

A thought leadership and advisory company working at the intersection of healthcare strategy, economics, capital formation and transformation.

# Healthcare's 'Epic' Saga

## A Two-Part Series

By David W. Johnson

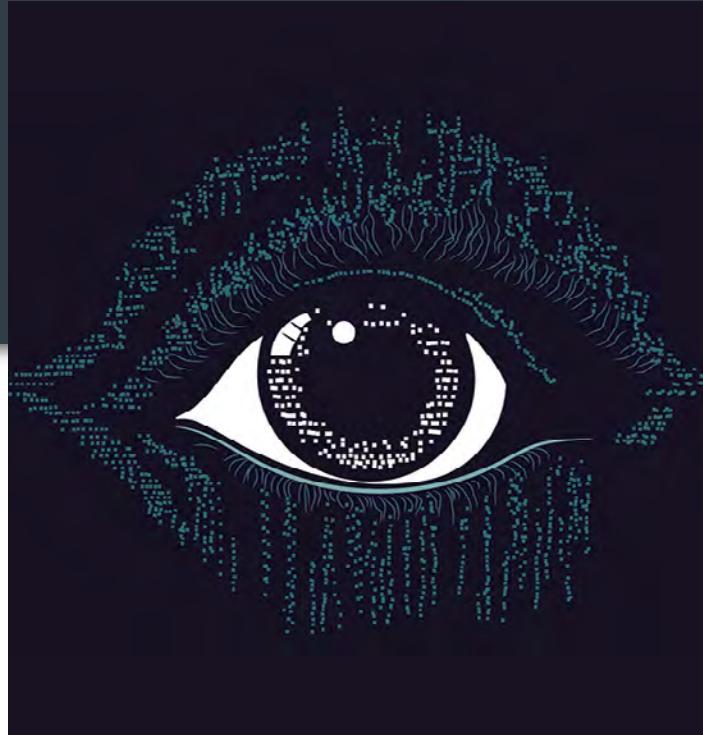
February 3, 2026

**T**here is a peculiar and pernicious form of irony embedded within U.S. healthcare's fragmented data quagmire. Irony emerges when rhetoric and reality do not align. Consequently, it becomes ironic when healthcare companies claim to place patients' interests first while operating business models that prioritize profitability over health outcomes.

Nowhere is this irony more evident than in the operations of Epic Systems Corporation, the nation's most prominent electronic health records (EHR) supplier. According to its mission statement, Epic develops software to "help people get well, help people stay well, and help future generations be healthier."

With this grandiose mission, Epic aspires to become healthcare's "digital front door." Yet, the company's walled-garden approach to data sharing and its Epic-first business practices are major impediments to system transformation and improved population health. U.S. healthcare cannot achieve its potential as long as Epic constrains access to health data.

In the course of human history, a protagonist's greatest strength often hides fundamental weaknesses. Only a mighty nation has the hubris to believe it can triumph in the face of insurmountable obstacles. Irony levels the playing field.



In Epic's case, the source of its market strength has been the company's reliance on a hierarchical software system (MUMPS) as its foundational technology. Epic's almost-fanatical commitment to MUMPS makes it extremely vulnerable to competition from companies that use relational software systems.

Unlike relational databases that separate data from code, MUMPS integrates the two. Combining data and code enables Epic to process massive, complex patient datasets with high speed, accuracy and scalability. This capability is paramount for generating accurate payment claims on behalf of individual patients for submission to third-party payers — the current bread and butter of provider business models.

## READ THE SERIES BY DAVID W. JOHNSON



### Part 1: Dueling Worldviews

Health systems gravitate to Epic because of its ability to process transactions. Other transaction-heavy industries also use hierarchical software to optimize performance. This is why the Bank of England, Barclay's, Credit Suisse, Capital One and numerous other financial services companies use MUMPS to manage their operations.

Transaction processing, however, is not healthcare delivery. To expand its range of services, Epic must retrofit clinical applications into its claims-first software architecture. This is the reason it takes Epic so long to develop new applications. It also explains why these applications are usually clunky. A transaction-processing Ferrari can never become a clinical Land Rover. MUMPS lacks the design features necessary to navigate the care delivery terrain.

MUMPS's proficiency in executing transactions limits its capacity to work across data sets to create context, generate correlations, inform decision-making and autonomously act where appropriate. As the healthcare industry achieves data interoperability and migrates toward intelligent platforms, Epic's prominence within the ecosystem will diminish. This is the conclusion I reached after authoring the following two commentaries in HFM magazine:

- In "[Dueling Worldviews](#)" (October 2025), I contrasted the visions of Epic's Judy Faulkner and Alphabet's Ruth Porat regarding healthcare's AI-powered future.
- In "[Epic's Profound Identity Crisis](#)" (December 2025), I explored how health data interoperability will transform healthcare delivery and its impact on Epic's current business practices.

The two commentaries work well as a series. Dive into them. It is impossible to understand the dynamics of healthcare operations



### Part 2: Epic's Profound Identity Crisis

and the forces disrupting them without appreciating Epic's dominant role within the massive healthcare ecosystem.

As 2025 crossed into 2026, Epic finds itself navigating through turbulent waters. It is engaged in contentious litigation on data sharing with Particle Health, CureLS Healthcare and Health Gorilla, among others. In December 2025, the Texas Attorney General's Office sued Epic "[for their unlawful monopolization of the electronic health records industry](#)."

Nothing threatens Epic's market stature more, however, than the federal government's push to achieve full health data interoperability by July 2026. The obstacles blocking interoperability are political and cultural, not technological. CMS is pursuing interoperability through a [voluntary pledge program](#). As of Feb. 1, 2026, more than 600 companies and individuals, including Epic and me, have signed the pledge. Don't bet against its success.

Epic needs to remain a vital, if smaller component, of the healthcare ecosystem. The government-led movement to achieve health data interoperability creates a role for companies, like Epic, that source patient health data.

With a unified data infrastructure, intelligent self-learning platforms will generate insights and engage end-users as never before. In the process, U.S. healthcare will become more balanced (with health), more equitable, and easier to access with better outcomes at lower costs..

As this new era of health and wellbeing unfolds, Epic cannot and will not become healthcare's digital front door. As this reality becomes apparent, the U.S. system will save Epic from itself.

---

## AUTHOR



**David Johnson** is the CEO of 4sight Health, a thought leadership and advisory company working at the intersection of strategy, economics, innovation, and capital formation. Dave wakes up every morning trying to fix America's broken healthcare system. Prior to founding 4sight Health in 2014, Dave had a long and successful career in healthcare investment banking. He is a graduate of Colgate University and earned a Master's in Public Policy from Harvard Kennedy School. Employing his knowledge and experience in health policy, economics, statistics, behavioral finance, disruptive innovation, organizational change, and complexity theory, Dave writes and speaks on pro-market healthcare reform.

His first book, **"Market vs. Medicine: America's Epic Fight for Better, Affordable Healthcare,"** and his second book, **"The Customer Revolution in Healthcare: Delivering Kinder, Smarter, Affordable Care for All"** (McGraw-Hill 2019), are available for purchase on [www.4sighthealth.com](http://www.4sighthealth.com). Get his new book with Paul Kusserow, **The Coming Healthcare Revolution: 10 Forces that Will Cure America's Healthcare Crisis**, now.