QHIN Selection Guide

2026 EDITION

THE COMPLETE COMMONWELL INTEROPERABILITY QHIN SELECTION GUIDE

Nationwide Connectivity • TEFCA™ Readiness
Identity, Access & Exchange

commonwell® HEALTH ALLIANCE

Executive Summary

Nationwide interoperability is now a strategic requirement as regulatory expectations, patient access mandates, and cross-network care coordination continue to expand. Selecting the right Qualified Health Information Network (QHIN) is essential for compliance, efficiency, and long-term scalability.

CommonWell Health Alliance provides a vendor-neutral, nationwide platform for identity services, record location, secure exchange, and patient access within a trusted governance framework. As a designated QHIN, CommonWell enables organizations to participate in TEFCA-aligned exchange while maintaining flexibility across systems and partners.

This QHIN Selection Guide outlines the key considerations for evaluating CommonWell connectivity and building a strong business case to achieve sustainable interoperability and measurable value.

The National Interoperability Shift: Requirement or Opportunity?

U.S. health care is undergoing the largest infrastructure shift since the EHR Incentive Program.

TEFCA; nationwide exchange frameworks; and federal pressure on data usability, patient access, and cross-vendor interoperability are reshaping expectations.

CommonWell Health Alliance (CW) — a vendor-neutral, nationwide network that now operates as a designated QHIN — provides the shared services and governance required to support secure person-matching, record-location, and clinical data exchange at scale.

Key Market Dynamics

- 230 million personal records (over 400 million individual personal records)
- 1.23 billion documents provided
- Providers increasingly required to participate in nationwide frameworks
- Identity & Access Services (IAS) rising as a core requirement for CMS compliance (for example, a 287% growth in just six weeks*)

*Per ELLKAY data from 1/12/26-2/23/26 for total of IAL2 Patients

Strategic Implications

Health care organizations face a critical choice. Choose a QHIN-aligned, vendor-neutral network now, or risk falling behind on federal compliance and nationwide exchange capabilities.

The Interoperability Landscape

Market Transformation Overview

Nationwide interoperability has shifted from optional to essential. Regulations, patient expectations, and the rapid expansion of multivendor care episodes require seamless data exchange.

Traditional Exchange vs. Nationwide Interoperability
Traditional Interop

Traditional Interop	TEFCA-Aligned Nationwide Interop
✗ Point-to-point connections	✓ National, framework-based connectivity
✗ Limited identity matching	✓ Shared Person-Matching (MPI)
✗ Unpredictable data quality	✓ Standardized, governed exchange
✗ Fragmented patient data	✓ Unified cross-network access

CommonWell Overview & Network Positioning

What CommmonWell Provides

CommonWell delivers a suite of shared interoperability services including:

- **Identity Services (MPI)** – Person-matching across disparate systems
- **Record Locator Service (RLS)** – Locates clinical documents across the nationwide ecosystem
- **Query & Retrieve Broker Services** – Standardized cross-network exchange
- **TEFCA Connectivity** – As a QHIN, serves as a nationwide exchange access point
- **Patient Access Services (IAS)** – Enables app-based individual access to health records

Market Position

CommonWell's value to its Members and the industry as a whole rests on three pillars:

1. **Identity** – Shared nationwide identity infrastructure ensures high-quality person-matching.
2. **Access –** Permissioning, trust framework, and governance enable compliant exchange.
3. **Exchange** – Nationwide connectivity across EHRs, payers, post-acute, digital health, and emerging care models.

Network Snapshot

90+ members including EHRs, HIT vendors, payers, and digital health platforms
125,000+ provider sites actively exchanging
226 million unique individuals matched across the MPI
Over 1 billion documents exchanged per month

Interoperability Features That Drive Business Value

Core CommonWell features and why they matter

Master Patient Index (MPI) — The CommonWell MPI collects patient demographics data to create patient indexes so that clinical records can be easier to find.

Record Locator Service (RLS) — The Record Locator Service handles the association of the organizations to each of the patient records so that the network knows where to go to query for clinical data whenever a request is made.

Data Broker — Standardized, secure data retrieval that fits into clinical workflows.

Trust Network — Policies, identity proofing, and logging necessary for compliance and risk management.

Feature Priority Checklist (for your organization)

Use this sample checklist to evaluate whether a QHIN can meet your desired interoperability, compliance, and scale requirements.

TEFCA Readiness
□ Officially designated QHIN
□ Supports required TEFCA exchange purposes
□ Proven production experience

Identity & Trust
□ Identity & Access Services (IAS) aligned with TEFCA/CMS
□ Delegation of Authority (DOA) support
□ Strong governance and trust framework

Patient & Record Discovery
□ Master Patient Index (MPI)
□ Record Locator Service (RLS)
□ Accurate, nationwide record discovery

Network Scale
□ Broad national network across care settings
□ Proven real-world adoption and usage

Interoperability Flexibility
□ Connectivity beyond TEFCA (e.g., Carequality)
□ Supports multiple exchange models without re-implementation

Operational Maturity
□ Reliable, production-grade platform
□ Clear onboarding and participant support

Customer Success Use Cases

- Record Discovery: Nationwide patient-matching and record location across disparate systems
- TEFCA Enablement: Production TEFCA participation without independent QHIN operations
- Identity & Trust: Secure access and delegation aligned to TEFCA requirements
- Multi-Framework Exchange: One connection supporting multiple exchange frameworks
- Operational Scale: Reliable, high-volume exchange in production environments

Next Steps for Choosing a QHIN

To move from evaluation to execution, organizations should follow a focused, time-bound approach.*

1. Validate Network Alignment (30 Days)
    - Confirm that your primary EHR and health IT partners support connectivity through CommonWell Health Alliance.
    - Identify the providers, partners, and care settings you most frequently exchange data with.
    - Verify that your priority use cases (treatment, patient access, care transitions) are supported.

2. Assess Readiness & Total Cost (60 Days)
    - Complete a technical and operational readiness assessment.
    - Review membership, onboarding, and integration costs.
    - Define internal resource requirements and governance structure.

3. Build the Business Case (90 Days)
    - Quantify expected clinical, operational, and compliance benefits.
    - Develop a three-year cost and ROI model.
    - Secure executive sponsorship and budget approval.

*Timelines are estimates. Actual timing will vary.

4. Launch a Pilot (3–6 Months)
    - Select a high-impact pilot use case and limited set of sites.
    - Complete onboarding and testing.
    - Validate performance, usability, and workflow integration.

5. Scale & Optimize (6–12 Months)
    - Expand connectivity across the organization.
    - Monitor key performance metrics and adoption.
    - Establish ongoing governance and optimization processes.

QUESTIONS?

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