

Blessing Health System Achieves Successful Epic Go-Live Supported by Application Rationalization and a Disciplined Data Conversion

Blessing Health System, a not-for-profit health system serving the Tri-State region around Quincy, Illinois, set out to replace a fragmented landscape of legacy electronic medical records with a single Epic platform. The move was the largest technology undertaking in the organization's recent history, and its success depended on a question that is easy to underestimate: what data lives where, and how does it get into Epic accurately?

To answer that question, Blessing partnered with MediQuant for application rationalization, data conversion, and legacy data archiving with Epic integration. Before a single record moved, MediQuant helped Blessing take inventory of its full application portfolio, identify the true source of truth for each data set, and decide what to convert into Epic, what to archive, and what to retire. That groundwork carried directly into a clean conversion of years of clinical history into the new system.

Blessing went live on Epic in March 2026. Clinicians and end users report that the converted data is accurate and usable from day one, MediQuant met every conversion milestone on Epic's timeline, and the same partnership now extends into Blessing's active archiving program.



13-month

Epic implementation. MediQuant met every conversion deadline set by Epic and Blessing, including aggressive ones.



3 years

of clinical history per patient converted directly into Epic so the patient's story was complete on the first day of care.



2 Core

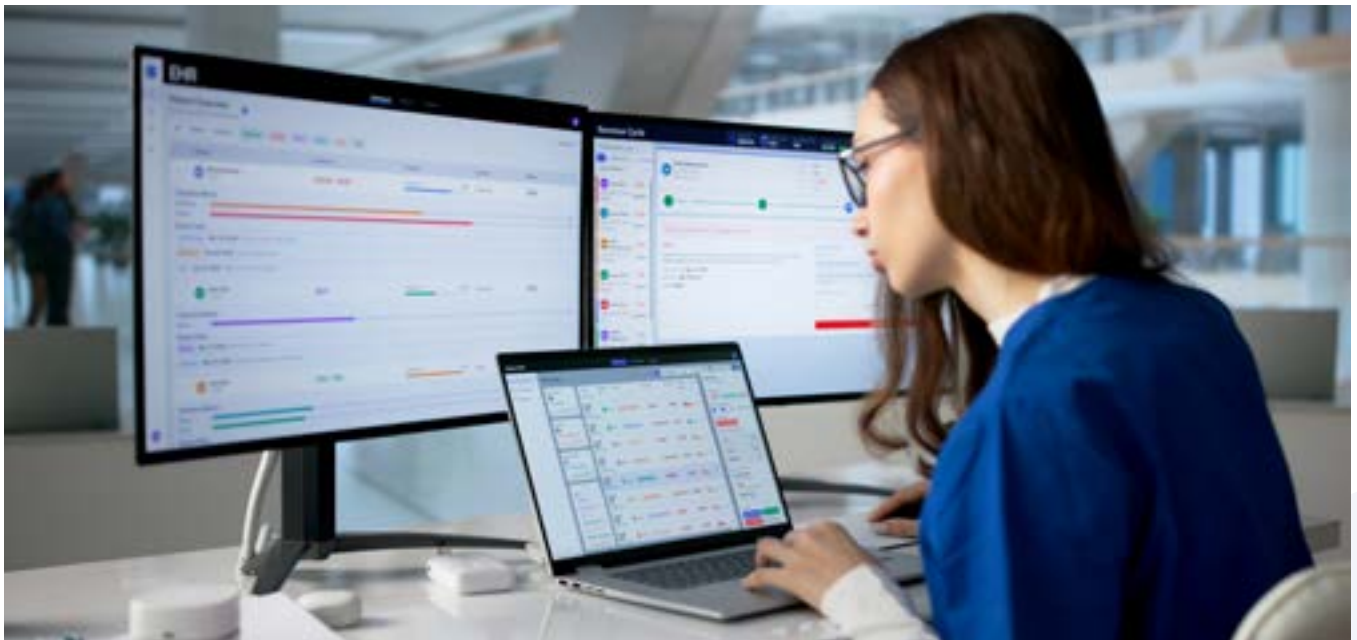
EMRs and hundreds of third-party systems assessed and rationalized to determine what would be converted, archived, or retired.

Challenge

A Fragmented Application Landscape Ahead of a Single-Platform Migration

Blessing's decision to move to Epic was driven by a single objective. "Our number one true north was streamlining," said Lea Ann Eickelschulte, Chief Information Officer at Blessing Health System. "We needed a single system to deliver top quality care for our patients."

The reality underneath that goal was a fragmented environment. Blessing operated two primary EMRs, one for the inpatient setting and one for its clinics, both built on legacy Allscripts and Altera platforms. Surrounding those systems were many third-party and ancillary applications, and the EMRs did not consistently exchange data with one another. In some cases, the same clinical information lived in more than one place, and staff had built manual workarounds to reconcile it. The organization could not move that data into Epic with confidence until it understood, application by application, where each data set originated.



Two risks made the stakes clear. The first was continuity of care. Legacy data is part of each patient's record, and providers needed timely access to it from the first day on Epic. "The legacy data is a part of the patient's story," Eickelschulte said. "We needed to access that data very timely, whether it was a year ago or ten years ago, with no barriers in front of our providers." The second risk was the conversion itself. Epic's implementation timeline was demanding, third-party vendors that Blessing was leaving had little incentive to help, and the work of preparing legacy data sat squarely between Blessing and its conversion partner. Epic staff are not permitted to view the screens or databases of a legacy system, which placed the burden of analyzing and transforming that data on Blessing and MediQuant together.

Solution

Application Rationalization First, Then a Source-of-Truth Conversion

Blessing evaluated conversion and archiving vendors through peer references and a review of each vendor's track record. MediQuant stood out for two reasons that mapped directly to Blessing's situation: **a consistent history of collaborating across the customer team and the Epic team, and hands-on experience with the specific legacy platforms Blessing was retiring.**

Blessing also made a deliberate choice to use one vendor for both conversion and archiving. "We needed the consistency across the decisions, and we needed the experience on both ends," Eickelschulte said. "Ten-year-old data is just as important from an archive perspective as converted data is for clinical operations. We needed those conversations to come from one vendor." That decision kept conversion and archive decisions aligned rather than splitting them across teams that did not share context.

The engagement began before any data moved, with an application rationalization process that Blessing referred to internally as data stewardship. MediQuant worked through Blessing's portfolio application by application, asking detailed questions about how each system was used, what data it held, and where that data actually originated. The exercise surfaced more than Blessing

expected. "You really don't know where you are going to go or how to get there until you look at what you have today," Eickelschulte said. "When you start lifting the covers on each application, you find you have a lot more questions than you thought you had."

The most consequential finding was that the source of truth for a given data set was often not the EMR where clinicians viewed it, but a third-party system feeding that EMR through an interface. Identifying those sources changed where the conversion would pull from. It also gave Blessing the basis to decide, with MediQuant's input, which applications could be retired, which data needed to live in Epic permanently, and which data did not belong in Epic at all. Rather than a routine inventory, the process became the foundation of every downstream conversion and archive decision.



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— Lea Ann Eickelschulte, CIO

Implementation

Platform Expertise, Tight Coordination With Epic, and a True Partnership

With scope and sources of truth defined, MediQuant's experience with Blessing's legacy platforms reduced friction throughout the conversion. Because the team had worked in both the Allscripts and Altera environments before, Blessing did not have to teach them where data lived. "They knew the tables and they knew the databases," said Chris

Vlasvich, IT Project Manager at

Blessing Health System. "We handed over the scope and they were able to provide the data extracts accordingly. They spoke the same language we did." That expertise mattered most where Epic could not assist. Since Epic personnel cannot see legacy screens, MediQuant's analysis and preparation of the data was the bridge between the old systems and the new one.

The conversion ran on a weekly cadence that brought the Blessing conversion team, MediQuant, and Epic to the same table. "It was one of the better collaborations I have seen across vendors," Vlasvich said. The group used those meetings to manage Epic's demanding milestones, work through awareness and decision points as the data was examined more closely, and keep operational and clinical leaders informed about which data would be pulled, from where, and for what look-back period. Converting clinical data into Epic is rarely a clean one-to-one mapping, and the iterative load process required real analysis to transform legacy data into a form Epic could accept.

Operational and clinical engagement was a defining feature of the work. Blessing convened a workgroup with representation from every operational area, and providers sat at the table for the decisions that shaped the build. The group debated questions as specific as how many years of a given result type to convert versus archive. Those debates, sometimes heated, gave the IT team confidence that build decisions reflected the needs of the people delivering care.

Eickelschulte drew a distinction that summarized the relationship. "I have worked with vendors over the years, and some of them are vendors and some of them are partners," she said. "The partners are the ones you can sit down with and have real talk, including the uncomfortable conversations." Timelines were tight, and there were moments when each side asked the other for grace. **"We could sit down and have very pointed conversations and make sure we were all looking at the same end goal," she said. "That is what a partner does."**



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Results

A Successful Go-Live and Data Clinicians Trust

Blessing went live on Epic in March 2026, and by the organization's own measures the conversion was a success. The converted records gave providers a complete patient history from the first day of care rather than a blank slate. "On the first day we saw patients in Epic, we could not have a blank slate of their history," Eickelschulte

said. "The patient's story had to be there." For most patients that meant roughly three years of converted clinical history available directly in Epic, with the added benefit that patients themselves could trend their own results, such as a recurring lab value, through the patient portal.

The conversion held to Epic's schedule. "They hit every deadline that Epic and Blessing threw at them," Vlasvich said. "Some of those were aggressive and the team still met them." The end-user response confirmed the quality of the work. "Our clinicians and end users are all very pleased with the data we brought over and converted into Epic," he said.

Just as important, the application rationalization work meant that the data which reached Epic came from the correct source systems and reflected deliberate decisions about what to keep, what to archive, and what to leave behind. Blessing entered its go-live with a clear understanding of its own application portfolio, which is a position many organizations do not reach until well after a migration is complete.



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Future Outlook

From a Completed Conversion to an Active Archiving Program

With Epic live and the conversion complete, Blessing has turned to the archiving phase of the program with MediQuant and its DataArk® platform. The same source-of-truth decisions made during application rationalization are guiding which legacy systems are archived and decommissioned, so that historical data remains accessible without the cost and risk of maintaining outdated platforms. Blessing is also evaluating MediQuant's validation services to address the resource constraints that make data validation difficult to staff internally. The conversion proved the partnership; the archiving work is where it continues.

Legacy EMR and Application Environment Addressed

Allscripts and Altera EMR platforms (inpatient and ambulatory), plus numerous integrated third-party and ancillary clinical and administrative systems.

Advice for Other Health Systems

Both Blessing leaders offered guidance for organizations preparing for an Epic migration and a legacy data strategy.



Start the conversion and archive evaluation alongside the EMR selection. Blessing signed with Epic in November 2024 and went live in March 2026, and in hindsight wished it had begun the conversion and archive vendor search during the EMR RFI rather than after. Beginning earlier would have allowed more time for the intensive discovery sessions that application rationalization requires.



Build a dedicated conversion workgroup with operational and clinical representation. Decisions about what data to convert, how far back to go, and what belongs in an archive should be made by the people who use the data, not assumed by IT alone.



Choose a partner with direct experience in your specific legacy platforms. Experience with the exact EMRs being retired removes the need to teach the partner where data lives and reduces the back-and-forth that slows a conversion under a tight Epic timeline.



Invest the time in application rationalization before converting anything. Understanding the current state, and confirming the true source of truth for each data set, prevents conversion decisions that look reasonable on the surface but pull from the wrong system. “Some of the decisions we made would not have been the same if we had made them off the cuff,” Eickelschulte said.



Plan for validation resources early. Validating converted data requires clinicians who can confirm it is accurate, and pulling those staff from patient care is difficult. Organizations without that capacity in-house should plan for it, including through partner-provided validation and staff augmentation.

For More Information



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