International Foundation for Integrated Care

November 2025

INTEGRATED CARE ANNUAL SURVEY 2025 CHART PACK

Are shared electronic care records the answer to fragmented care?

This chart pack

The International Foundation for Integrated Care is making this chart pack available for anyone to use.

It should be used in conjunction with the narrative summary report produced for the Integrated Care Annual Survey 2025.

Please use the citation below and included on each slide when using the resources in this chart pack.

Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

Acknowledgements

The authors would like to acknowledge the invaluable contribution of the following people in producing this Annual Survey:

Fiona Lyne
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Niamh Daly Day
Rachel Harris
Hilary Horlock

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Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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1. About the survey

How the survey was developed, conducted and analysed

- The IFIC Annual Survey started in 2022 and is an international survey of IFIC's network participants.
- It provides **international** data about our networks experience of integrated care in practice.
- This chart pack sets out the headline and summary findings from the quantitative responses to the **2025 Annual Survey.** The accompanying report sets out all the findings including qualitative analysis of the free text survey responses and the focus group outputs.
- The survey was developed in response to one of the findings of previous Annual Survey's. Shared electronic care records have been consistently cited as a critical enabler or constraint for integrated care. The research team for the Annual Survey 2025 worked with experts in shared care records in the context of integrated person-centred care to design a survey to answer the questions: ***Are shared electronic care records having a positive impact on people's experience of care coordination and continuity where they are in place? How do they change the way care teams are able to work together?***
- A short Briefing Paper "Are shared electronic care records the answer to fragmented care for people at the centre of care and health care workers?" was published by the writing team as background reading for survey respondents that summarised the concepts relevant to shared electronic care records as set out in the literature.

IFIC has 26,000 network participants on its data base

153 people responded to the 2025 survey

Of these **136 surveys** were included in the analysis

Respondents came from **29 countries** around the world

The highest number of respondents were from Canada (33) closely followed by the UK (30)

Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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How the survey was developed, conducted and analysed

- The scored responses in the survey were analysed using descriptive statistics and the free text responses were analysed using thematic codes identified from the research literature.
- Developed from previous Annual Surveys, respondents were clustered into 4 groups for analysis:
  - Person at the centre of care or accessing services (this also includes family members and informal carers)
  - Health and care provider (this includes health and social care professionals, paid carers, voluntary sector providers and service managers)
  - Policymaker (this includes regional and national planners and funders, policy-makers_
  - Academic and/or researcher
- Past Annual Survey Reports can also be found on the IFIC website.
- In a departure from previous surveys, in 2025, respondents were invited to volunteer to take part in focus groups to explore themes emerging from the Survey in more detail.
- A summary of the qualitative analysis of the survey free text responses and the focus groups is presented in the report which accompanies this chart pack.

Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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Survey design

Question number	People at the centre of care and informal carers	Health and care providers	Policy makers	Researchers
1	Consent			
2	Country			
3	Age			
4	Gender			
5	Role			
6 | 10 | 15 | 20	Access to or use ECRs			
7 | 11 | 16 | 21	ECRs are shared across providers			
8 | 12 | 17 | 22	Shared ECRs lead to a better experience of care coordination and continuity			
9 | 13 | 18 | 23	Why do you think that is?			
14 | 19 | 24	N/A	Is there anything you can do or are doing as a health and care worker or service manager to promote shared electronic care records?	Is there anything you can do or are doing as a policy maker, planner or funder to promote shared electronic care records?	Is there anything the system needs to do or are doing to promote shared electronic care records?
25	Invited to participate in focus groups			

Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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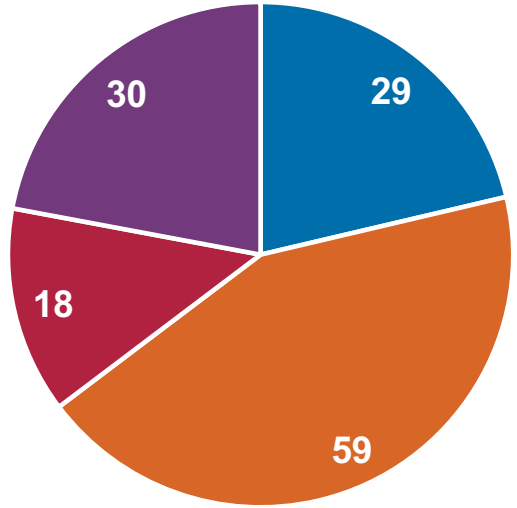
Respondents in each group



N=136

- Person at the centre of care or accessing services (this also includes family members and informal carers)
- Health and care provider (this includes health and social care professionals, paid carers, voluntary sector providers and service managers)
- Policymaker (this includes regional and national planners and funders, policy-makers)
- Academic and/or researcher

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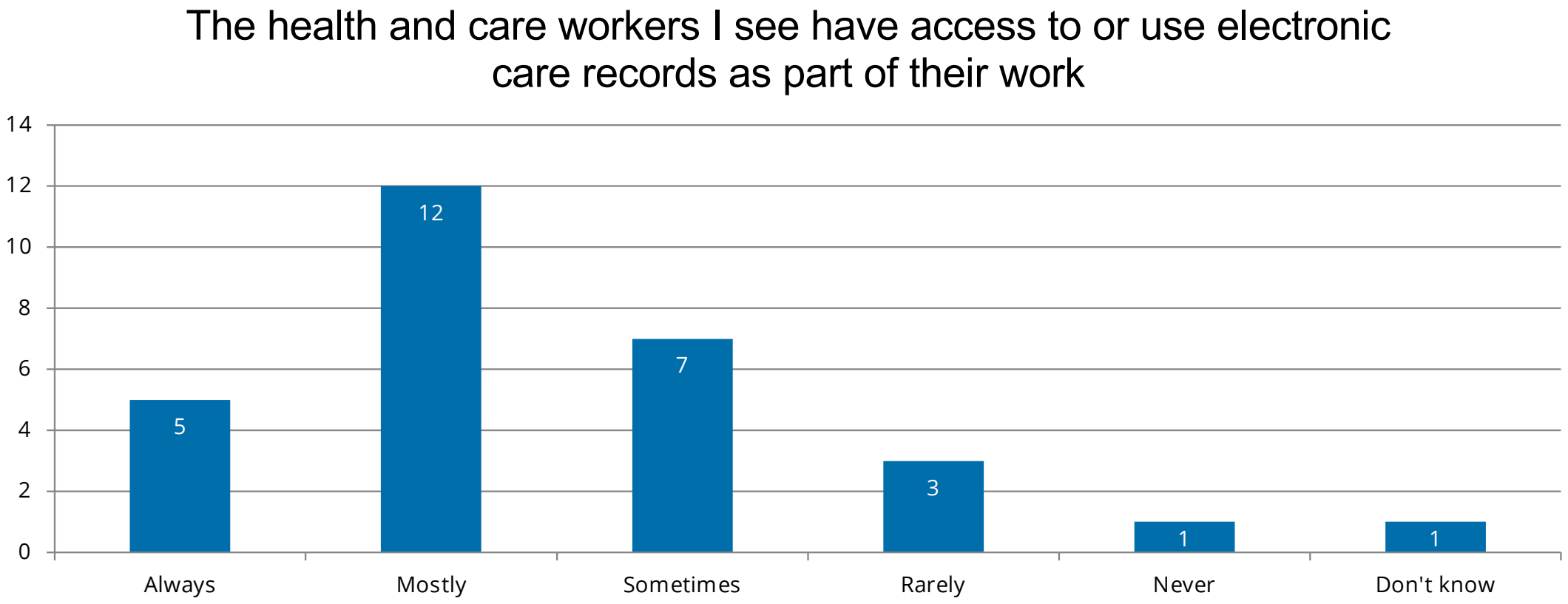
2. People at the centre of care's experience of shared electronic care records

Q6: The health and care workers I see have access to or use electronic care records as part of their work (n=29)

All 29 People at the centre of care responded to this question



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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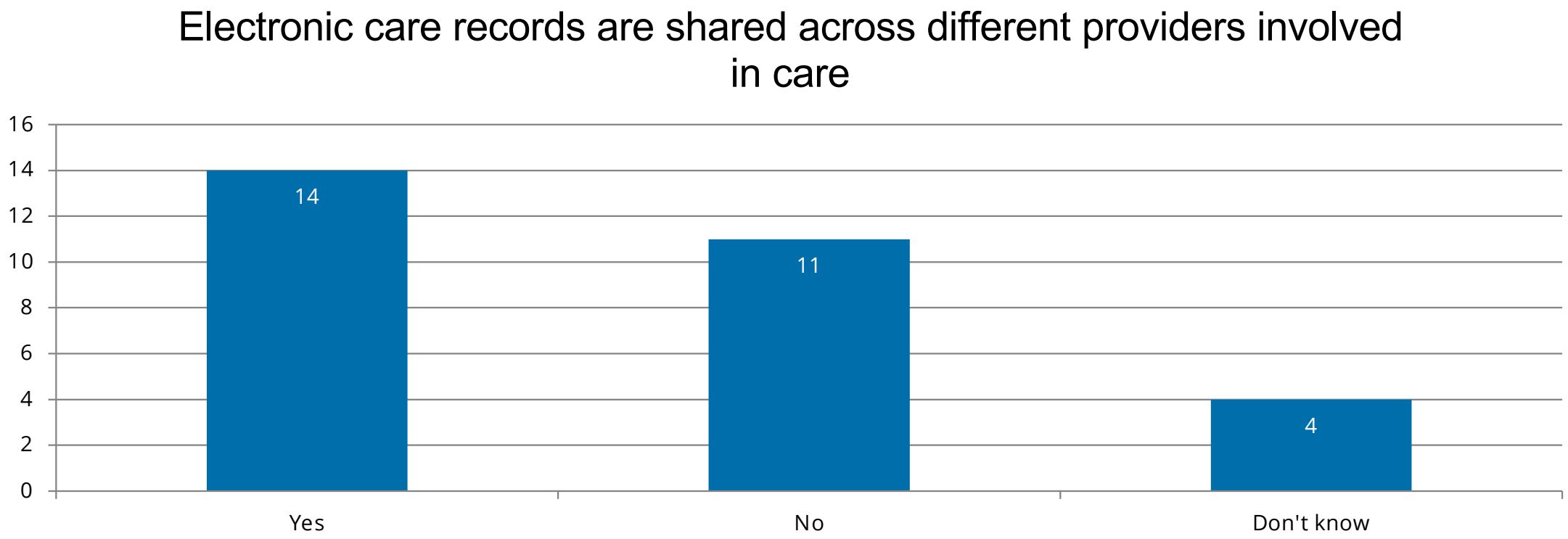
Q7: Electronic care records are shared across different providers involved in care (n=29)

All 29 People at the centre of care responded to this question



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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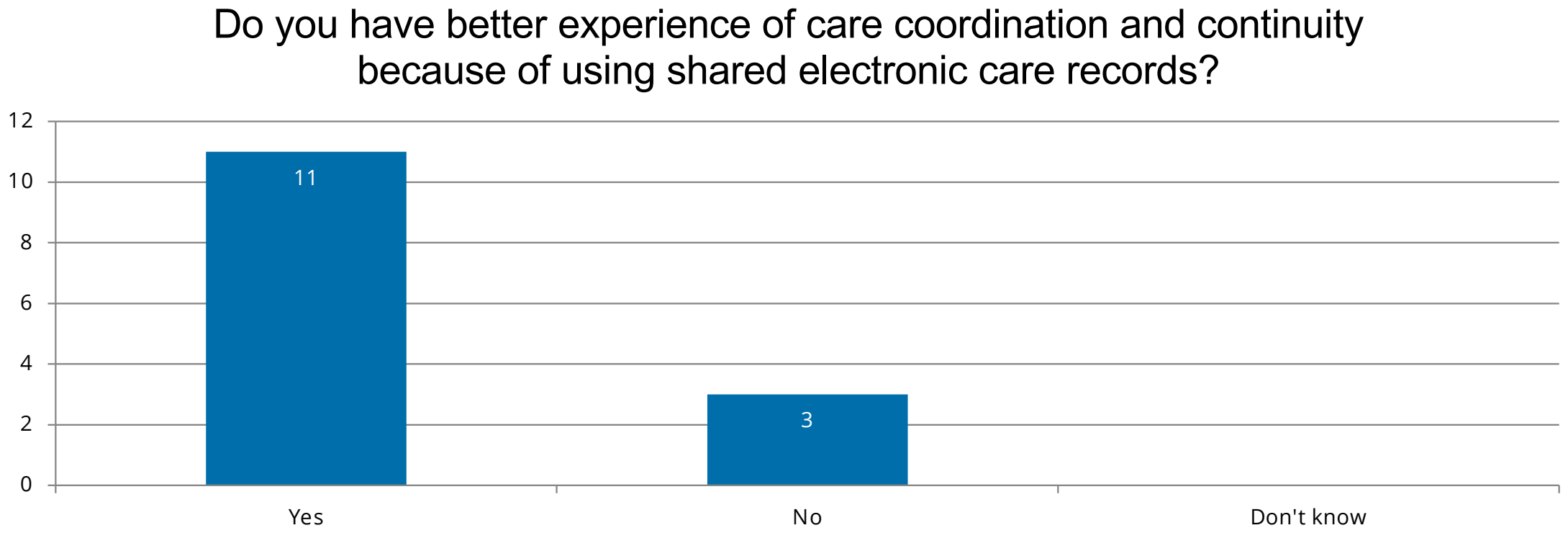
Q8: Do you have better experience of care coordination and continuity because of using shared electronic care records?

Respondents who said YES to Q7 (n=14) were asked this question



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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Q9: Why do you think that is?

Respondents who said YES to Q7 (n=14) were asked this question. Of these, all responded.

By theme	Incidence
Better communication between professionals	4
Greater clarity for the person	3
Better person experience	3
Shared decision-making	2
Reduced duplication	2
Greater agency for the person	2
Better risk management	2
Better coordination	2
Better continuity	2
Better Care	2
Timely information	1
More efficient	1

> In my experience using healthcare services, I've definitely benefited from shared electronic care records. When speaking with healthcare professionals, particularly my GP or a specialist, it's clear that having access to my medical history enables them to provide more efficient and effective care. It also helps avoid inconsistencies and ensures better continuity in the follow-up.

> I don't have to explain to health professionals my health problems or I only add some details. The professionals have most of information read when I meet them.

Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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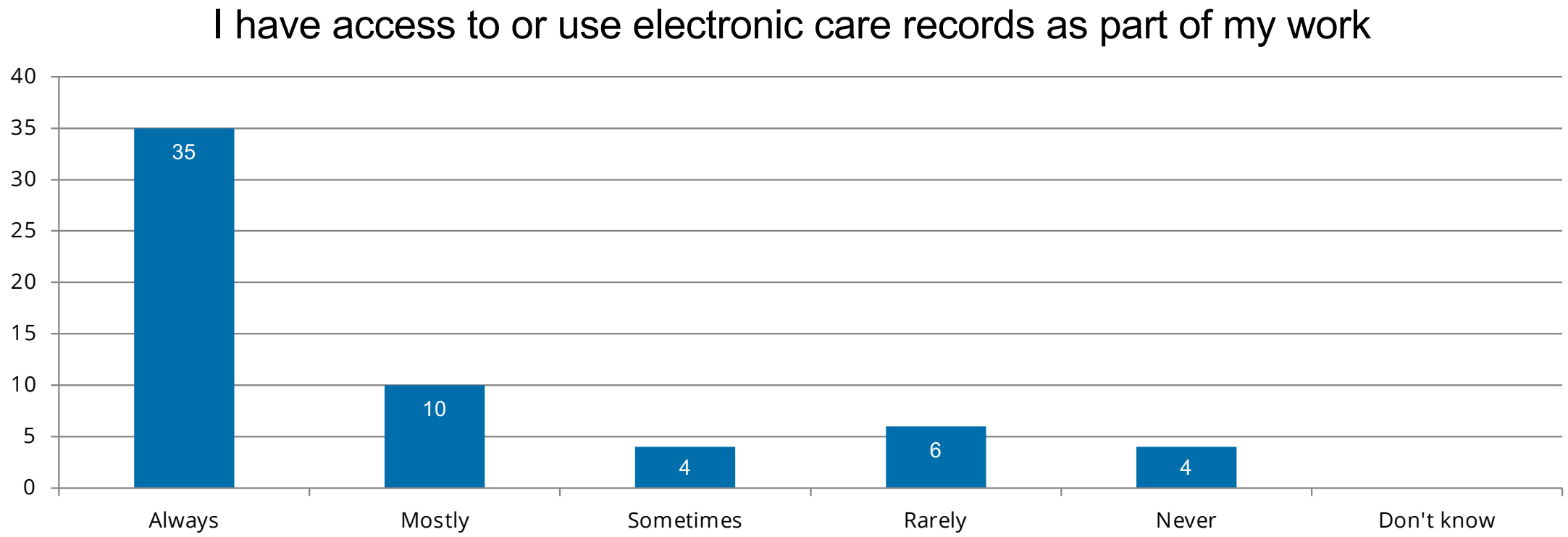
3. Health and care providers experience of shared electronic care records

Q10: I have access to or use electronic care records as part of my work (n=58)

All 59 health and care providers responded to this question



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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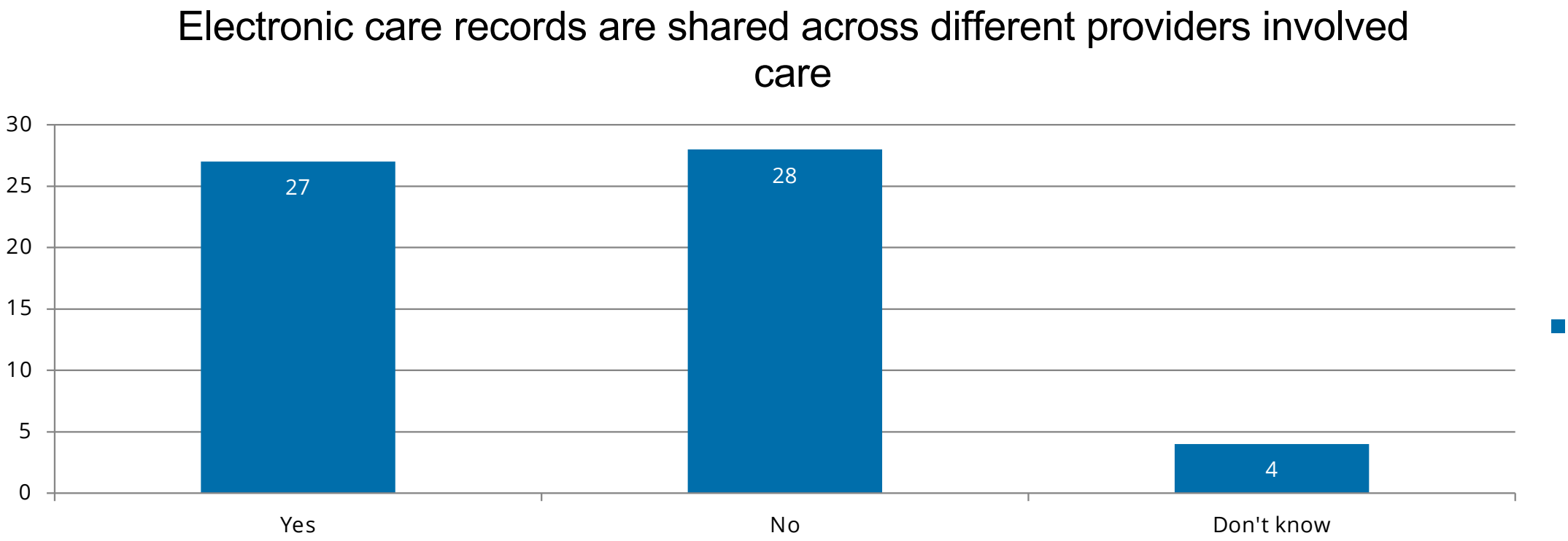
Q11: Electronic care records are shared across different providers involved care (n=59)

All 59 health and care providers responded to this question



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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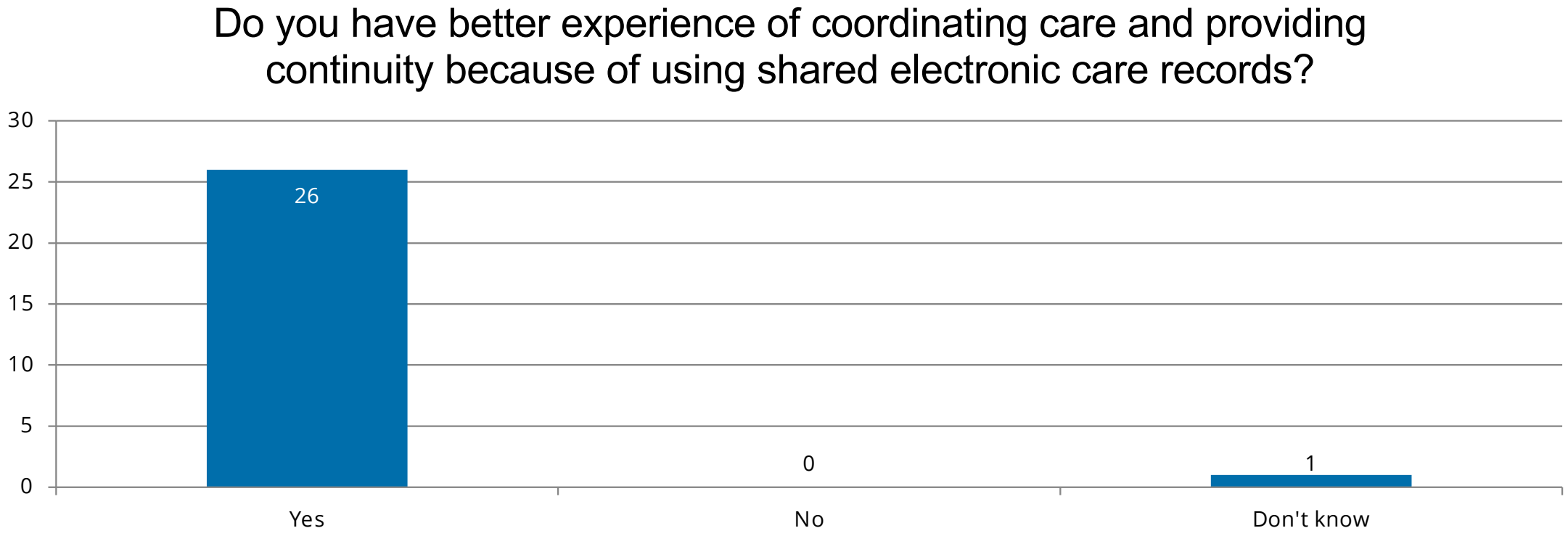
Q12: Do you have better experience of coordinating care and providing continuity because of using shared electronic care records?

Respondents who said YES to Q11 (n=27) were asked this question



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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Q13: Why do you think that is?

Respondents who said YES to Q11 (n=27) were asked this question. Of these all responded.

By theme	Incidence
Better communication between professionals	11
Better clinical decision-making	8
Better person experience	5
Reduces duplication	5
Better risk management	4
Better coordination	3
Better continuity	3
More efficient	3
Better management of care responsiblities	2
Shared decision-making	1
Greater agency for the person	1
Greater visibility	1
Understand population health context	1

Really important to be able to access test results and specialist letters to prevent duplication and assist continuity of care.

I can read about a client's history before meeting them which comforts the client as they don't have to share their story over and over. This is especially important in the field of mental health. I can also see what other service providers are doing with them while I am working with the client. This allows for me to treat the client in a way that supports other work that they are doing. Finally, my notes and reports can be seen by others so that those who follow up with the client after me can support a smooth transition.

When information is available for all of the stakeholders its easier to coordinate, because its not necessary to keep everybody up to speed

Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

Q14: Is there anything you can do or are doing as a health and care worker or service manager to promote shared electronic care records?

All respondents in this category were asked this question (n=59) and 49 responded

What I can do as a health and care provider to promote shared ECRs	Incidence
Share experience of use	11
Contribute to development and improvement	5
Use the technology	4
Enabling access	2
Obtaining informed consent for shared use	1
Commitment to integrated care	1
Timely information updates	1
Sharing information	1
Training / capacity building	1

I facilitated a demo of an EPR platform in my place of work, I also engage with the Innovative Care Hub to discuss with kick start companies about new products to support sharing records

At local and regional meetings, I remind larger service providers (eg hospitals) that we do not have access to their care records - it is often not on their radar as a gap

We have moved to a different electronic record which codes information and makes it easier to share. We are working through data sharing agreements to allow data sharing .

Sharing information with colleagues about the information that can be accessed via the shared care record.

Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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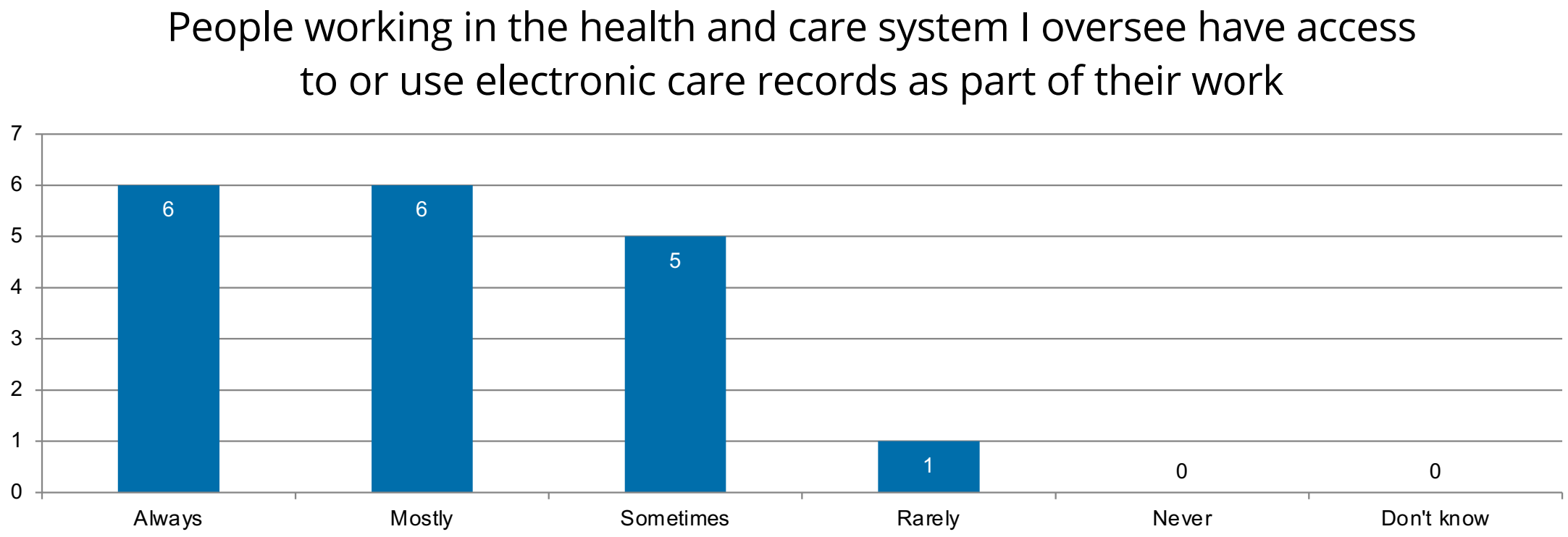
4. Policy makers experience of shared electronic care records

Q15: People working in the health and care system I oversee have access to or use electronic care records as part of their work (n=18)

All 18 policy makers responded to this question



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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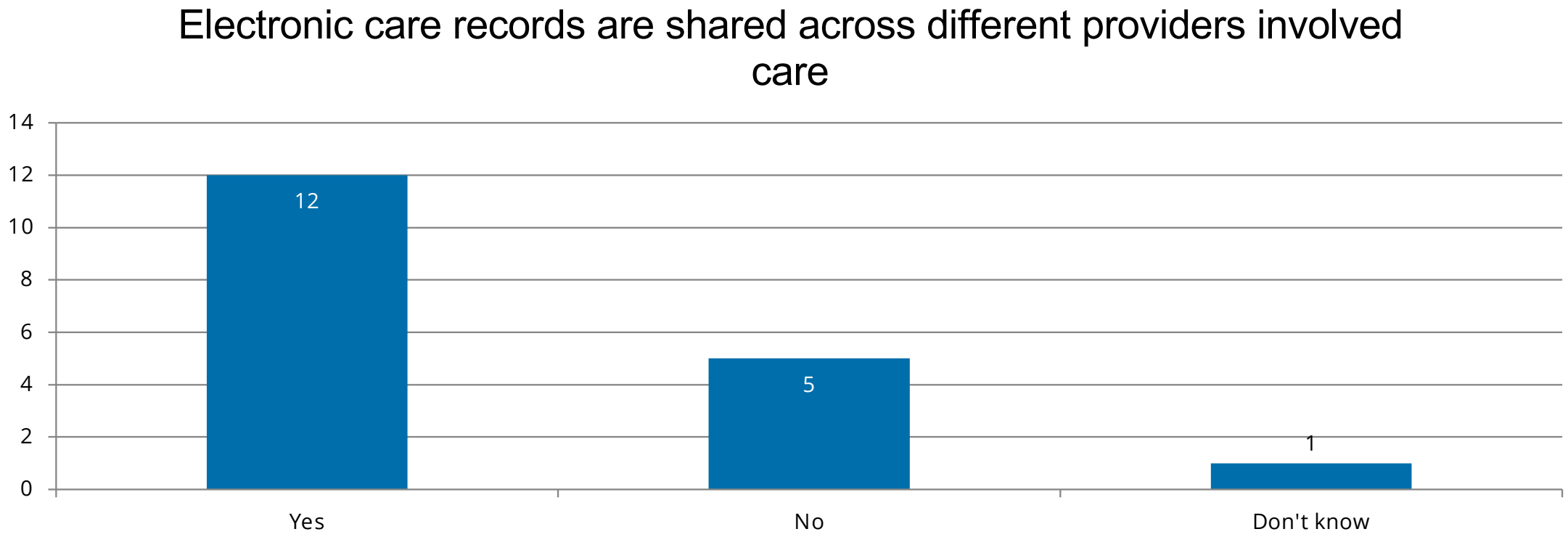
Q16: Electronic care records are shared across different providers involved care (n=18)

All 18 policy makers responded to this question



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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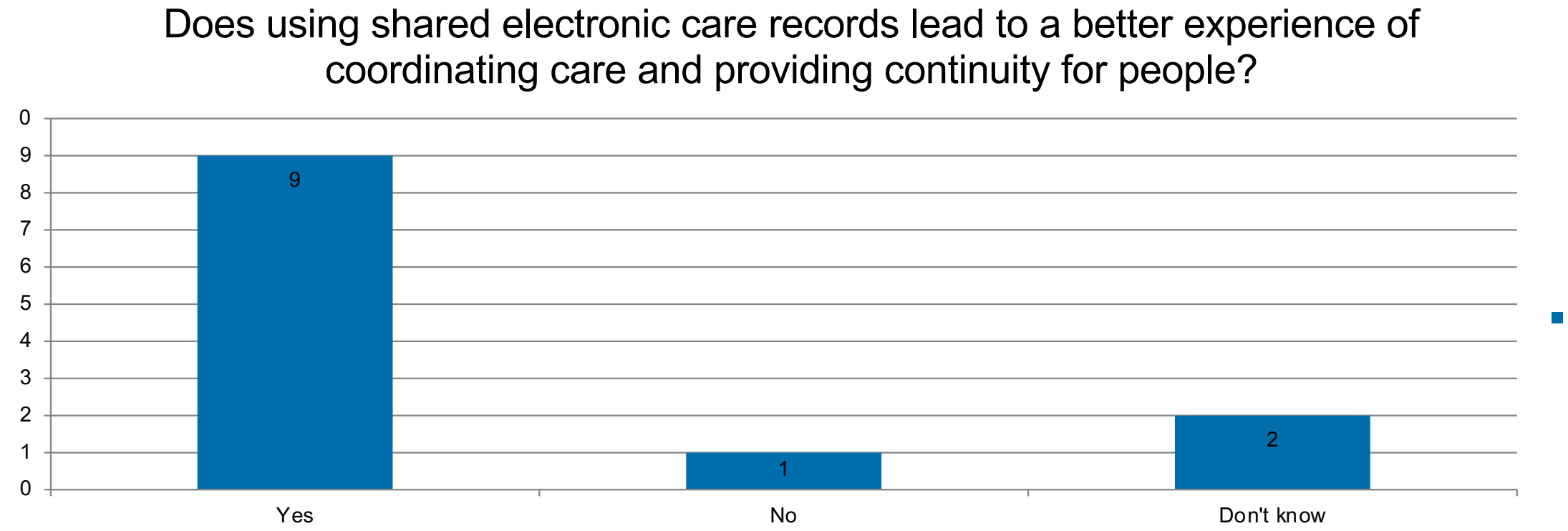
Q17: Does using shared electronic care records lead to a better experience of coordinating care and providing continuity for people?

Respondents who said YES to Q16 (n=12) were asked this question



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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Q18: Why do you think that is?

Respondents who said YES to Q16 (n=12) were asked this question. Of these 11 responded.

By theme	Incidence
Better continuity	3
Accessible information	3
Better person experience	2
Reduces duplication	2
Better coordination	2
Timely information	2
Better communication between professionals	1
Better clinical decision-making	1
Better risk management	1
More efficient	1
Understand population health context	1
Cross border care	1

Easy and reliable access to clinical information in real time, if and when necessary

Allows regional divisions to be overcome by enabling citizens to receive care throughout the entire country (and in the future, Europe) by ensuring complete information to the physician

Because shared electronic medical records allow professionals to access up-to-date patient information in real time, improving coordination across levels of care. This prevents errors, reduces duplication, and ensures continuous follow-up. As a result, care is safer and more person-centered.

Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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Q19: Is there anything you can do or are doing as a policy maker, planner or funder to promote shared electronic care records?

All respondents in this category were asked this question (n=18) and 15 responded

What I can do as a policy maker or funder to promote shared ECRs	Incidence
Contribute to development and improvement	5
Investment	4
Share experience of use	1
Support co-designed solutions	1
Monitor and evaluate strategy implementation	1
Communicate benefits to all interest groups	1
Support market development for shared ECR providers	1
Update regulation and legislation	1
Evaluate impact	1

Fund it Support it

Keep putting pressure on senior leaders to support investment in development of infrastructure that will support data exchange between all stakeholders.

1. incentivize vendors to create viable and affordable pan health and social care solutions
2. fund/subsidize the implementation of pan health and social care solutions
3. clarify and enforce stringent information sharing laws
4. evaluate the impact of pan health and social care solutions from the provider and care recipient perspective

Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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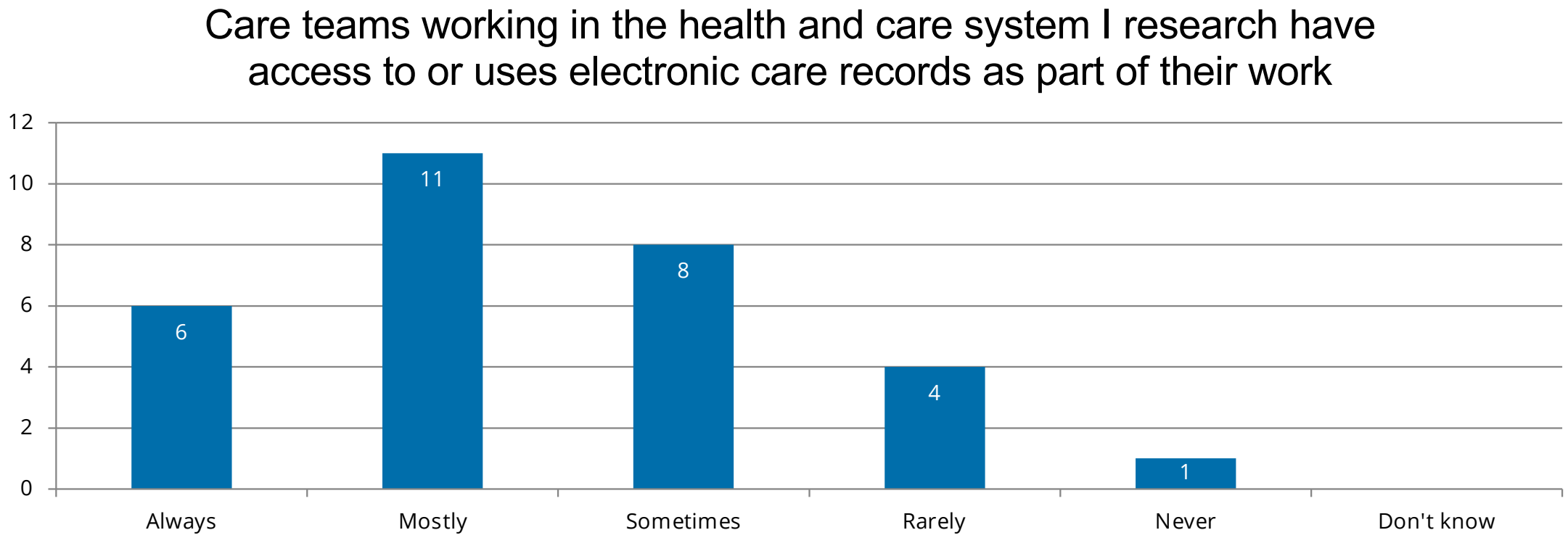
5. Researchers and academics experience of shared electronic care records

Q20: Care teams working in the health and care system I research have access to or uses electronic care records as part of their work (n=30)

All 30 researchers and academics responded to this question



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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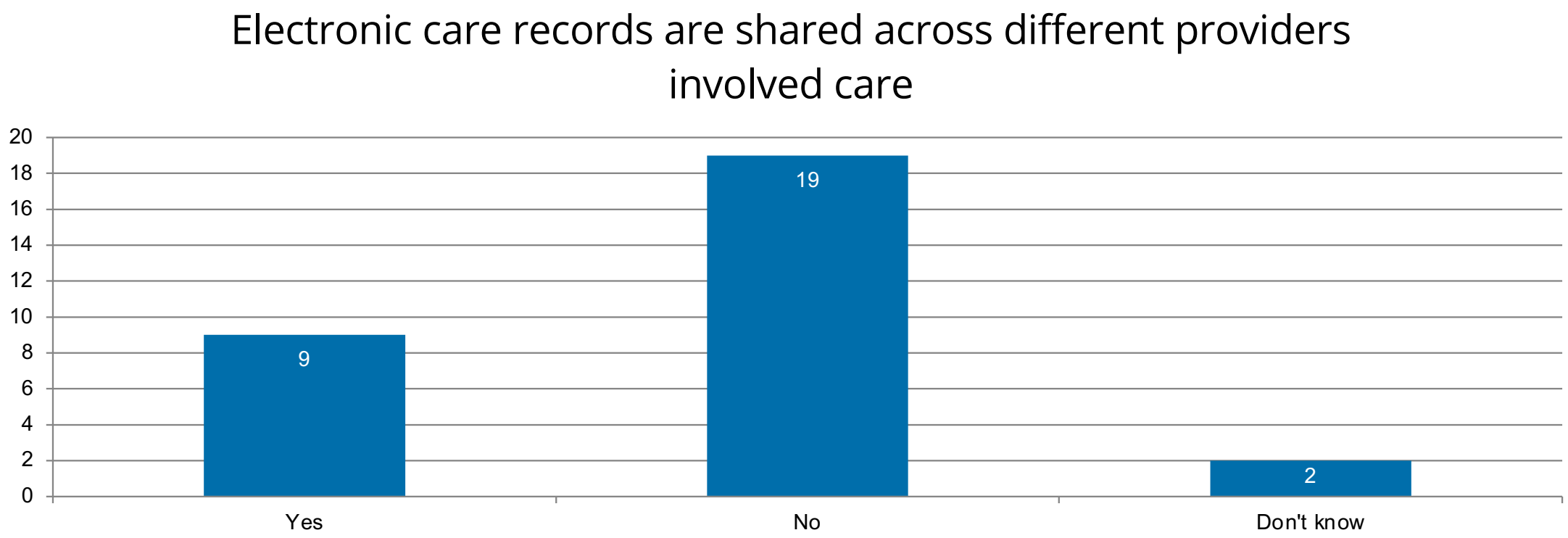
Q21: Electronic care records are shared across different providers involved care (n=30)

All 30 researchers ad academics responded to this question



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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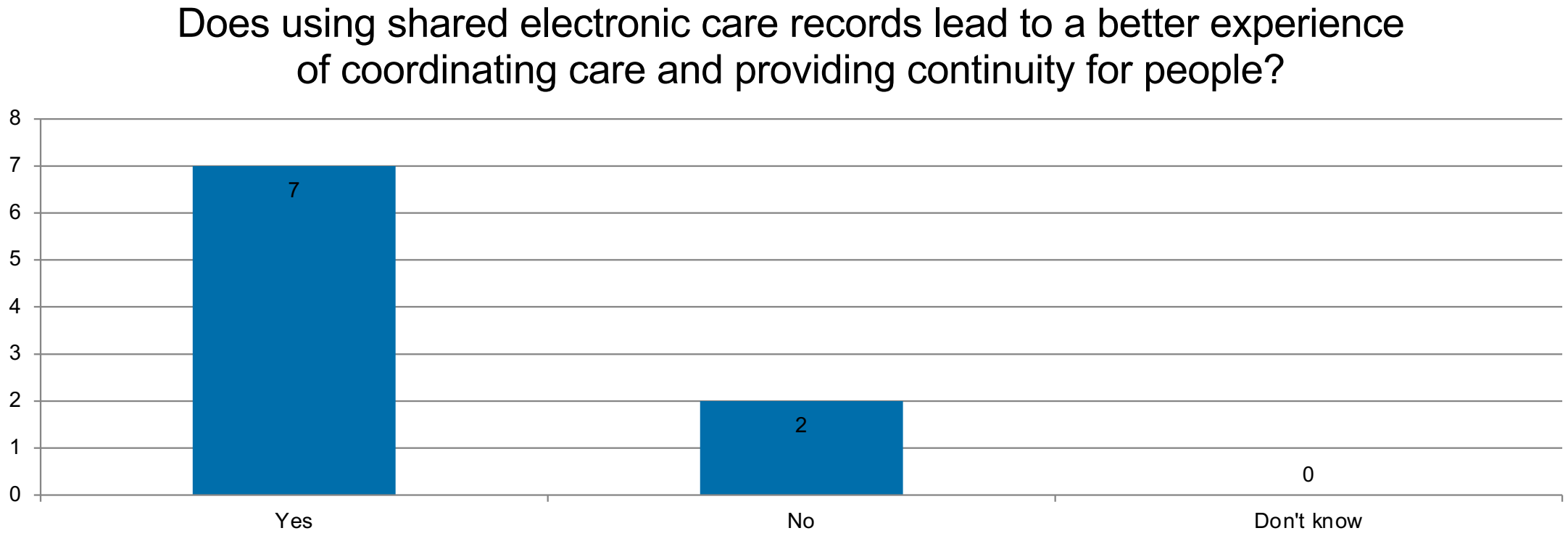
Q22: Does using shared electronic care records lead to a better experience of coordinating care and providing continuity for people?

Respondents who said YES to Q21 (n=9) were asked this question



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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Q23: Why do you think that is?

Respondents who said YES to Q21 (n=9) were asked this question. Of these all responded.

By theme	Incidence
Better risk management	3
Better person experience	2
Reduces duplication	2
More efficient	2
Greater visibility	2
More personalised	2
Better clinical decision-making	1
Better coordination	1
Better continuity	1

Because services are better delivered, responding to the different needs

Shared records are key for having a more comprehensive vision of each person's health track, improving patient safety and experience, and making professional's work more effective and efficient.

Critical information from patients and caregivers is shared amongst providers. In research we have seen this improve care coordination, reduce patient and caregiver burden (not wanting to "re tell" their stories), and prevent or address medication errors. Unfortunately, this is not applied consistently. Sharing records with specialists seems to be the most problematic and least common.

Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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Q23: Is there anything the system needs to do or are doing to promote shared electronic care records?

All respondents in this category were asked this question (n=30) and 25 responded

What I can do as a researcher to promote shared ECRs	Incidence
Contribute to development and improvement	5
Promote interoperability	4
Training / capacity building	3
Influence enabling policies and strategies	3
Standardisation of coding information	2
Investment	1
Communicate benefits to all interest groups	1
Support market development for shared ECR providers	1
Clarify confidentiality and consent	1
Greater accessibility	1

More training of care providers and patients on how to use EHR and showcasing the benefits of a shared EHR. Further technical facilitation for sharing a patient EHR across the multidisciplinary care team is required.

Needs to be a requirement in any public procurement process

Person-held records (eg through an App) could facilitate the sharing of ECRs. Digital consent like that in Estonia (if only it was used for this purpose!), could help the person give their permision for data to be shared. I think there's a difference between an ECR and sharing data held in ECRs and exploring this further could give some valuable insights.

Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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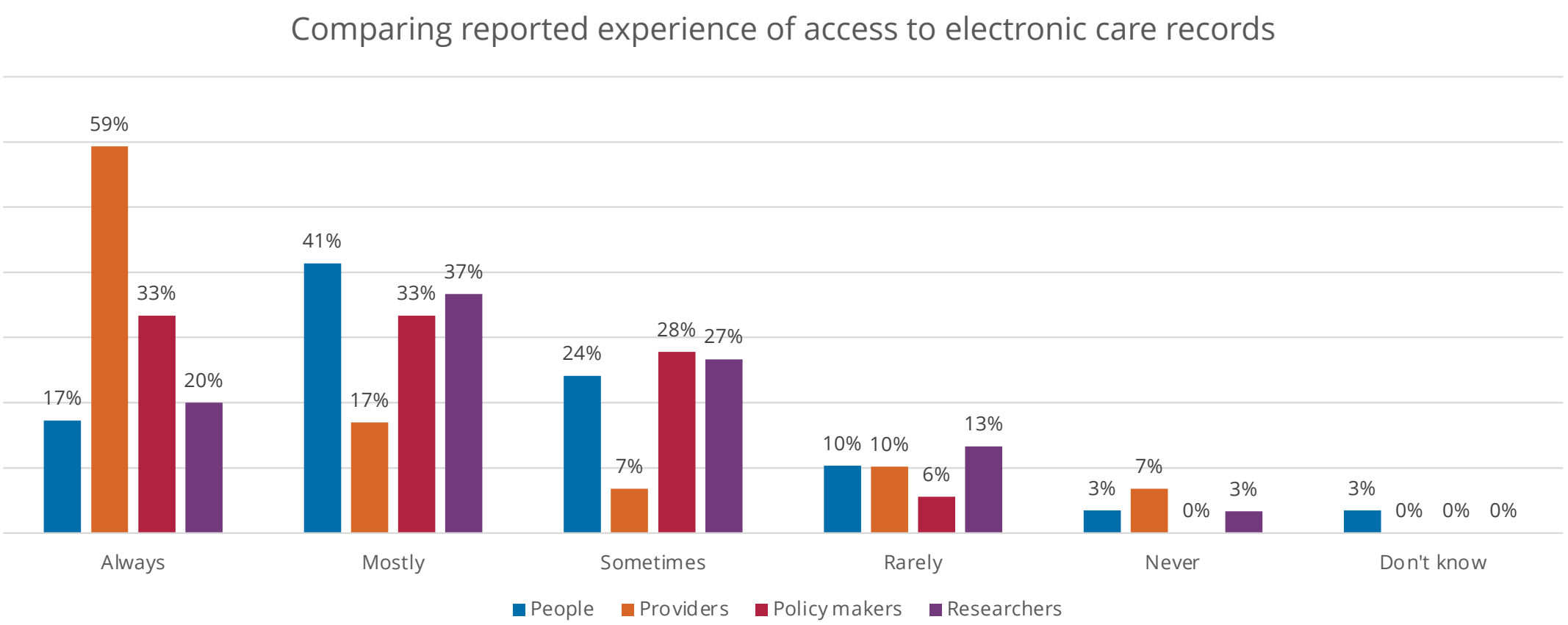
6. Comparing the experiences of different groups

Do different groups experience access to electronic care records?



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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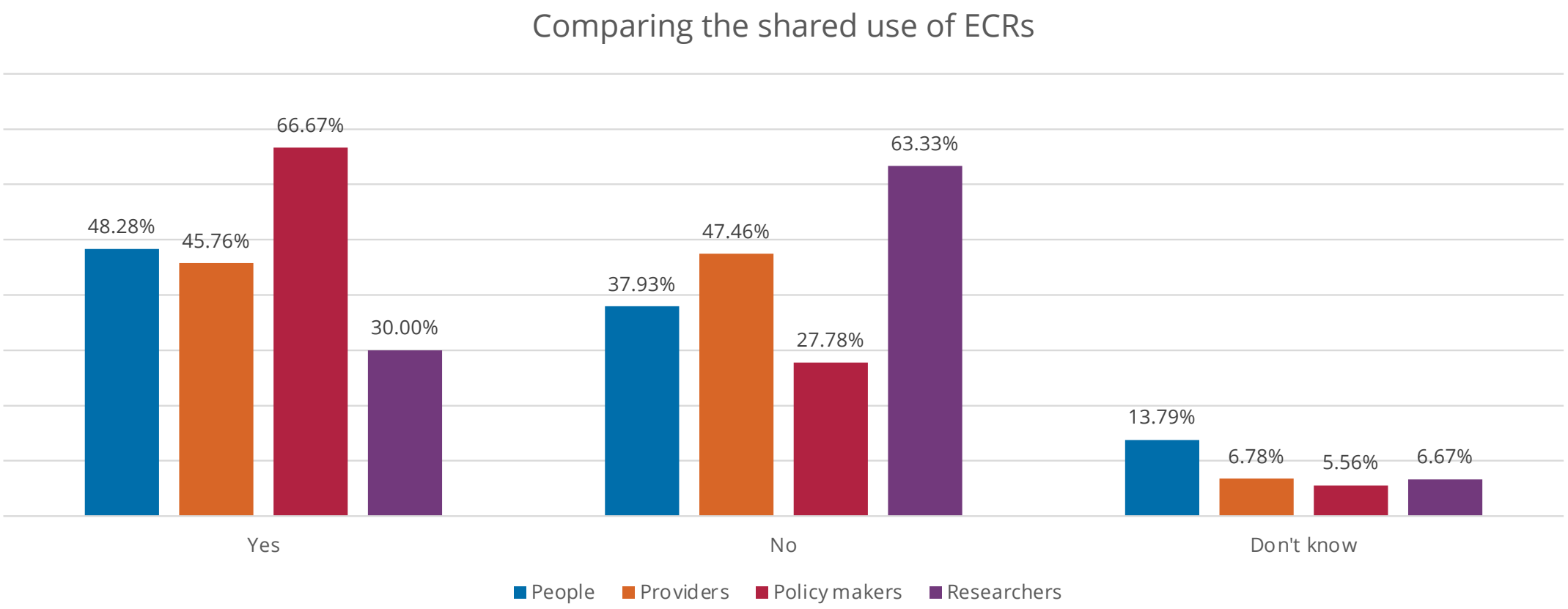
Are electronic care records shared in practice?



Source: N Lennox-Chhugani, A Alvarez, E Aldasoro, A Gil Salmerón, L Vayi. Integrated Care Annual Survey 2025. International Foundation for Integrated Care.

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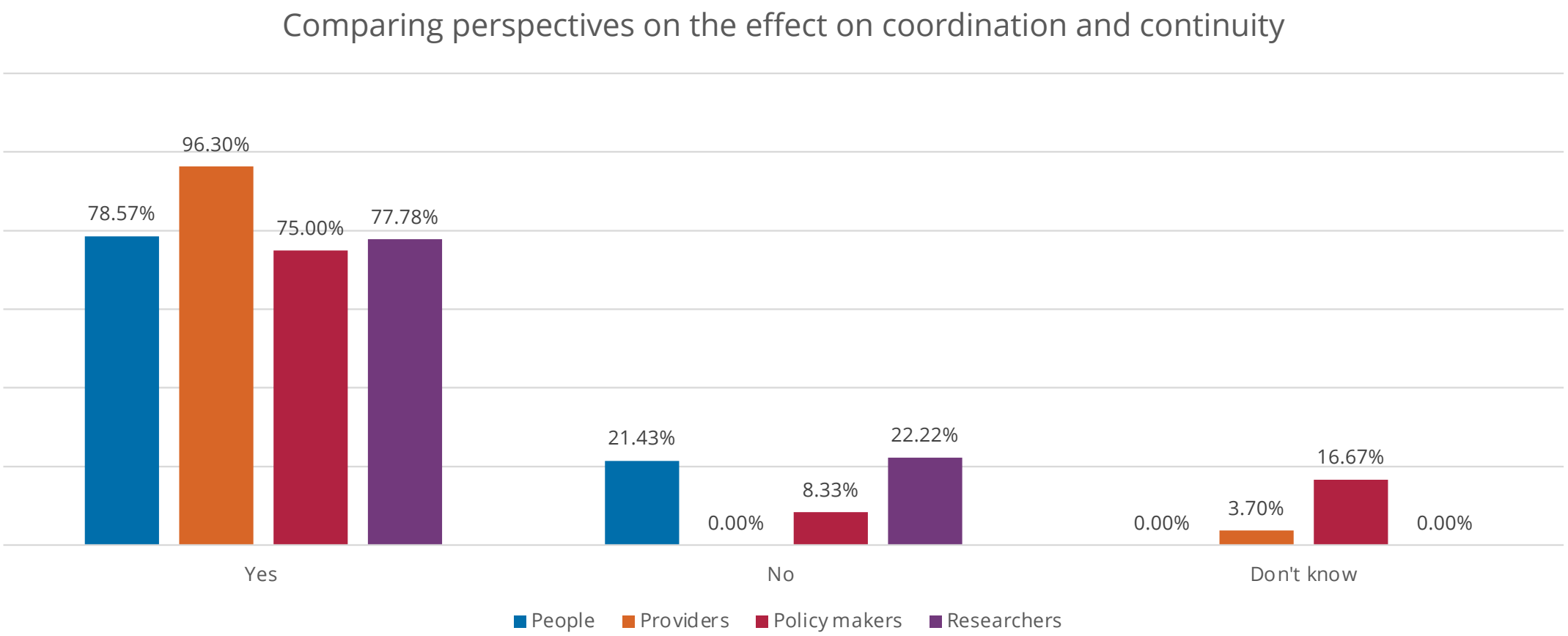
Does access to and use of shared electronic care records improve coordination and continuity?



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Other findings

- The sample size was not sufficient to be definitive but there was some evidence that SECR adoption was more dependent on country-level policy context than stakeholder group.
  - Respondents from Portugal were four times more likely than those from Ireland to report sharing of records.
  - Respondents from Canada were three time more likely than those from the UK to report sharing of records.

7. Conclusions from the quantitative data

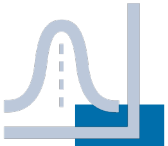
Conclusions from the quantitative data analysis

- Country-level shared record policy and infrastructure is probably the most important enabling factor of SECRs adoption and use.
- The gap between people at the centre of care's experience of SECRs and that of health and care providers is significant and reinforces that SECRs are developed as a service solution not one to enable and empower people receiving care.
- All stakeholder groups agree that SECRs are an important enabler of care coordination and continuity, and this was explored in more detail in the focus groups.

8. Limitations

Methodological limitations

While the survey provides valuable insights into stakeholder perspectives on shared SECRs, the following methodological limitations / analytical constraints should be considered when interpreting findings:



Sample compositions

- **Uneven group sizes:** Policymakers were underrepresented (n=18 vs. 59 providers), limiting policy-related conclusions compared to other findings.
- **Country level patterns /bias:** Nearly half the responses (46%) came from Canada and the UK, limiting global insight.

Data considerations

- **Potential clustering effects:** multiple responses may be related due to shared organisational / geographical contexts, affecting statistical assumptions.

Methodological constraints

- **Stakeholder categories / definitions:** Broad groupings of stakeholders may mask within-group differences (e.g., type of healthcare providers).
- **Timing:** The single data collection period may not capture seasonal or policy-change variations.

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About the International Foundation for Integrated Care (IFIC)

The International Foundation for Integrated Care (IFIC) is a not-for-profit foundation dedicated to improving the lives of people and communities by advancing the science, knowledge, and adoption of integrated care around the world.

IFIC's vision is that individuals, families, and communities benefit from person-centred, coordinated care and support that enables them to live healthy and fulfilling lives. IFIC works to overcome the fragmentation in health and care systems by promoting models of care that are holistic, co-produced, continuous, coordinated, equitable, and sustainable.

As the leading international voice for integrated care, IFIC brings together researchers, health and care professionals, policymakers and people, families and communities. IFIC provides a unique platform for collaboration, knowledge exchange, and innovation to drive system change.

IFIC delivers impact through:

- **The International Journal of Integrated Care (IJIC)** – open-access, peer-reviewed publication sharing global evidence and best practice
- **International conferences and regional networks** – connecting people and ideas across sectors and borders
- **The Integrated Care Academy** – offering education and training to develop the workforce needed for transformation
- **Applied research and implementation support** – bridging policy and practice to build more effective and sustainable care systems
- **Knowledge platforms and solutions** – enabling shared learning and practical action across IFIC's global community

IFIC is recognised for its excellence, transparency, collaborative partnerships, and commitment to open access and continuous quality improvement.

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