A TARK CHECKLIST

The Healthcare Integration Readiness Checklist

PRE-FLIGHT CHECKLIST

What to confirm before you connect anything to an EHR, so the build starts on solid ground.

BEFORE YOU BUILD

Are you ready to integrate?

Most healthcare integration pain is decided before the first line of code, in what was left undefined. Run this list before you scope or sign. If an item is not a clear yes, that is where to focus next. It applies whether you are connecting to Epic, Oracle Health (Cerner), athenahealth, eClinicalWorks, or a clearinghouse.

01 Outcome and scope

- [ ] **The outcome is written as a number.**
  For example, same-day eligibility instead of three days, or online booking that writes back to the EHR.
- [ ] **A thin slice is identified.**
  One workflow, one user, one record that delivers the outcome end to end.
- [ ] **Non-goals for this phase are listed in writing.**

02 Systems and access

- [ ] **The target system and version are named.**
  Epic, Oracle Health (Cerner) Millennium, athenahealth, eClinicalWorks, or the specific clearinghouse.
- [ ] **The access path is confirmed.**
  FHIR endpoints, an HL7 interface engine, and any vendor program or marketplace approval you need.
- [ ] **A sandbox or test environment is available.**
- [ ] **Credential and app-registration steps are understood.**
  OAuth 2.0 and SMART on FHIR client registration, keys, and who owns them.

03 Data and standards

- [ ] **The data elements are mapped, both directions.**
  What you read from the system and what you write back to it.
- [ ] **A standard is chosen per interface.**
  FHIR R4 (US Core), HL7 v2, or C-CDA, picked for reliability rather than habit.
- [ ] **Patient matching and identifiers are settled.**
  MRNs and other identifiers, and how you avoid mismatches.

04 Compliance and security

- [ ] **A BAA is in place or planned.**
  With every party that will touch protected health information.
- [ ] **PHI handling is defined.**
  Encryption in transit and at rest, role-based access, and audit logging.
- [ ] **US data residency requirements are known.**
- [ ] **Minimum-necessary and consent are considered.**

05 Reliability and operations

- [ ] **Error handling, retries, and monitoring are planned.**
  Designed in from the first sprint, not added after go-live.
- [ ] **Dependency on the vendor's uptime is understood.**
- [ ] **Go-live will not disrupt live clinical or business operations.**

06 People and accountability

- [ ] **A clinical or operations stakeholder is named.**
- [ ] **Ownership after launch is clear.**
  If an interface breaks post-launch, everyone knows who fixes it.
- [ ] **Acceptance criteria and a date exist per deliverable.**

07 Definition of done

- [ ] **"Done" is described in testable terms.**
  A non-engineer can confirm it: a patient can do X, data lands in Y, the audit log shows Z.

Some boxes still empty?

That is exactly what a short scoping call is for. We map the gaps and the fastest path to a live, compliant integration. Reach us at **hello@tarktech.com**.