# The MEDITECH Legacy Data Archiving Playbook: 5 Essential Considerations

Extracting and archiving legacy data from MEDITECH systems presents unique complexities. Is your hospital prepared?

*A report from Harmony Healthcare IT and Blue Elm*

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# Introduction

Hospitals and health systems are increasingly moving to decommission legacy systems and archive decades of historical data. A recent survey of CHIME members found that 43% say their organization will undertake a legacy data archiving project in 2026 — with projects often driven by cost reduction pressures, security concerns, and the need to optimize IT resources.

For organizations planning to archive data from MEDITECH legacy systems, these archiving initiatives present unique complexities. MEDITECH's proprietary architecture, decades of version evolution, and extensive customization capabilities — particularly in older MEDITECH platforms — require specialized expertise spanning both extraction and archiving processes.

**This report outlines five critical considerations for hospitals planning MEDITECH archiving projects — insights that will help you avoid common pitfalls and position your project for success.**

## Insights Grounded in MEDITECH Expertise

This report draws on perspectives from extraction, conversion, and archiving specialists at Harmony Healthcare IT and Blue Elm, a Harmony Healthcare IT company that specializes in MEDITECH data solutions. The combined expertise offers readers a comprehensive view of MEDITECH data extraction challenges and healthcare archiving best practices.

Referenced survey data come from a survey of CHIME members commissioned by Harmony Healthcare IT and conducted independently by CHIME in November and December 2025.


# Consideration #1: Proprietary Architecture

The proprietary nature of MEDITECH systems makes data extraction fundamentally different from other EHR platforms, in which data access is more open. Older MEDITECH versions in particular (MAGIC and Client/Server) have a hierarchical data structure.

"MEDITECH systems are built differently than other EHRs," explains John Mackey, Founder and President of Blue Elm, a Harmony Healthcare IT Company. "The proprietary data structures and hierarchical organization mean you can't use standard extraction approaches that work with other platforms."

This affects every aspect of a MEDITECH data archiving project, from extraction to conversion to archiving. Organizations that underestimate this fundamental difference often experience repeated extraction failures and delays before recognizing the need for a specialized partner.

> **"Many organizations have reached out to us after spending months struggling to extract data because they didn't partner with specialists with the necessary depth of MEDITECH knowledge and specialized extraction tools."**
>
> – **Brian Liddell,** President and CFO, Harmony Healthcare IT

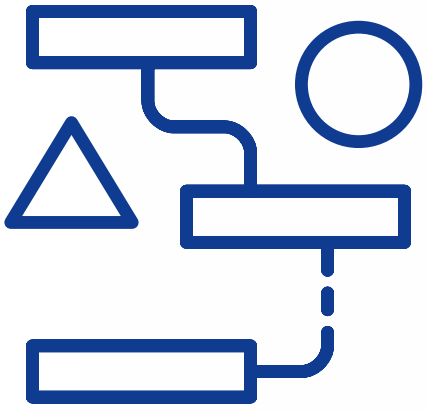
# Consideration #2: Hidden Data Complexity

Extracting data for archival purposes is challenging enough on its own, but the scope of data involved in these projects makes it even more complex. In many cases, MEDITECH migrations include decades of data accumulated across multiple versions, such as Client/Server, MAGIC, 6.x, and Expanse. Organizations must also account for archival packs, archived data and reports, and even data stored on optical disks.

"Many MEDITECH hospitals have 20 to 30-plus years of data spanning multiple versions," says Alex Walker, VP of Development at Blue Elm. "Hospitals often underestimate the technical challenge involved in extracting data cleanly from these systems. All of this needs to be extracted and converted into a consistent format within the legacy data archive."

Another hidden data complexity involves the archiving of data from ancillary systems that interface with MEDITECH, such as LSS, PTCT, and Picis, and OnBase, says Jennifer Fortin, EVP of Business Development at Blue Elm. "End users see the data as MEDITECH data, but behind the scenes, our extraction pulls from a variety of areas."

> **When you're archiving data from MEDITECH systems that have been in place for decades, legacy storage formats like tape can be part of that landscape. Our team specializes in understanding, extracting and preserving MEDITECH data to ensure access and compliance."**
>
> – **Amanda Mais,** FACHDM, VP of Data Integration, Harmony Healthcare



# Consideration #3: Unstructured Content

A major data complexity in MEDITECH platforms is the sheer volume of unstructured content — things like free-text documentation, clinical reports, and scanned documents. These require specialized handling during extractions and conversions.

"There's structured information like a patient's name or field data, but there's also a lot of unstructured information like free text in reports," Walker explains. "Being able to navigate that and make it useful is extremely important during these projects."

MEDITECH-specific document types — such as those stored in MEDITECH Text and Document (MTDD) or MEDITECH Text Archive (MTA) formats — require particular expertise, says Amanda Mais, FACHDM, VP of Data Integration at Harmony Healthcare IT.

"These formats combine scanned content with text-based documentation in ways that are unique to MEDITECH environments," she explains. "With MEDITECH's unique document formats, you need experts who understand exactly how to extract and preserve that content."

> **Our goal is to preserve the look and feel of unstructured content so archive users see it as it appeared in the native MEDITECH system. If a lab tech is looking at an inquiry report, the content and layout should closely match the MEDITECH output."**
>
> **– Alex Walker,** VP of Development, Blue Elm


## Case Study:
# Magnolia Regional Health Center

When Magnolia Regional Health Center in Mississippi upgraded from MEDITECH MAGIC to 6.1, it faced more than 20 years of legacy data across multiple MEDITECH versions, eight legacy applications, and 350,000+ patient records.

The organization partnered with Harmony Healthcare IT to implement an active archive solution providing patient-centric access with single sign-on from its current MEDITECH system. The solution also included A/R wind-down capabilities, eliminating manual data entry for legacy financial records.

**"Harmony's project management methodology is stellar in the industry,"** said Brian Davis, Magnolia Regional Health Center's CIO. **"The team is knowledgeable and passionate about what they do."**

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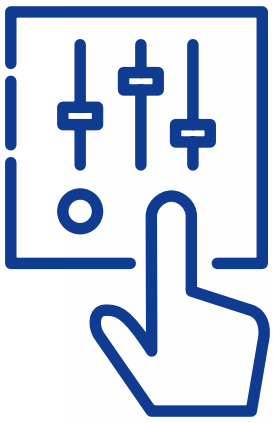


# Consideration #4: Customization Management

Beyond the challenges of proprietary architecture, version evolution, and unstructured content, there's another hurdle: customization. MEDITECH systems, particularly older versions, are highly customizable in terms of workflows, clinical documentation, and data structures. While this flexibility benefits system users, it complicates extraction and archiving projects.

"Organizations can really tailor the types of workflows within Meditech — everything from lab ordering processes to radiology exam impressions," says Walker. "All of that needs to be accounted for when extracting and converting to an archive."

The Harmony Healthcare IT and Blue Elm teams have encountered creative examples of this customization challenge. In one case, a hospital had repurposed a field in a patient listing screen to track whether patients had a knee replacement or other device implant. The field's original purpose had nothing to do with medical devices, but staff had developed a workaround to ensure this information could be captured and viewed in patient encounters.

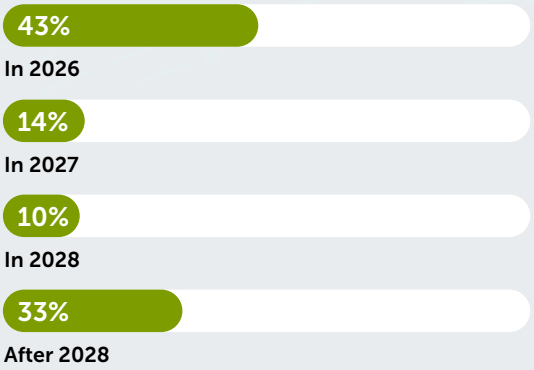
"Depending on the amount of customization applied within the legacy system, extraction and archiving efforts may require additional requirements gathering, development work, and validation," says Mais. "This ensures custom workflows and data structures are properly captured and represented in the archive."

> **We often say, 'If you've seen one MEDITECH hospital, you've seen one MEDITECH hospital.' We find something different in every system."**
>
> **– Jennifer Fortin,** EVP Business Development, Blue Elm

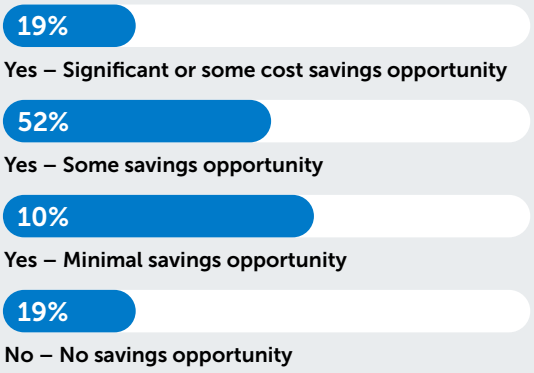
# Survey Snapshot: The Growing Case for Legacy Data Archiving

The benefits of a well-executed MEDITECH archiving project extend far beyond compliance and cost savings. Organizations gain improved data accessibility, reduced IT maintenance burden, and the ability to fully decommission legacy systems with confidence. A Q4 2025 survey of 21 CHIME members underscores the growing recognition of legacy data archiving's value:

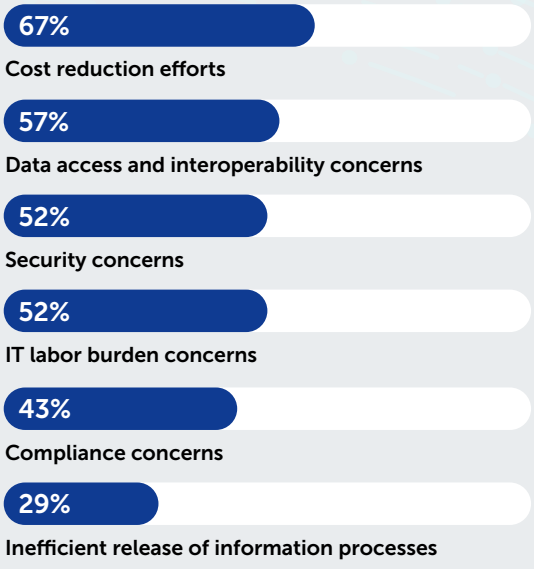
**When do anticipate your next legacy data archiving project will take place?**




**Does decommissioning legacy applications represent a cost savings opportunity for hospitals and health systems?**




**What are the top factors driving your legacy data archiving decisions?**




**Source:** *Q4 2025 Survey of 21 CHIME members commissioned by Harmony Healthcare IT and conducted independently by CHIME.*

# Consideration #5: Institutional Knowledge

One key consideration when embarking on MEDITECH archiving projects is the amount of institutional knowledge regarding how the system was configured, customized, and is currently used. As systems age and staff turnover, the team members familiar with these topics often leave or retire, taking that critical knowledge with them. This is especially problematic for systems that haven't been actively used in years.

"There's often the question of how people are actually using the MEDITECH system today," says Walker. "It may end up being just one person in the medical records department, for example, who knows how to log into the system and knows the five things they do with it. The broader institutional knowledge becomes lost."

To address this challenge, archiving project leaders should combine whatever internal knowledge remains with deep system expertise from a highly experienced archiving partner. Those combined insights can then help determine the optimal archiving approach.

"Gather any internal subject matter experts or institutional knowledge, and then provide system access to your archiving partner," Mais recommends. "Your archiving partner's specialists will have extensive experience navigating these systems and can investigate to understand what data exists, where it exists, and what other systems are connected."

> **"CIOs or CFOs may see the line item for what they're paying for the legacy system, and they may see the security risk of keeping it around, but they may not fully understand the implications of offlining that system — including who's using it and in what capacities."**
>
> **– Alex Walker,** VP of Development, Blue Elm

# Positioning Your Hospital for Success

Archiving legacy data from MEDITECH systems presents unique complexities that require specialized expertise and careful planning. Organizations that approach these initiatives with a clear understanding of these needs, and that partner with vendors with proven experience, are much more likely to experience a streamlined project.

The most effective MEDITECH extraction and archiving partners offer end-to-end services, from initial assessment and extraction through conversion, archive implementation, and legacy system decommissioning. This comprehensive approach ensures continuity and accountability throughout the initiative.

"One of the biggest advantages of working with a partner experienced in both MEDITECH extraction and archiving is the seamless handoff between project phases," explains Liddell. "When the same team understands both your source system and your archive requirements, you avoid errors and delays that can occur when working with multiple vendors."

**Ready to discuss your MEDITECH archiving project? Contact Harmony Healthcare IT today to learn how our expertise in MEDITECH extraction, conversions, and archiving can help your organization achieve a successful transition.**

## Eight Key Questions to Ask When Evaluating Vendors

1. How many MEDITECH archiving projects have you completed across different versions?
2. What extraction methodology do you use — proprietary tools, manual reporting, or RPA?
3. Do you extract directly from transactional environments or rely solely on the data repository?
4. How will users access archived MEDITECH data from our current EHR?
5. What is your approach to data validation and ensuring extraction quality?
6. How do you manage system resources during extraction to avoid disrupting operations?
7. Can you provide references from organizations with similar MEDITECH environments?
8. What is your typical timeline for a MEDITECH archiving project of this size and complexity?

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