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WHITE PAPER

Trusted health data exchange

A practical US healthcare framework for secure, scalable, and responsible information sharing



Introduction

The United States (US) has made substantial progress in digitizing healthcare. Most hospitals and clinicians now rely on electronic systems, and national initiatives are creating more consistent ways to exchange information. Yet patients, clinicians, health systems, payers, and technology partners still encounter fragmented records, repeated connections, inconsistent rules, and lengthy onboarding processes.

The issue is no longer whether two systems can connect. The larger question is whether organizations can exchange information at scale with shared confidence in identity, privacy, security, permitted use, and accountability.

A trusted health data exchange framework addresses this business challenge. It establishes a reusable foundation, so participating organizations do not rebuild the same legal, governance, and security arrangements for every new relationship. Establish trust once, then apply it repeatedly across clinical care, value-based care, quality reporting, population health, artificial intelligence (AI)-enabled workflows, regulatory compliance, and future initiatives.

For executive leaders, the value extends beyond interoperability. A reusable trust foundation reduces the cost and complexity of onboarding partners, accelerates new initiatives, improves governance consistency, and creates a scalable platform for analytics, AI, and regulatory reporting. Organizations spend less time building connections and more time generating value from trusted information assets.



The next chapter of interoperability is a trusted, reusable data foundation that supports analytics, population health, regulatory reporting, automation, and AI.

For healthcare leaders, this is an opportunity to reduce administrative friction, improve continuity of care, strengthen oversight, and prepare for responsible AI use. It also complements the nationwide foundation already being advanced through the Trusted Exchange Framework and Common Agreement (TEFCA), Qualified Health Information Networks (QHINs), and federal interoperability programs.[1] [2]

[1] Office of the National Coordinator for Health Information Technology. (2026, September 3). *Advancing nationwide interoperability with TEFCA.* https://www.healthit.gov/policy/tefca

[2] Office of the National Coordinator for Health Information Technology. (2026, July 27). *Interoperability.* https://www.healthit.gov/interoperability

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The leadership imperative

Health information follows a patient across many organizations: hospitals, physician practices, laboratories, pharmacies, health plans, post-acute providers, public health agencies, and digital health platforms. Each transition creates a need for timely, accurate, and appropriately governed information.

When the exchange environment is fragmented, the consequences extend beyond technology:



Clinicians may make decisions without a complete view of the patient.



Patients may repeat tests, histories, or administrative steps.



Organizations could incur unnecessary costs through duplicate interfaces, repetitive contracting, repeated security reviews, and lengthy partner onboarding.



Security and privacy expectations may vary from one relationship to another.



Analytics, population health, and AI initiatives may struggle to scale because trusted, governed, and reusable data assets are not consistently available.

These challenges affect far more than information exchange. They increase operating costs, slow strategic initiatives, create governance complexity, and make it harder to scale analytics, AI, and value-based care programs. In an increasingly data-driven healthcare environment, an organization's ability to exchange trusted information has become a competitive and operational imperative.

What “trusted exchange” means

Trusted exchange means that organizations share an agreed set of expectations before information moves. Participants understand who is asking, why the information is needed, what may be shared, how it will be protected, and what happens if obligations are not met.

Trust question	Plain-language meaning
Who is participating?	The organization, system, or application has been verified.
Why is data requested?	The request has a legitimate and permitted purpose.
What can be shared?	Access follows privacy, consent, policy, and minimum necessary expectations.
How is it protected?	Common security, monitoring, and incident response requirements apply.
Who is accountable?	Roles, responsibilities, and consequences are clear.

This approach does not require one national database or a transfer of ownership. Organizations retain control of their own systems and information while participating through shared rules and trusted networks.

The US foundation already in place

The US is not starting from zero. Regulations, interoperability initiatives, and industry standards introduced over the last several years have already pushed healthcare organizations to establish many of the foundational elements required for trusted exchange. The opportunity now is to understand how these efforts fit together and use them as the basis for a trusted exchange strategy.



TEFCA: Creates a nationwide "network of networks" and a common baseline for exchange across organizational and network boundaries. The first QHINs were designated in December 2023, and exchange began shortly thereafter.[1]



QHINs: Serve as recognized networks that connect participants and support exchange under common requirements.



Federal interoperability policy: Promotes access to electronic health information and discourages practices that improperly interfere with access, exchange, or use.[2]



Fast Healthcare Interoperability Resources (FHIR)-based application programming interfaces (APIs): Provide a modern, standardized way for authorized applications and organizations to request and use health information.[3] [4]



Centers for Medicare & Medicaid Services (CMS) interoperability initiatives: Advance patient, provider, payer-to-payer, and prior authorization information sharing. Major API requirements for impacted payers primarily take effect in 2027.[4]

Together, these initiatives provide the foundation for trusted exchange. The next step is translating that foundation into an enterprise framework that can be applied consistently across the organization.

[3] Muir, C., & Swenson, A. (2024, January 3). *FHIR roadmap for TEFCA exchange V.2: FHIR APIs are on their way into TEFCA exchange. ONC Blog.* https://www.healthit.gov/blog/interoperability/fhir-roadmap-for-tefca-exchange-v-2-fhir-apis-are-on-their-way-into-tefca-exchange

[4] Centers for Medicare & Medicaid Services. (2026, August 31). *2024 CMS interoperability and prior authorization final rule (CMS-0057-F).* https://www.cms.gov/initiatives/burden-reduction/overview/interoperability/policies-regulations/cms-interoperability-prior-authorization-final-rule-cms-0057-f

Five elements of an enterprise trust framework

National interoperability initiatives provide the foundation for trusted exchange, but organizations still need a practical operating model that can be applied consistently across partners, technologies, and use cases. While every organization's approach will vary, successful trust frameworks generally share five common elements. Together, they establish a repeatable foundation that can support everything from clinical exchange to analytics, regulatory reporting, and AI initiatives.



Shared governance: A cross-functional body sets priorities, approves participation rules, resolves conflicts, and monitors outcomes. Governance should include clinical, operational, privacy, legal, security, data, and technology leadership.



Reusable agreements: Common participation terms reduce the need to negotiate a different arrangement for every exchange partner. Agreements should clarify permitted uses, responsibilities, incident response, and accountability.



Verified identity and access: Organizations must reliably know who is requesting information and ensure access is appropriate to the request. Leaders need confidence that identities, credentials, and permissions are consistently managed.



Common operating standards: Technical details should be translated into practical expectations for availability, response times, data quality, monitoring, issue management, and service continuity.



Ongoing oversight: Trust is not a one-time approval. Participants should be monitored, risks reassessed, incidents addressed, and access removed when requirements are no longer met.

With these elements in place, organizations establish trust once and apply it across new exchange relationships, use cases, and initiatives. The benefits compound across the ecosystem: more complete records for patients, faster access for clinicians, lower onboarding and integration costs for health systems, smoother exchange for payers, and more dependable reporting for public health.

The connection is the mechanism. The reusable foundation is the value.

Where Infor fits

Once an enterprise trust framework is in place, technology is what puts it to work. Some capabilities establish and manage the trusted data foundation. Others draw on that foundation to deliver analytics, quality reporting, and AI. The summary below reflects only product names and capabilities described in publicly available Infor™ materials.

Building the trusted data foundation

These capabilities create the trusted data foundation needed to exchange, standardize, govern, and manage healthcare information across organizational boundaries.

Infor capability	Foundation role
Infor Cloverleaf™	Moves data across providers, payers, and life sciences organizations in real time, with support for Health Level Seven (HL7) FHIR, Da Vinci, Clinical Document Architecture (CDA), HL7 Version 2 (v2), and X12.[5]
Infor FHIR Bridge	Translates legacy data such as HL7 v2, CDA, and X12 into FHIR and back, so existing systems can participate in the FHIR ecosystem without costly upgrades or replacement.[6]
Infor FHIR Server	Stores, manages, and serves clinical data as FHIR at scale, providing a central, standards-based access point for apps, analytics, and partner integrations.[7]

[5] Infor. (n.d.). *Healthcare integration engine & software | Infor Cloverleaf.* https://www.infor.com/products/cloverleaf

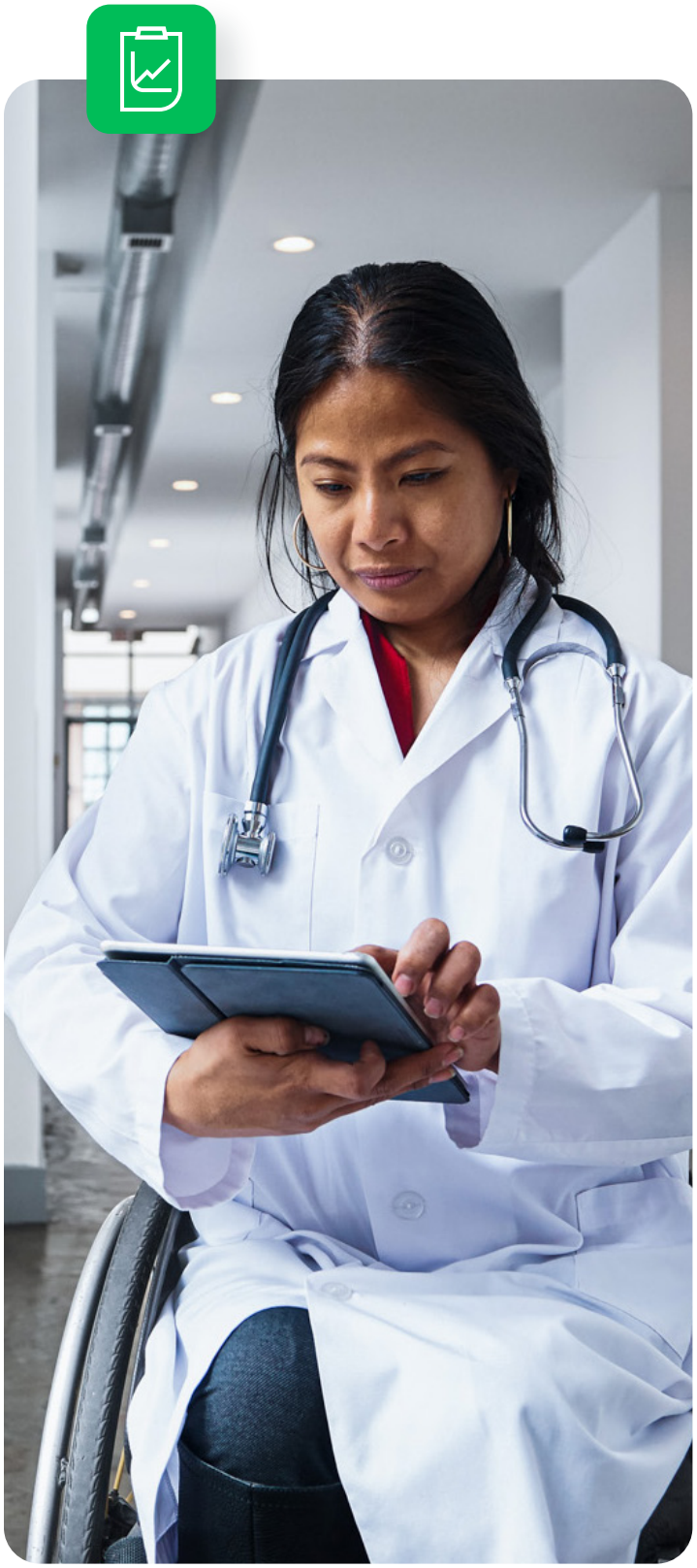
[6] Infor. (n.d.). *FHIR services | Integration & implementation | Infor Cloverleaf*. https://www.infor.com/products/cloverleaf/fhir-services

[7] Infor. (2026). *Infor FHIR Server: Scalable FHIR infrastructure for modern healthcare data exchange [Brochure].* https://www.infor.com/resources/cloverleaf-fhir-server

Applying trusted data to analytics and AI

Trusted exchange is the starting point, not the payoff. The value comes from what organizations do with trusted data once it is available. With a governed foundation in place, organizations can turn reliable information into quality insights, better decisions, and responsible AI.

Infor Population Health Analytics is one example. It transforms interoperable clinical data into population-level quality insights that support value-based care, quality reporting, care-gap visibility, and audit-ready outputs.[8] The same trusted foundation that makes this possible is also what makes analytics and AI dependable because models and measures are only as the governed data they rely on.



AI raises the stakes on trust

AI can only deliver value when organizations can trust their data. The reliability of analytics, machine learning, and generative AI depends on the quality, governance, and accountability of the information beneath them. A trust framework does not make an AI tool safe or effective on its own, but it establishes the conditions for responsible use: clear accountability for who supplies and uses information, defined limits on how data is used, visibility into participating applications, consistent monitoring, and a way to suspend access when risk appears. The most practical step is to hold AI vendors and applications to the same trust expectations as any other exchange partner. The same questions still apply: who is participating and accountable, why is the data needed, what may be shared, and how is it protected.

[8] Infor. (2026, April 21). *Population health analytics for value-based care.* https://www.infor.com/blog/infor-population-health-analytics-launch

A practical roadmap for healthcare leaders

Healthcare organizations do not need to build this foundation alone. The roadmap below offers a practical path for moving from fragmented exchange to governed, reusable interoperability, whether an organization is just beginning or extending work already underway.

1. **Establish the business case:** Identify where fragmented exchange is affecting care, administrative cost, patient experience, regulatory readiness, or strategic growth.

2. **Inventory trust relationships:** Map the networks, vendors, partners, contracts, applications, and data-sharing arrangements already in place.

3. **Define a common trust baseline:** Create a minimum set of participation, privacy, security, operational, and accountability expectations.

4. **Prioritize high-value use cases:** Start where trusted exchange has the clearest impact, such as standards-based interoperability, FHIR adoption, prior authorization workflows, population health analytics, quality reporting, and care-gap visibility.

5. **Align technology investments with long-term strategy:** Evaluate how national frameworks such as TEFCA, QHIN participation, CMS API requirements, FHIR, and Da Vinci workflows fit your long-term goals, along with the interoperability platforms that support them.

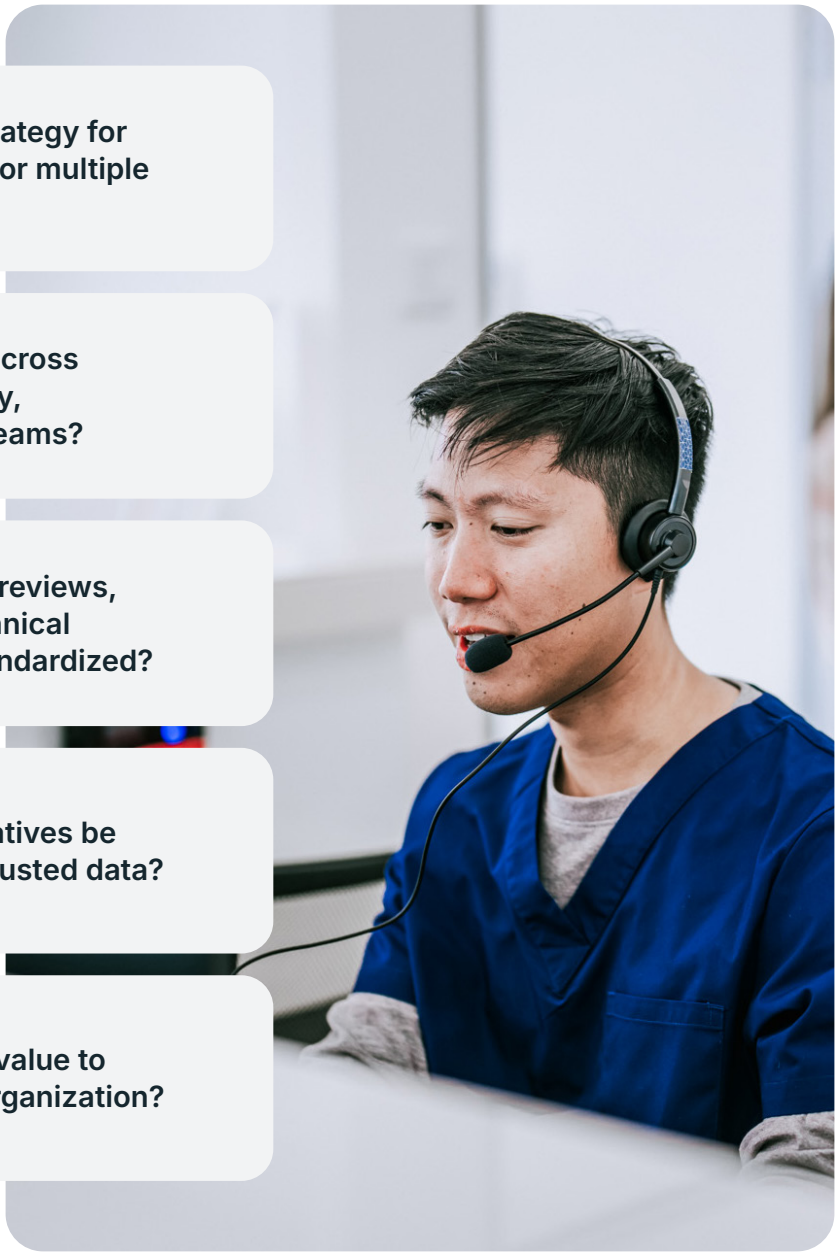
6. **Extend governance to AI:** Require AI applications and service providers to meet the same trust and oversight expectations as other exchange partners.

7. **Measure outcomes and expansion potential:** Track time to onboard, cost per connection, exchange reliability, information completeness, security events, user adoption, clinical or operational impact, and opportunities to expand into population health, value-based care, automation, and AI-enabled services.



Questions for the executive team

- Do we have one enterprise strategy for health information exchange, or multiple disconnected initiatives?
- Who owns trust governance across clinical, legal, privacy, security, operational, and technology teams?
- Where are we repeating legal reviews, security assessments, or technical connections that could be standardized?
- How will analytics and AI initiatives be governed and supported by trusted data?
- What measures demonstrate value to patients, clinicians, and the organization?



Trusted exchange as a strategic business capability

Healthcare has spent decades digitizing information and connecting systems. The next phase is creating a trusted, reusable data foundation that can support analytics, population health, regulatory reporting, automation, and AI. Organizations that establish this foundation will be better positioned to reduce complexity, improve governance, accelerate innovation, and get more value from the information they already hold.

Trusted exchange is more than an interoperability initiative. It is a strategic business capability. It lets healthcare organizations scale new partnerships, support emerging technologies, and respond more effectively to what comes next. The organizations that succeed will be those that move beyond individual connections and establish a framework for trust that can be applied consistently across the enterprise.





About Infor

Infor is a global leader in business cloud software products for companies in industry-specific markets. Infor builds complete industry suites in the cloud and efficiently deploys technology that puts the user experience first, leverages data science, and integrates easily into existing systems. Over 67,000 organizations worldwide rely on Infor to help overcome market disruptions and achieve business-wide digital transformation.

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See how Infor helps you put trusted health data to work

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