on-device prototype shows how a small model can retrieve and reason over personal health information stored locally on a smartphone. While early and not yet for clinical use, it demonstrates how conversational experiences could evolve with privacy and user control at their core. The insights were reinforced by our collaboration on PoVeJMo, the Slovenian language model project.

What comes next?

For conversational EHRs to become everyday practice, their development must remain responsible and grounded. Governance, transparent data use, clear boundaries for assistant behaviour, and close collaboration with clinicians will be essential. Better is already researching, testing, and co-designing these patterns to ensure they evolve safely and meaningfully.

A future where clinicians talk to their data

The shift from queries to conversations is not about following a trend, it's about making digital systems feel more intuitive, supportive, and aligned with real clinical work. By combining structured data, reusable system capabilities, and focused digital assistants, healthcare organisations can move toward experiences where clinicians express what they need, and systems respond clearly.

With its open platform, commitment to data for life, and ongoing investment in assistant-driven innovation, Better is preparing for that future with purpose and responsibility. It marks the next natural step in digital health: from navigating systems to talking to the data that powers them.

Clinicians want systems that adapt to their way of thinking, not systems that force them to think like software. Conversational interaction builds directly on that shift.

Robert Tovornik
Innovation Lead, Better

Article published: July 2025

RSO South Limburg is building a regional data ecosystem on openEHR

RSO South Limburg has signed a contract with Open Line Vitaly, Better, and Enovation to develop a regional data ecosystem that will support secure, standardised health data exchange across the region. The agreement marks an important milestone following the approval of funding under the IZA transformation plan and signals a concrete step towards more connected, person-centred care in South Limburg.

RSO South Limburg is one of the Regional Cooperation Organisations (RSOs) in the Netherlands, each tasked with improving data availability and collaboration across healthcare providers in their region. In South Limburg, care is delivered by a wide network of general practitioners, hospitals, community nurses, and other care providers, many of whom operate different IT systems.

This fragmentation often means that information is not immediately available where and when it is needed. The regional data ecosystem aims to change this by making health data accessible, reusable, and consistently understood across organisations without adding complexity to daily care processes.

"Our shared goal is to ensure that health data becomes available and reusable without requiring extra steps in daily care processes," said **José Strijbos**, Chief Healthcare Officer, on behalf of Open Line Vitaly and Enovation.

Better Platform as the backbone

As part of the consortium, Better will deliver its digital health platform as a foundational component of the regional ecosystem. The platform is based on openEHR for clinical data persistence, combined with HL7 FHIR for data exchange, aligning fully with the Dutch data availability agenda and national interoperability strategy. It enables multiple care organisations and applications to work with the same trusted clinical information.

Advance Care Planning as a real-world use case

A key use case running on the regional data platform is Advance Care Planning (ACP), which illustrates the value of shared, structured data across care settings.

"A regional ecosystem based on a digital health platform is a critical foundation for truly person-centred care, and Advance Care Planning is a powerful example of why this matters," said **Anže Droljc**, Business Development Director at Better. *"Without structured and standardised clinical data that can be updated in real time and accessed by all regional stakeholders, ACP conversations risk staying local, being duplicated, or lost entirely. By setting up a regional data platform and an ACP solution that runs on it across South Limburg, we are helping move ACP from good intentions to consistent, coordinated care."*

From contract to implementation

"With the signing of this contract, we as a region can truly get to work," said **Wim Eurlings**, CEO of RSO South Limburg. *"We are working closely with all involved healthcare organisations and will develop the IZA transformation plan."* The coming period will be fully dedicated to implementation and realisation, in close collaboration with regional stakeholders.

Together, RSO South Limburg, Open Line Vitaly, Better, and Enovation are laying the groundwork for a data-driven regional ecosystem, one that supports collaboration, improves continuity of care, and creates a scalable model for the future of healthcare in the Netherlands.

Article published: July 2025

Somerset NHS Foundation Trust won the HSJ Digital Award for EPS integration with Better Meds

Somerset NHS Foundation Trust has been awarded the HSJ Digital Award 2025 in the category Improving Medicines Management and Pharmacy Through Digital, recognising its innovative approach to integrating electronic prescribing and medication administration (ePMA) across care settings.

The winning project brought together Better Meds ePMA, the Somerset Integrated Digital e-Record (SIDeR), and the Electronic Prescription Service (EPS) to create a unified, interoperable system for medicines management. The system enables clinicians across acute, community, and mental health services to access real-time medication data, improving safety, reducing prescribing delays, and supporting better patient outcomes.

Large-scale integration across care settings

The first-of-type project was implemented across twelve sites, including Musgrove Park and Yeovil District hospitals, as well as eleven community hospitals and hospital-at-home programmes. The deployment was carried out alongside existing digital infrastructure to minimise disruption and ensure continuity of care.

Key features of the project include:

- Real-time access to structured medication data from GP and other providers.
- Integration with EPS for hospital prescriptions, reducing delays and risks associated with paper-based prescribing.
- Use of national FHIR standards for medicines interoperability.
- Co-design with clinicians, patients, and social care providers.

Time-in-motion studies estimate the system will save over 8,900 clinician hours annually during admissions, and 3,100 hours on discharge-related transcription. Additional savings are generated through reduced use of postage and controlled stationery.

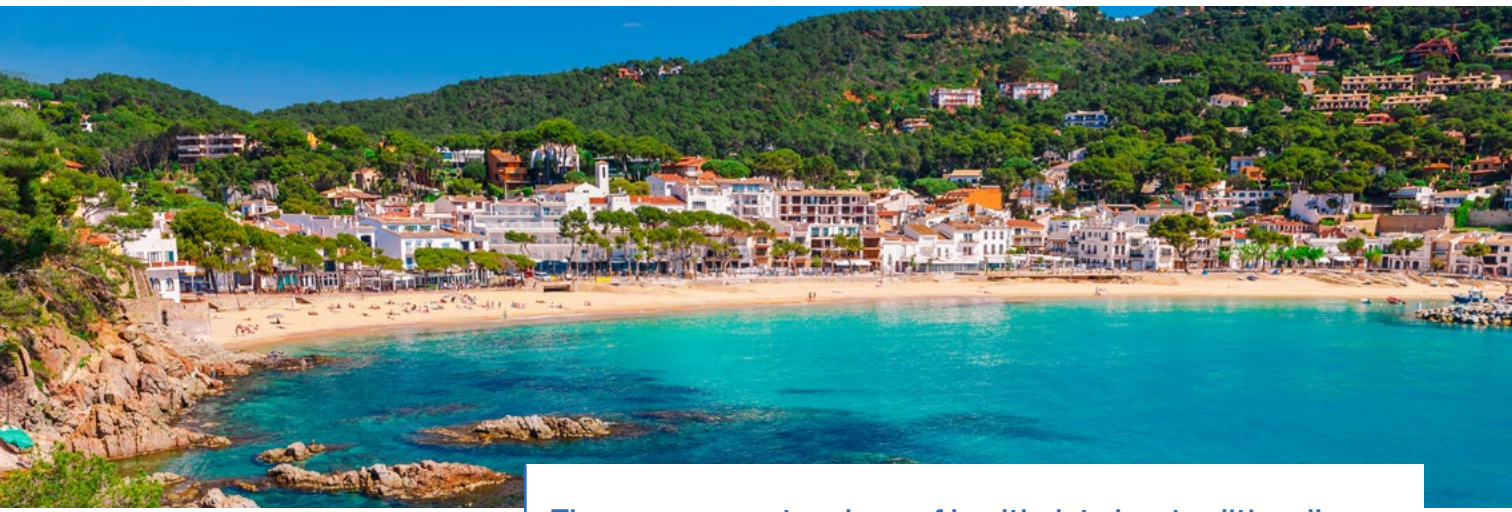
"This project demonstrates what's possible when clinical leadership, digital strategy, and technology come together with a shared goal," said **Leo Martin-Scott**, Digital Lead Pharmacist at Somerset FT. *"Structured medicines data will save thousands of hours annually, improve accuracy, and enhance care continuity."*

A model for future replication

The integration project also extends across regional boundaries, with collaboration between Somerset FT and Dorset ICB, enabling cross-system access to shared medication records. The Trust has published two national blueprints in partnership with NHS England, accessed over 1,000 times, to support other NHS organisations in adopting similar approaches.

"We are proud to have supported Somerset in such an advanced integration and a first-of-type NHS project," said **Božidarka Radović**, Product Director at Better Meds. *"This award is a testament to their leadership and vision, and we believe the work done here sets a strong example for national replication."*

CSMS-Data: Pilot of a multi-purpose health data space



The management and use of health data has traditionally been based on a "single-dose data" paradigm, where data is recorded and validated multiple times for each intended use, whether for care purposes, such as running a decision support system, or secondary purposes, such as an observational study. In contrast, next-generation health data platforms aim to achieve a "multi-purpose data" paradigm, where data is recorded and validated only once and can be used for multiple purposes.

Article published: December 2025
Written by: Miguel Pedrera Jiménez

With this vision, Corporació de Salut del Maresme i la Selva (CSMS) is developing the pilot project for its health data space, CSMS-Data. This project aims to design, implement, and validate a multi-purpose health data platform based, by design, on leading standards, and implement the Better Platform as its semantic core. CSMS, which provides primary care, hospital care, comprehensive home care, and social-health services for a population of approximately 200,000 citizens, and has a long background in healthcare innovation and clinical research projects, seeks to continue advancing in these areas through better health data management enabled by this innovative project.

Platform design

The CSMS-Data Platform follows a design based on leading health information standards, applying each to its intended purpose. Thus, the openEHR standard is used to harmonise and centralise, under common and open information models, data from the multiple heterogeneous sources that make up the organisation's Electronic Health Record. This is implemented through the Better Platform and its Clinical Data Repository (CDR), which constitutes the semantic core of the platform. From this central component, data is extracted and transformed into other interoperability and data reuse standards, such as HL7 FHIR and OMOP CDM.

"Implementing a health data platform based on openEHR is a challenge for the hospital's IT team, but we are convinced that it is the only way to have multi-purpose data with full meaning for building care tools, regional interoperability, accelerating research, and sustainable AI product development."

Domingo Barrabés Moreno
Chief Information Officer, CSMS

Use cases

A health data platform only adds value if it provides useful services to patients and professionals. Therefore, the platform design described above has been accompanied by the definition of a set of use cases to be developed from a single source of multi-purpose health data. These use cases, currently under development, are as follows:

- **First**, an integrated viewer will be built to display the most relevant patient health information. The content is based on national and international specifications for summarised health records, such as the International Patient Summary. This viewer will be built using Better Studio.

- **Second**, the platform will be used in the regional federation of health data for the construction of the new Catalonia Electronic Health Record based on openEHR. Thus, the different templates defined at the regional level will be implemented in the CDR and offered through the standard openEHR API to interoperate with full meaning and context. In addition, future plans include joining the National Data Space and the European Health Data Space.

- **Third**, the platform will enable the creation of an extract-transform-load process towards repositories and databases for real-world data research. In particular, the implementation of an OMOP CDM repository from data stored in openEHR format is planned, as previously done in projects such as INFOBANCO by the Madrid Health Service.

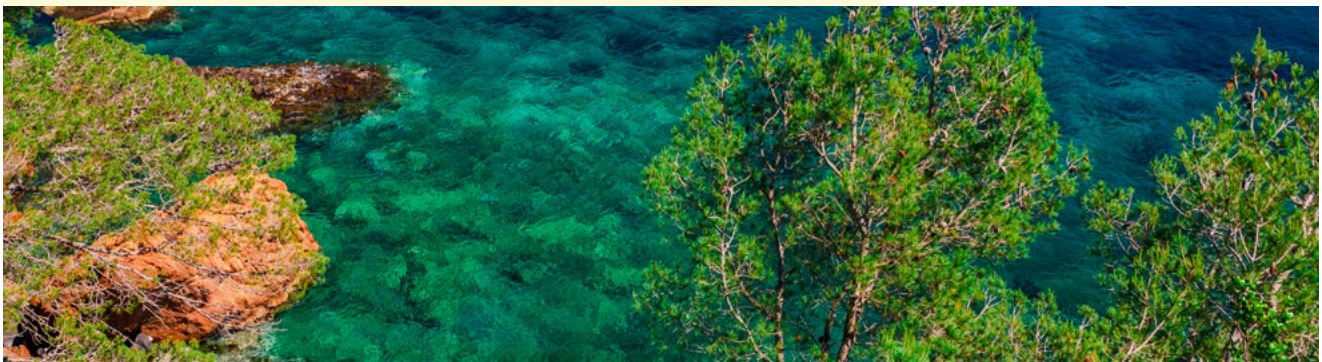
- **Finally**, the platform will serve as a data source for the design, development, validation, and execution of AI models applied to clinical decision support. These AI models will be implemented in "containers" within the Health Information System (HIS) and will be able to access information both in native openEHR format, using Better Platform APIs, and through an API implemented on the CDR persistence layer. This container will include a monitoring system for the entire AI lifecycle to ensure ethical and regulatory compliance while guaranteeing algorithm explainability and interpretability. These functions will allow the CSMS-Data platform to be used as a "sandbox" for testing other algorithms.

"In 2025, the annual volume of health data generated is expected to exceed 160 zettabytes, 30% of global data, equivalent to a movie lasting 36 million years, and 97% of it is not used. Better use of data is an opportunity to improve healthcare and secondary use. This platform has the potential to act as a lever to achieve a more sustainable, resilient, and efficient healthcare system."

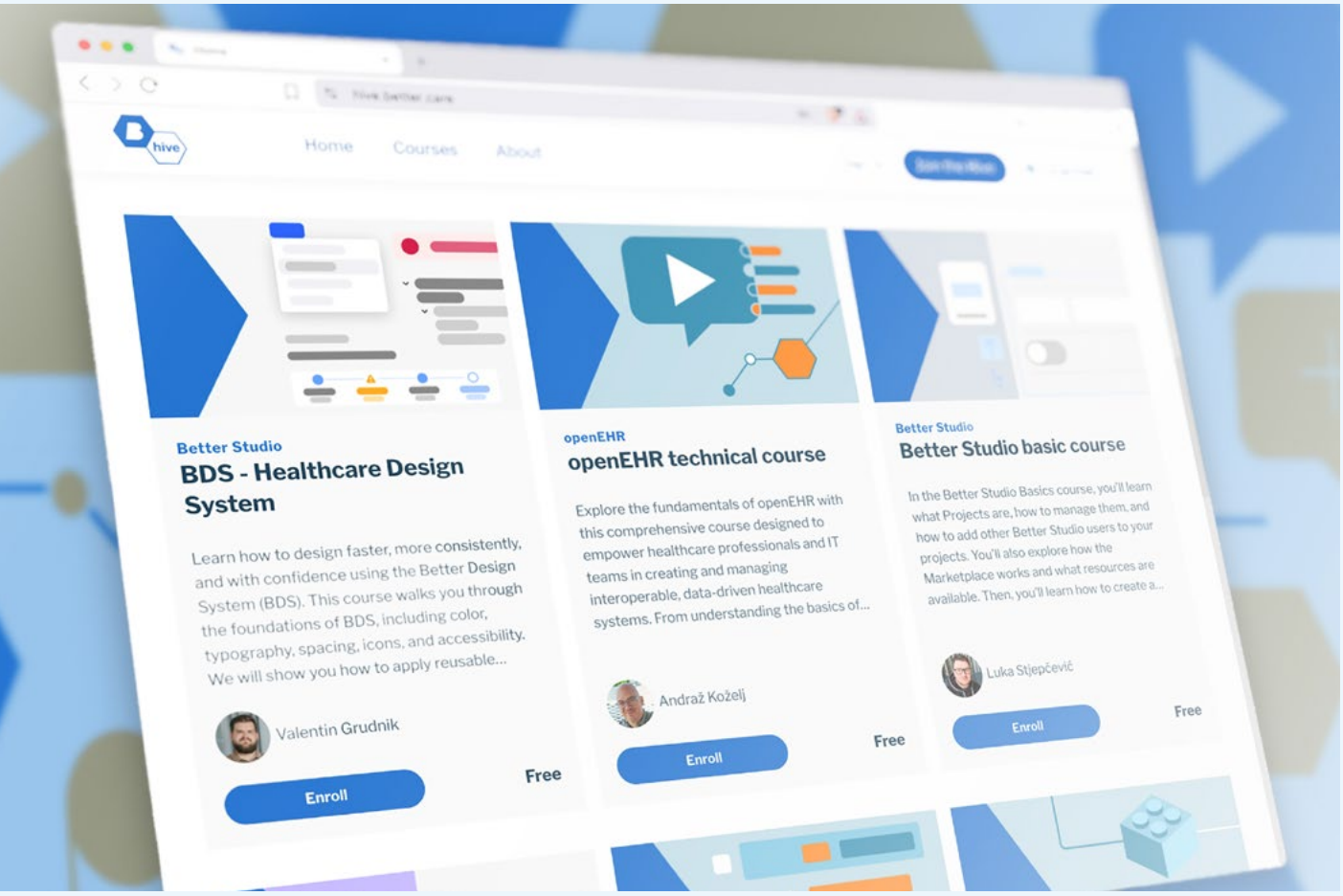
Alberto Zamora Cervantes
Chief Innovation Officer, CSMS

Conclusions

The CSMS-Data Platform will enable CSMS to have multi-purpose health data, using leading international standards for modeling, persistence, exchange, and reuse. The Better ecosystem provides the necessary components to achieve this goal through the openEHR clinical repository and low-code development tools built on it. Thus, through this pilot project, CSMS and Better are laying the foundations for building a next-generation health data space that adds value to care and secondary use.



Hive: Your go-to learning platform for healthcare technology and openEHR



Continuous learning and collaboration are at the heart of what Better stands for. To share our extensive knowledge, we have launched Hive, a dynamic learning platform designed to support healthcare professionals and developers with the skills to use Better tools and applications effectively.

Hive promotes a community-driven approach to knowledge sharing, helping users access the latest healthcare technology.

This is where learning meets innovation in healthcare, aiming to transform the way users engage with Better products and solutions. We offer engaging courses for both developers and healthcare professionals, provided by our best educators, clinical modellers, and technical experts. The goal of the platform is to strengthen the learning experience, and our interactive modules include videos, quizzes, guides, and hands-on exercises, making complex topics easy to understand and supporting professional development.

Current courses include:

openEHR technical course:
An introductory course on openEHR, providing foundational knowledge for healthcare IT professionals.

openEHR clinical data modelling:
A detailed course to understand how to design, manage, and apply structured clinical data models using openEHR.

openEHR modelling in practice:
The course provides hands-on experience in building clinical models using real-world case studies.

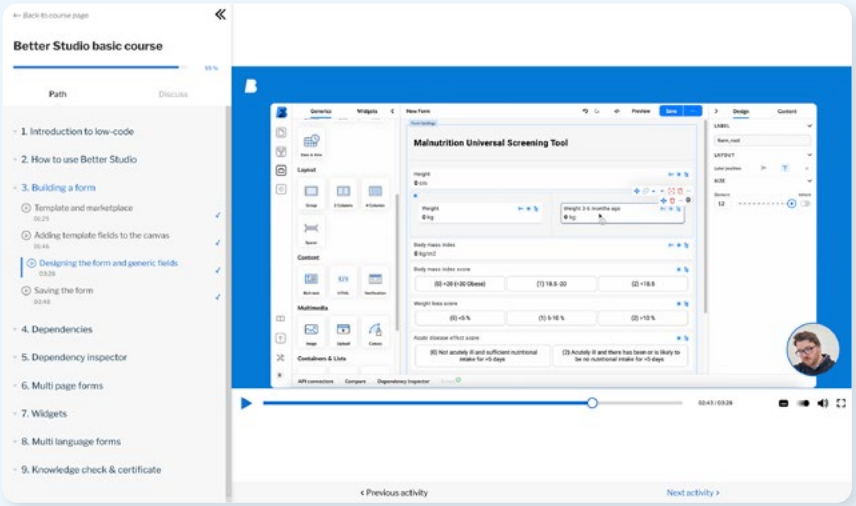
Integrations and API:
The course provides a comprehensive understanding of how to interact with Better Platform using APIs.

Better Studio basic course:
An introductory course on low-code clinical app building, covering projects, the Marketplace, form creation, widgets, logic, and dependencies.

Better Studio advanced course:
A deeper dive into Studio's advanced features, covering the AQL builder, API connector, summaries, variables, and scripting use cases.

BDS - healthcare design system:
The course explores the essentials of Better Design System, and shows how to design consistent, accessible, and developer-friendly interfaces.

The platform helps the community build expertise, stay up to date with new developments, and improve the way healthcare technology is used by healthcare professionals and developers.



The courses, interactive modules, and expert-led content ensure you gain practical skills to optimise your daily work.

Join the educational journey with Hive and be at the front of healthcare innovation.

"Hive is designed to make learning about healthcare technology more accessible, engaging, and practical. With interactive courses and a community-driven approach, we are giving our users the tools they need to master Better solutions and apply them effectively in their daily work."

Andraž Koželj, Customer Success Lead and a recognised openEHR educator

"Inspired by the efficiency of a beehive, Hive is where people discover the real power of openEHR. Through our clinical modelling courses, we help turn complex ideas into practical skills, and it's inspiring to see learners realise how much impact they can make with the right knowledge and the right set of tools."

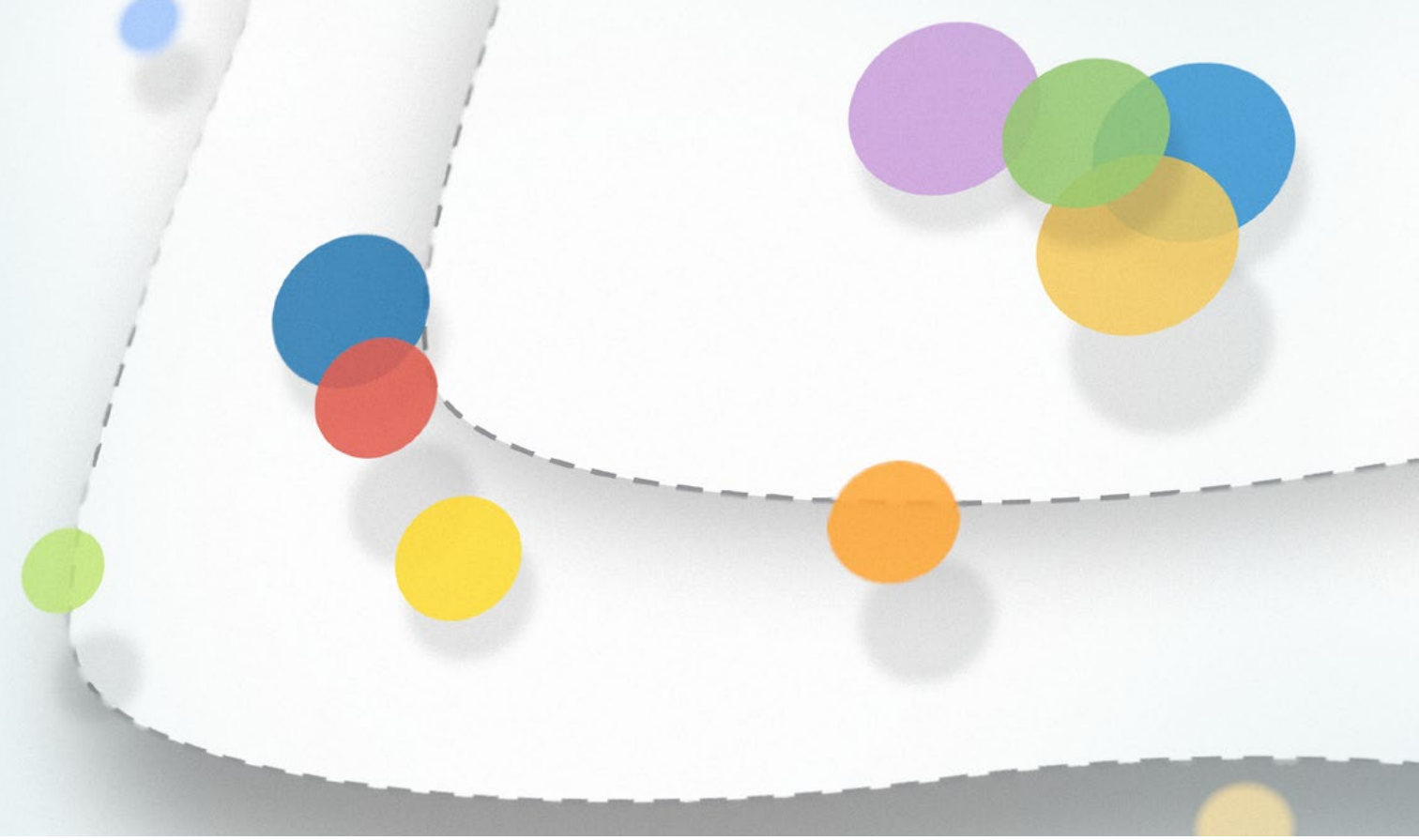
Anđela Marjanović, Clinical Data Modeller and a recognised openEHR educator

"Hive gives anyone the confidence to build with Studio. Our courses show how AQL, scripting, and APIs come together in practice, and it's amazing to watch participants grow from curiosity to creating their own real solutions."

Luka Stjepčević, Quality Assurance Specialist

Visit Hive and learn for yourself!

https://hive.better.care/



NEWS | BETTER PLATFORM

Article published: October 2025

Better named a leader in the IDC MarketScape: EMEA Healthcare Data Platforms for Providers 2025

The IDC MarketScape recognised Better for strengths in vendor-neutral interoperability, clinician-driven innovation, proven scalability and modularity, research and advanced use cases, and extensive partner ecosystem.

According to the IDC MarketScape, *"Better's emphasis on data control, interoperability, and clinician-friendly application development positions it as a high-impact innovator in Europe's healthcare digital transformation efforts."* The report also noted that *"Better Studio, the platform's low-code environment, empowers clinicians and analysts to design and deploy applications without needing software engineering expertise."*

The report went on to note that *"Better Platform supports a wide range of deployment models, from single hospitals and regional care networks to full-scale national systems, adapting to diverse*

governance structures, integration needs, and compliance frameworks."

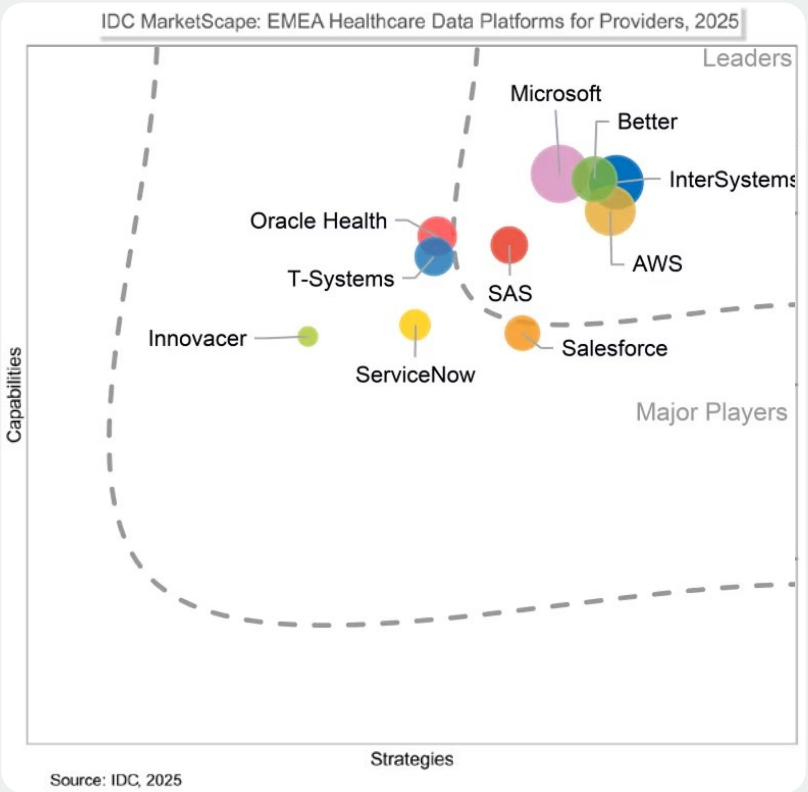
Better open digital health platform follows the principle of data for life, ensuring that health data remains accessible, reusable, and interoperable across systems and care settings. Built on a modular three-layer architecture, consisting of the Better Clinical Data Repository (CDR), Better Studio, and Better Portal, the platform enables healthcare organisations to modernise their data infrastructure, accelerate application development, and enhance clinical workflows securely and at scale.

National and regional deployments all over Europe

Better Platform supports both national and regional deployments and has been adopted across over 1,000 institutions in 28 countries, including major implementations in the United Kingdom, Switzerland, Finland, Germany, and Sweden. Better Platform is powering systems such as the Universal Care Plan for London, the National EHR in Greece, Slovenia, and Malta, as well as more than 60 hospitals in Finland, and several university hospitals in Germany and Switzerland. It is also the core health data platform for Karolinska University Hospital in Sweden.

"We believe being recognised as a Leader by the IDC MarketScape is a testament to our mission to make healthcare data open, reusable, and future-proof," said **Tomaž Gornik**, CEO and founder of Better. *"We believe that healthcare systems thrive when data is liberated from applications and used to empower clinicians, patients, and innovators. This recognition reinforces the value of open standards such as openEHR and FHIR in driving digital transformation across Europe and beyond."*

IDC MarketScape vendor analysis model is designed to provide an overview of the competitive fitness of technology and suppliers in a given market. The research methodology utilises a rigorous scoring methodology based on both qualitative and quantitative criteria that results in a single graphical illustration of each supplier's position within a given market. The Capabilities score measures supplier product, go-to-market and business execution in the short-term. The Strategy score measures alignment of supplier strategies with customer requirements in a 3-5-year timeframe. Supplier market share is represented by the size of the icons.



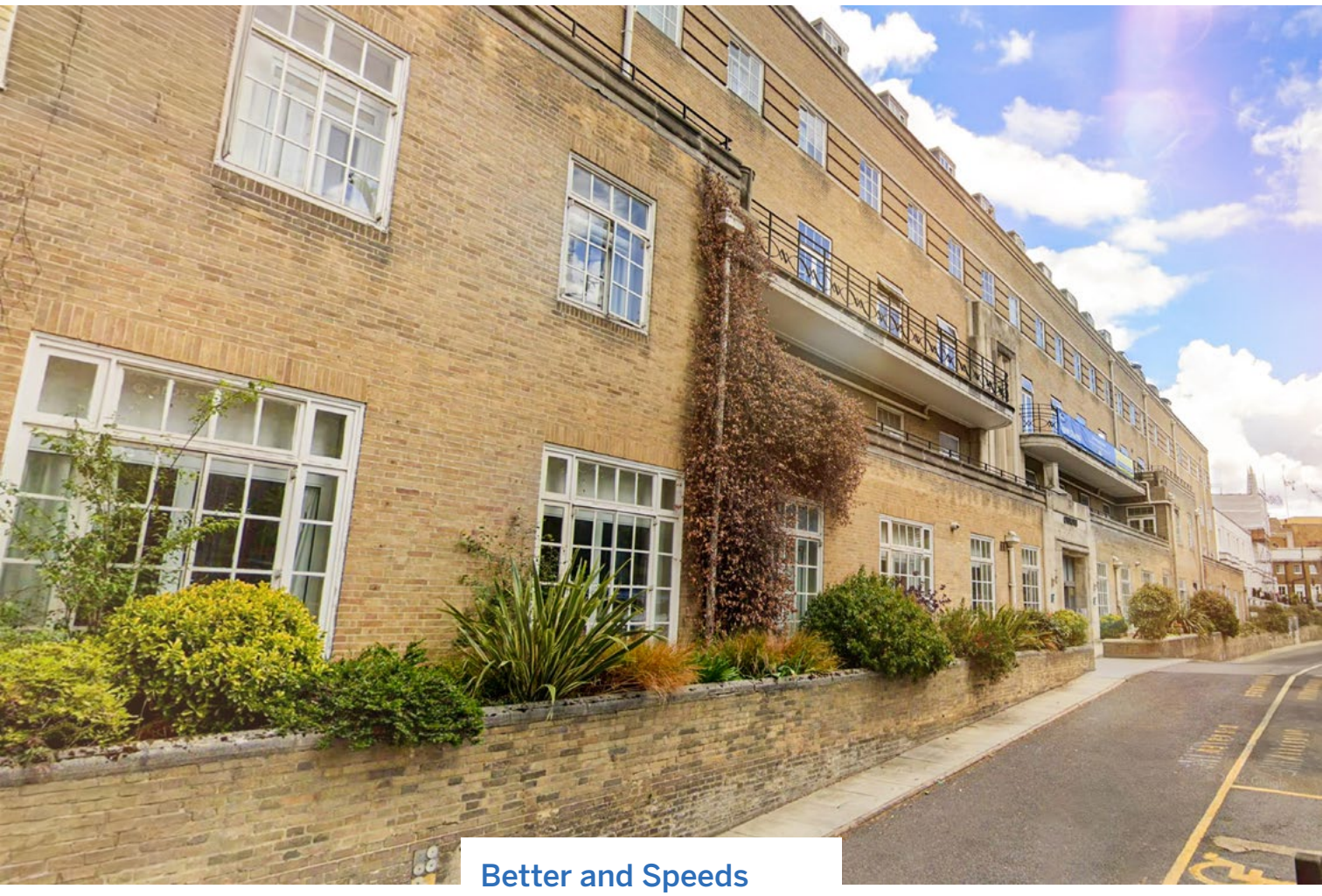
***Source**: IDC MarketScape: Europe, Middle East, and Africa Healthcare Data Platforms for Providers 2025 Vendor Assessment, September 2025, IDC #EUR150494623.*

Get your copy of the excerpt

IDC MarketScape provides a clear framework in which the product and service offerings, capabilities and strategies, and current and future market success factors of IT and telecommunications vendors can be meaningfully compared. The framework also provides technology buyers with a 360-degree assessment of the strengths and weaknesses of current and prospective vendors.

Article published: July 2025

Partnering with Speeds Healthcare to strengthen medicine management across private mental health services



Better and Speeds Healthcare, an out-sourced medicines management provider to the independent sector, have agreed to roll out the Better Meds solution across 55 mental health sites in the UK. The first one, Cygnet hospital, has already gone live.

The strategic partnership between the companies involves services moving from manual recording on paper charts and whiteboards to streamlined, electronic prescribing and medicine management with clinical decision support to enhance patient safety.

Peter Bradshawe, CEO at Speeds Healthcare, said: *"Our partnership with Better marks a significant*

milestone in Speeds Healthcare's digital journey. Better Platform will enable our clients to deploy clinical skills more effectively, helping staff to focus more time on care for patients and introduce better safeguards through intelligent digital workflows. This change will also redefine how our pharmacists interact with healthcare professionals and patients, allowing a shift towards more clinically led services. In this first phase, over 2,000 users will move from paper systems to secure, streamlined electronic records."

"As a pharmacist, I welcome the opportunity to reshape how we deliver care. By reducing manual tasks, our pharmacists can focus more on what really matters, supporting patients directly to improve their health outcomes."

Enhanced safety and less administrative work

Better Meds will replace manual checks throughout the workflows and introduce automated prompts and safeguards to reduce risks further. Crucially, patients will benefit from enhanced safety, and nurses will be able to reallocate their time away from burdensome administrative tasks and paper management back into the activities for which they are specially trained.

The implementation is staggered over three phases. Phase one has already gone live in November at Cygnet Healthcare, which is one of the UK's leading private providers of mental health and social care services with over 150 centres and nearly 11,000 dedicated professionals. This implementation will inform further stages of the rollout, with the intention of the system being live across sites by the end of 2026.

Discussing why Speeds Healthcare chose to collaborate with Better, Peter explained: *"In addition to the system's ease of use and its well-respected place in the public sector, it is clear that Better have not simply been trying to impose an NHS workflow onto a private setting. They understood the need for flexibility in meeting the specific requirements of independent mental health services. The Better team have shown a real willingness to think differently, make the necessary adaptations and ensure the success of this mutual partnership."*

Standardised medicine management approach

Rolling out Better Meds across sites will enable a standardised medicine management approach for all ward staff to follow. It will unlock significantly improved reporting capabilities with intelligence to monitor and improve practice and compliance. Previously, paper records limited reporting and lots of time was spent manually collating data to generate actionable insights.

Stock management will also be optimised with a digital process that will identify what medicine a patient needs and automatically generate the order. This is expected to save nurses substantial time, which they currently spend counting and replenishing stock and generating orders.

Brian Murray, Sales Director UK & Ireland at Better, said: *"This is a major partnership for Better Meds as it marks our first and exciting step into the UK independent healthcare sector. We have kicked off the implementation programme, and the Better team is really enjoying the opportunity to apply their extensive NHS expertise to an additional setting. We are keen to support Speeds Healthcare with similar seamless medication management processes that are safer for patients and more efficient for healthcare professionals."*

"By reducing manual tasks, our pharmacists can focus more on what really matters, supporting patients directly to improve their health outcomes."

Peter Bradshawe
CEO, Speeds Healthcare

Speeds Healthcare

About Speeds Healthcare

Speeds Healthcare is a leading provider of outsourced specialist medicines management services, supporting healthcare sites across the UK. Operating across multiple sectors, Speeds delivers a comprehensive range of services — including pharmacy and wholesale supply of medicines, medical equipment and consumables, clinical pharmacist support, training, and governance services such as policy development. Their focus is on helping providers improve patient outcomes while reducing risk through safer, more effective medicine management practices.

Better and CISTEC will advance openEHR-based solutions in Switzerland

Article published: December 2025

Better's strategic partnership with Swiss company CISTEC AG, a leading provider of hospital information systems, will jointly promote the development and adoption of openEHR-based solutions in Switzerland.

Through the Better Partner Development Program, CISTEC, with its well-known hospital information system KISIM, will have the opportunity to explore and test openEHR technologies and benefit from Better's expertise in open standards. The collaboration will focus on knowledge sharing, technical enablement, and the advancement of interoperability in the Swiss healthcare sector.

As part of the partnership, Better will support CISTEC in piloting openEHR-based approaches, including clinical modelling and integration testing, and will provide guidance on best practices for implementing open standards. The goal is to accelerate the adoption of openEHR in Switzerland and to help drive innovation in hospital information systems.

"For Switzerland, this collaboration represents a significant step forward in driving modern, open standard-based solutions."

Torsten Barthel
Sales Director, Better Deutschland GmbH

For the benefit of hospitals across Switzerland

"We are excited to deepen our engagement with the Swiss healthcare digital ecosystem via this partnership with CISTEC. For Switzerland, this collaboration represents a significant step forward in driving modern, open standard-based solutions. Better is committed to supporting CISTEC with our platform, tools, and technical expertise to help deliver flexible and interoperable solutions aligned with clinicians' needs," said **Torsten Barthel**, Sales Director for Better Deutschland GmbH.

Markus Käppeli, CTO for CISTEC AG, added: *"At CISTEC, we continuously innovate to improve clinical efficiency and patient care. By partnering with Better, we see an opportunity to bring openEHR foundations into the Swiss healthcare market, enabling more robust interoperability, greater adaptability, and long-term sustainability. We believe this collaboration will benefit clinicians and hospitals across Switzerland."*

The successful implementation of this partnership will help accelerate the transformation of hospital information systems in Switzerland. It will also position both companies to respond to growing demands in Europe for open standard systems, better data exchange, regulatory compliance, and flexible deployment.

University Hospital Basel moves forward with its openEHR Data Platform

Article published: December 2025

The transformation of University Hospital Basel (USB) into a fully data-driven hospital has entered an important new phase. Following last year's announcement to build a next-generation data platform, 2025 has already delivered significant progress.

The implementation of the new data platform officially began in early 2025. The consortium partners OWT, Swisscom, x-tention, and Better completed the full concept phase, setting the foundations for a unified, interoperable environment that will support USB's clinical, operational, and research needs for years to come.

Each partner continues to contribute its core strengths to the project. OWT leads the overall implementation and coordination, Swisscom supports with knowledge on architectural level and will ensure a stable and responsive support organization, x-tention drives interface development and integration expertise, and Better provides the openEHR data platform and low-code tools that underpin the entire system, ensuring long-term flexibility and future-proof architecture.

Successful installation of the platform environments

A technical milestone was reached with the successful installation of the platform environments, marking the readiness of the openEHR infrastructure on which future applications and data services will run. Work is now underway on the interfaces that will integrate the hospital's existing ecosystem, more than 200 different applications, into a coherent, standards-based architecture.

Several concrete use cases are advancing in parallel. Among the first applications to be connected is the PROMs (Patient-Reported Outcome Measures) solution from Mednota, with connectivity scheduled to go live in early 2026. This will allow USB to capture structured patient-reported data directly within the new platform, supporting better outcomes measurement, improved patient engagement, and more consistent clinical insights.

In addition, the hospital and partners are working on conceptual designs for further application use cases, including data capture for clinical and research workflows, as well as modernised approaches to data exchange and sharing. These concepts will guide the next wave of integrations and functional development.

A platform built for a data-driven hospital

For University Hospital Basel, the new openEHR-based platform is a cornerstone of its strategy to become a data-driven hospital, moving from fragmented data silos to a centralised, high-quality, structured clinical data environment.

Better events

Image credit: Better

In 2025, Better once again played an active role on the international digital health stage, attending and presenting at some of the industry's most influential events. From the UK to the Nordics, Berlin to Barcelona, each event highlighted the growing importance of open platforms, structured data, and digital health ecosystems that put people at the centre of care. Here is a look at where we have been this year.

REWIRED

Birmingham • 18 – 19 March 2025

Rewired 2025 brought together the UK's digital health community for two days of lively debates on interoperability, open platforms, data-driven care, and the future of NHS digital strategy. The Better team showcased how our open digital health platform, low-code tools, and ePMA are supporting NHS trusts and health systems across the UK.

Discussions throughout the event emphasised a shared message: with the NHS at a crucial moment, digital must be a top priority. Visitors explored how openEHR, Better Meds, Shared Care Records, and low-code application development can help organisations regain control of their data and accelerate safe, modern digital transformation. Rewired once again proved to be a key moment to connect with our partners, customers, and the wider NHS community.

DMEA

Berlin • 8 – 10 April 2025

DMEA 2025 reaffirmed its position as one of Europe's most important digital health events and a cornerstone for advancing digital transformation in the DACH region and beyond. Better engaged with healthcare leaders, clinicians, and industry innovators interested in data integration, open standards, and the future of digital care.

Discussions on AI, personalised medicine, data governance, and interoperability were the centre of attention, and it was great to see they all closely aligned with the Better vision. Our team demonstrated how an openEHR-based digital health platform breaks down data silos, supports integrated care, and empowers organisations with tools like Better Studio and PROMs. The booth was busy throughout, reflecting strong interest in structured, vendor-neutral, future-proof data platforms.

HIMSS

Paris • 10 – 12 June 2025

At this year's HIMSS Europe in Paris, the digital community discussed major themes shaping the future of healthcare in Europe: data interoperability, the European Health Data Space (EHDS), and modern digital health strategies.

Better joined forces with openEHR International at the openEHR Pavilion, meeting partners, clinicians, and innovators who share a commitment to open data and future-proof health architectures. Conversations focused on how digital platforms, low-code tools, and modular systems can help European countries implement practical steps toward data-driven healthcare.

VITALIS

Gothenburg • 20 – 22 May 2025

At Vitalis, Better highlighted the importance of data-first ecosystems, real-world implementations, and the growing demand for openEHR-based platforms built for innovation and scale. Visitors experienced live demos of the Better Platform, Studio, and Meds, discussed real examples from institutions across Europe, and explored how modern data platforms are shaping the next decade of healthcare.

The event also featured two Better presentations. **Roko Malkoč,** our Chief Product Officer, explored how traditional and modern digital health architectures can coexist to create a unified, patient-centric care model. Our Chief Growth Officer, **Jovan Pavićević**, demonstrated how low-code, data-first development accelerates innovation and reduces costs for healthcare organisations.

HETT

London • 7 – 8 October 2025

NHS leaders, innovators, and technology providers came together at HETT 2025 to discuss the future of digital care in the UK. Better was there to showcase the advancements across the Better Platform – from the Single Patient Record and care planning tools to Better Meds and the new mobile app. The event reinforced the UK's growing focus on sustainable, data-driven innovation and Better's role in supporting it.

A highlight of the event was **Brian Murray**, Sales Director UK & Ireland, speaking at the Integrated Care Forum. He shared insights from national Shared Care Record initiatives across Europe, including Slovenia, Greece, Malta, Catalonia, Finland, and Ireland, showing how a unified patient record is becoming a reality already transforming care.

EHRCON

Barcelona • 16 – 17 November 2025

EHRCON brought together clinicians, developers, policymakers, and innovators from across the world to explore the future of open data and the evolving openEHR ecosystem. As a long-standing supporter and co-developer of open standards, Better was proud to sponsor the event, present our research, and engage in activities and conversations about the next chapter of digital health.

Tomaž Gornik, co-chair of openEHR International, opened the conference alongside **Rachel Dunscombe** and **Jordi Piera Jiménez**. **Jovan Pavićević** moderated a panel on AI, standards, and openEHR, and **Benjamin Muhič**, Studio Product Director, presented the innovations combining openEHR and AI to improve how clinicians work with data. **Boštjan Lah** and **Matija Polajnar** participated in the openEHR Specifications Editorial Committee, helping to shape the technical foundations of the standard.

EHRCON 2025 confirmed once again that the future of digital health is open, built on collaboration, transparency, and the belief that data should empower people and organisations.

Meet us in 2026 at the following events

ICT&health

ICT&health World Conference
Forum 100, Maastricht
27 – 29 January 2026

digitalhealth REWIRED

Rewired
The NEC, Birmingham
24 – 25 March 2026

DMEA Connecting Digital Health

DMEA
Berlin Messe
21 – 23 April 2026

VITALIS

VITALIS
Swedish Exhibition & Congress Centre, Gothenburg
4 - 7 May 2026

HIMSS

HIMSS
Palais de Congrès, Paris
19 – 21 May 2026

Better Conference

Better Conference
The Belfry, Birmingham
15 – 16 October 2026

Better Conference

Old Thorns Hotel & Resort,
5 – 6 June 2025

Photography by: Artur Felicijan, Jaka Lozar

The Better Conference 2025 brought together healthcare leaders, clinicians, and partners from around the world. We talked about the challenges in digital healthcare, but we also talked about the solutions based on open data, built on digital health platforms, and designed for the people who use them. It was great to see the Better community share two unforgettable days of inspiration, learning, and collaboration.

140 attendees

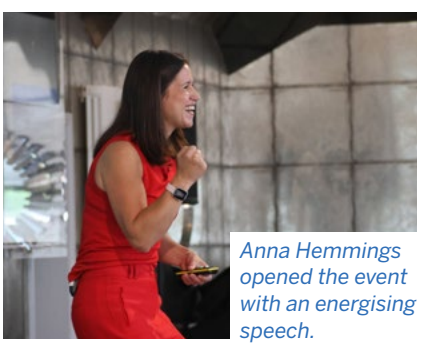
30 speakers

20 countries

9 workshops

2 days

The event opened with a keynote from **Anna Hemmings**, two-time Olympian and six-time world champion, who spoke about resilience and teamwork, a message that perfectly reflected the spirit of the Better community. **Rachel Dunscombe**, then CEO of openEHR International, discussed the data infrastructure of healthcare, while



Anna Hemmings opened the event with an energising speech.

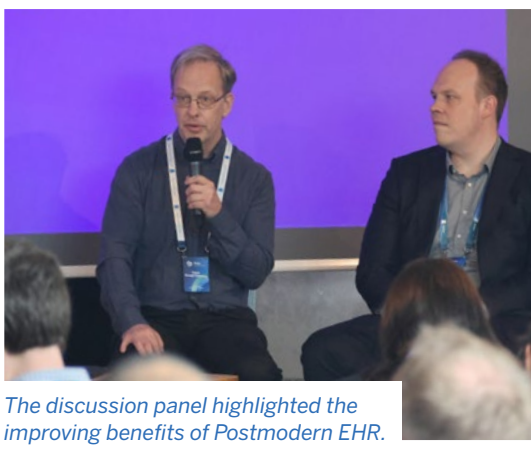
The conference was an opportunity for attendees to experience the benefits of our innovative technologies firsthand.

Xabier Michelena Vegas, CatSalut

Tomaž Gornik shared our vision for the Postmodern EHR and gave a glimpse of innovations like Patient Charts, Collaboration, Meds Mobile, and AI. **Xabier Michelena Vegas** from CatSalut presented the journey towards EHR 3.0 in Catalonia, and the panel with **Patrik Georgii-Hemming** from Karolinska University Hospital, **Kari-Antti Kuosa** from Tieto, and **Boštjan Lah** highlighted how the Postmodern EHR is already improving care.

The second part of the day focused on Better solutions and the way they are shaping healthcare all over the world. We listened to **Tomas Ince** and **Nick Tigere** from the Universal Care Plan explaining how they are constantly upgrading and expanding the UCP and enabling patient editable access.

Dr Thitikorn Nuamek (Pao), a Clinical Research Fellow from The Christie NHS Foundation Trust presented how they are implementing the electronic Patient-Reported Outcome Measures (ePROMs) into routine oncology care at the trust. And **Julia Scott**, CxIO at Dartford & Gravesham NHS Trust, closed the day with an inspiring reminder of the human connection behind every digital transformation.

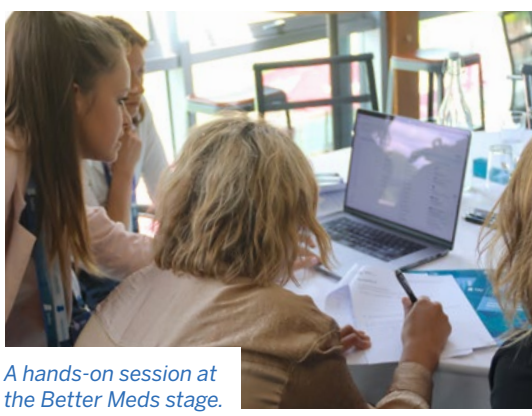


The discussion panel highlighted the improving benefits of Postmodern EHR.

Victor Okrobodo explained how openEHR ensures data consistency across all clinical settings at EHA Clinics in Nigeria.

The second day shifted from vision to practice. Attendees took part in hands-on sessions across two stages: Better Platform and Better Meds. Live coding workshops showcased how quickly applications can be built in Better Studio, while EHA Clinics demonstrated how they built a whole EHR ecosystem on top of the Better Platform, and explained how openEHR ensures data consistency across all clinical settings. Discussions on creating a Single Patient Record sparked valuable debate about data unification across systems.

Meanwhile, the Better Meds track highlighted advancements in e-prescribing, interoperability, and decision support, featuring speakers from Somerset NHS Foundation Trust, NHS Arden & GEM, and First Databank UK. The event concluded with presentations of new Better Meds features, including the Therapy Overview and Meds Mobile, designed to help clinicians stay connected wherever they are.



A hands-on session at the Better Meds stage.

The Better Conference 2025 once again demonstrated the strength of our community and our shared mission: improving health and care with better data and technology.

“Knowing that my work contributes to improving patient care is a significant motivator”

Boštjan Vester is a technical lead in the Clinical team, who has been with Better practically from the very beginning. In all those years, he has been a vital part of several systems, solutions, and healthcare applications developed. At the moment, he leads the development team, conducts daily code reviews, mentors team members, and ensures the implementation aligns with the architectural vision. Boštjan is also an enthusiastic hiker and makes his own miniature railways as well as plane and figure models.

Written by: Brina Tomovič Kandare
Photography by: Jaka Lozar
Article published: December 2025

You have been with Better almost from the very beginning. What has kept you with the company all these years, and how do you see the company’s evolution?
I have joined Better's predecessor, Marand Inženiring, in the previous millennium! The year was 1998. It was a software solutions provider, focusing on developing applications for various industries, including healthcare, telecommunications, and energy. We developed several healthcare, customer care, and billing applications, many of which are still alive today. In 2019, the company, now Better, shifted its focus more explicitly towards digital healthcare solutions and a broader market reach. Better established collaborations with prominent healthcare institutions, which helped tailor solutions to specific needs and facilitated the entry into the European market.

At the same time, adoption of new technologies and methodologies and innovation were not only allowed but encouraged. For me personally, this was always key because it empowered us to be innovative in developing foundational infrastructural libraries and high-level, customer-facing applications and products while ensuring high-quality and efficient development processes. Another big factor for my persistence at the company was its shift to healthcare. Working in the healthcare sector has been incredibly important to me because it directly impacts the well-being of actual people and patients. Knowing that my work contributes to improving patient care and health outcomes has been a significant motivator. Seeing our solutions help healthcare providers deliver better care to patients has kept me engaged and passionate about my work.

What are your prime responsibilities, and what does your work day in the Clinical team look like?
In my role as a technical lead in the Clinical team, my responsibilities are driven by both my technical knowledge of the Clinical application and my personal inclination to perfection (some might argue I push this a bit too far). Technically, I design and implement clinical modules and ensure the adoption of best practices such as object-oriented design principles and unit testing. I continuously add new features and perform refactorings to optimise and improve the Clinical application. Personally, my pedantic nature drives me to thoroughly review and refine my work, conduct daily code reviews, and emphasise the importance of comprehensive technical documentation for such a complex project.

"Working in the healthcare sector has been incredibly important to me because it directly impacts the wellbeing of actual people and patients."

A typical work day on the Clinical team involves participating in meetings to discuss progress and plans, conducting code reviews to ensure quality, and designing and implementing Clinical (and other) systems and/or modules. I collaborate with team members, mentor newcomers, and promote proven best practices in software development. Throughout the day, I focus on adding new features, performing refactorings, and maintaining comprehensive technical documentation, all while striving for perfection in every aspect of my work.

Better products and solutions have developed and changed over the years. What was the most important and complex product you have worked on, and what are you most proud of?

The most important and complex product I have worked on is definitely the Clinical Information System. This comprehensive clinical solution enhances the management and accessibility of clinical data, directly impacting patient care by improving clinical workflows. I played a key role in designing and implementing the system, addressing numerous technical challenges to ensure it was scalable, efficient, and secure. I am particularly proud of the positive impact this system has had on healthcare delivery, my technical excellence in addressing complex challenges, and my commitment to making the system well-organised and extensible. Leading the development team and mentoring team members has also been a fulfilling aspect of this project.

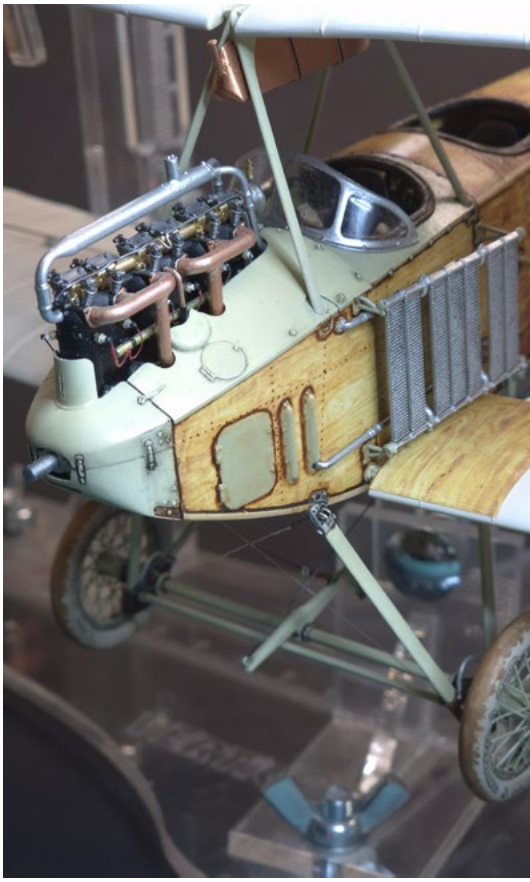
But there is also an infrastructural project which was technically superior to known libraries and frameworks of the time: MAF (Marand Application Framework). We created a unified and scalable framework designed to simplify and standardise application development, allowing developers to build presentation technology-agnostic front-end applications. The developer would use presentation-neutral programming constructs and decide later, via configuration, which presentation technology to use: Swing or HTML. This was critical at the time because current Swing desktop applications were starting to show deficiencies, but HTML applications were not quite there yet. By using MAF, we were able to delay the decision to use Swing or HTML to a later day (after the product was already finished). MAF is actively being used in the Webdoctor application at the Institute of Oncology.

After so many years of hands-on experience, what is one thing you would still love to build or improve in the product?

Currently, my mind revolves mostly around Clinical. I would love to focus more on extracting different clinical functionalities into separate modules to transition Clinical into Clinical Modules, especially because the project complexity is starting to significantly impact the efficiency and reliability of the development process. After all, the Clinical code base is 1 M+ lines of code!

You are making your own miniature railways and various plane and figure models. Where did this passion come from, and what does the process of building such a model look like?

The miniature world has always fascinated me and I wanted to be able to do this since I was a child. At the beginning, this meant slapping (too much) glue on badly prepared plastic parts and bashing them together to result in a blob of plastic hardly resembling an unpainted plane. But after years of practice and learning from pros, the results are becoming more and more "real". After starting to win competitions, I knew I was at the right level.



A detail of Boštjan's carefully modelled 1:35 Albatros B.I aeroplane

My modelling hobby is actually three hobbies combined: plastic modelling, figure painting, and miniature model railroading. They are all similar, but different at the same time, as they require slightly different skills and attention to detail. All hobbies are very time-consuming; it might take years to complete a single plane, and it will take me a lifetime to finish my latest railroading project.

What does Better mean to you?

Considering all the years working here? My second home, obviously! The family has grown quite substantially in recent years. :)

Better values

Better embarked on a mission of redefining our values. They are not new, as we already had them, we were living them, they were part of how we work. But we put them into words and gave them a new look.

Now they truly express how we care for one another, collaborate with everyone, build community, and grow as a consequence of all that.

Photography by: Sandi Fišer

Care
At Better, we care. We care about what we do, how we do it, and why we do it, because there is a better and more collaborative way to deliver healthcare. We care about our users, customers, and partners, with whom we engage responsibly and intentionally. We care about our people and each other, and we care about technology.

Collaboration
Collaboration brings new ideas, different perspectives, and new solutions, so we work together to deliver results that make a difference. We listen to understand, and we share openly and constructively. We tackle challenges and solve problems not by ourselves, but with our users, the clinical community, and across teams. We build trust in creating meaningful, people-centred digital solutions.

Community
We build community. We believe in sharing knowledge, tools, and technology so that everyone, inside and outside of Better, can benefit. From open standards to shared learning, our community grows stronger together. And we celebrate each other and our contributions.

Growth
When you sign for Better, you sign for growth. We are curious, open, and committed to delivering better technology. We learn from mistakes and are always in search of improvement. We invest in our own development, we grow, and we support others to grow. Because when we grow, we create better solutions for healthcare and better care for people.

We are Better when we move!

Our Move Better initiative continues to keep us active, connected, and motivated throughout the year, and all for a good cause! From running and hiking to skiing, swimming, and cycling, Better colleagues across countries are moving together and turning every kilometre, metre, and minute into a charity donation.

18,821 kilometres running, walking, and cycling, which is almost **halfway around the world**,

2,497 hours of workouts which amounts to **over 100 days of activities**,

823,000 altitude metres walking, skiing, and cycling, which is the same as **climbing Mount Everest 93 times**!

Let's keep moving, sharing, and being Better every year!

"Move Better is one of the best and healthiest initiatives! What I love most about it is that it connects us beyond our work. It's fun, motivating, and it reminds me how strong we are as a team. And just look at the numbers we have achieved! I'm looking forward to our activities in 2026 and all the fun ahead!"

***Urška Stanovnik**,*
Head of HR, and one of the most active athletes

"I never thought a little friendly competition with colleagues would make me move even more. And when we share that motivation across the company, it's amazing how much we can achieve together and how much good we can do."

***Samo Drnovšek**,*
Health Data Strategy & Product Marketing Manager

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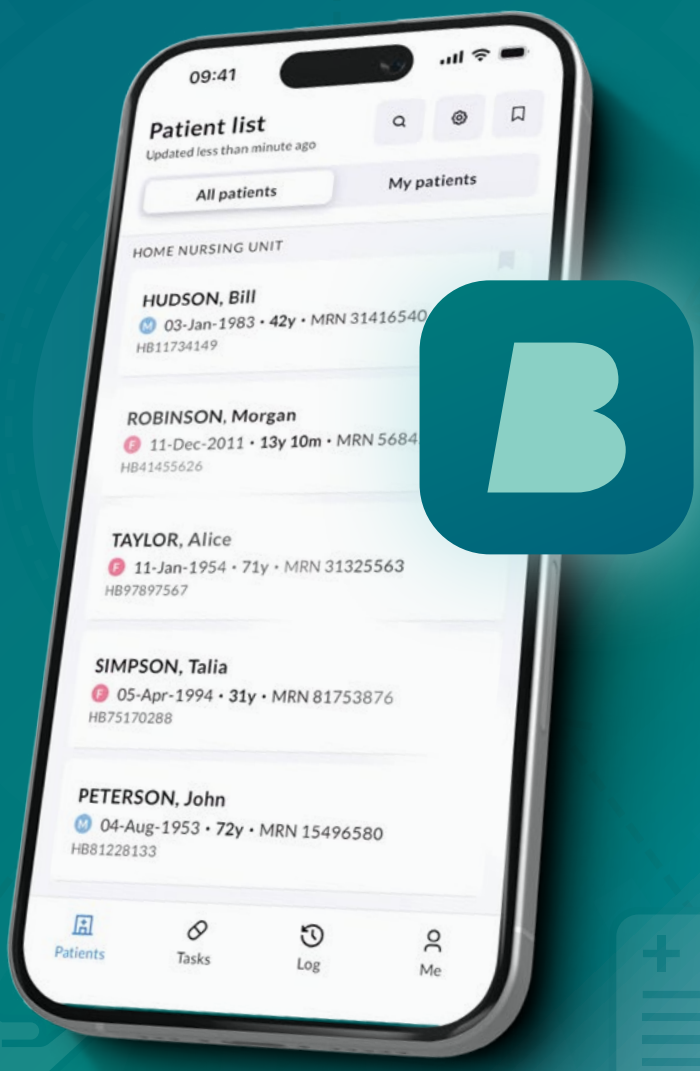

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