

Research Article

Bridging the Gap: Exploring Information Sharing Between Carers and Healthcare Professionals in Older Adult Care

Ragni Kumari¹

1. Assistant Professor & Convenor (Head), Department of Optometry, Faculty of Paramedical Sciences Uttar Pradesh, University of Medical Sciences (UPUMS), Saifai, Etawah – 206130, Uttar Pradesh, India.

Citation: Ragni Kumari. (2026). Bridging the Gap: Exploring Information Sharing Between Carers and Healthcare Professionals in Older Adult Care, *RPC Journal of Medical Sciences*. RPC Publishers, 3(1); DOI: 10.66609/3066-6805-rpc.26.00560

Copyright license: © 2026 Ragni Kumari, this is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

***Address for correspondence:** Ragni Kumari, Assistant Professor & Convenor (Head), Department of Optometry, Faculty of Paramedical Sciences Uttar Pradesh, University of Medical Sciences (UPUMS), Saifai, Etawah – 206130, Uttar Pradesh, India.

Email: ragnimishraa@gmail.com

Submitted: June 22, 2026

Approved: August 20, 2026

Published: August 29, 2026

Abstract

Objective: To explore barriers and facilitators influencing information sharing between carers of older adults and healthcare professionals across diverse healthcare settings.

Methods: A qualitative exploratory study supported by descriptive quantitative demographic data was conducted with 150 participants, including 90 carers and 60 healthcare professionals (30 nurses, 15 physicians, 10 allied health professionals, and 5 social workers). Participants were recruited from hospitals, primary care clinics, and community-based aged care services. Data were collected through semi-structured interviews and optional focus groups. Interviews were audio-recorded, transcribed verbatim, and analyzed using inductive thematic analysis. Demographic survey data were analyzed using descriptive statistics.

Results: Four overarching themes emerged: (1) fragmented communication systems, with carers reporting delayed or inconsistent information and healthcare professionals citing incompatible communication platforms; (2) role ambiguity and professional boundaries, including uncertainty regarding confidentiality and carer involvement in decision-making; (3) trust, respect, and relational continuity, highlighting the importance of consistent relationships and recognition of carers' expertise; and (4) digital and structural facilitators, including shared electronic records, secure messaging systems, and multidisciplinary team meetings. Barriers included fragmented systems, unclear roles, and inconsistent engagement, while facilitators involved proactive communication, structured care planning, and digital communication tools.

Conclusion: Information sharing between carers and healthcare professionals is shaped by both systemic and relational factors. Strengthening communication infrastructure, clarifying professional roles, fostering trust, and integrating carers as active partners in care may improve care coordination and support better outcomes for older adults.

Keywords: older adults; carers; healthcare professionals; information sharing; communication

Introduction

The global population is ageing at an unprecedented rate. According to the United Nations, the number of adults aged 60 years and older is projected to exceed two billion by 2050, representing a major demographic shift with significant implications for healthcare systems worldwide [1]. Population ageing is associated with an increased prevalence of chronic diseases, functional decline, and complex care needs, which require coordinated support from healthcare systems, families, and communities [2].

Informal carers—commonly family members or friends who provide unpaid assistance—play an essential role in supporting older adults with activities of daily living, medication management, and healthcare coordination [3]. Their involvement has become increasingly important as healthcare systems shift toward community-based and home-based care models. Carers often act as intermediaries between patients and healthcare professionals, facilitating communication, monitoring symptoms, and supporting adherence to treatment plans [4].

Effective communication and information sharing between carers and healthcare professionals are fundamental to ensuring safe, coordinated, and person-centred care for older adults. When communication is clear and collaborative, carers can contribute valuable contextual information regarding patients' health status, preferences, and daily routines, which can improve clinical decision-making and care planning [5]. Conversely, inadequate communication can lead to fragmented care, medication errors, duplication of services, and increased caregiver burden [6].

Despite the recognized importance of caregiver involvement, research consistently indicates that communication between carers and healthcare professionals is often inconsistent and fragmented. Structural barriers such as incompatible information systems, limited time during clinical encounters, and the absence of standardized communication protocols can hinder effective information exchange [7]. In addition, relational factors—including uncertainty regarding confidentiality

policies, unclear professional boundaries, and limited recognition of carers' experiential knowledge may further restrict meaningful collaboration between carers and healthcare providers [8].

Technological innovations such as electronic health records, patient portals, and secure messaging systems have the potential to improve communication between carers and healthcare professionals. Digital health tools can facilitate real-time access to patient information and support coordinated decision-making across healthcare teams [9]. However, barriers such as limited digital literacy, unequal access to technology, and concerns related to privacy and data security may restrict the effective adoption of these tools in caregiving contexts [10].

Qualitative research has provided important insights into the experiences of carers and healthcare professionals regarding communication challenges in healthcare settings. Previous studies have emphasized the importance of trust, relational continuity, and shared decision-making in fostering effective partnerships between carers and healthcare providers [11]. However, much of the existing literature has examined the perspectives of carers or healthcare professionals separately. Limited research has explored the experiences of both groups simultaneously across multiple healthcare settings, which may provide a more comprehensive understanding of the factors influencing information sharing.

Understanding the barriers and facilitators influencing information sharing between carers and healthcare professionals is essential for developing interventions that strengthen collaboration and improve care coordination for older adults. Therefore, the aim of this study was to explore the barriers and facilitators influencing information sharing between carers of older adults and healthcare professionals across diverse healthcare settings.

Methodology

Study Design

This study employed a qualitative exploratory design supported by descriptive quantitative demographic data. The qualitative component aimed to explore experiences and perceptions of carers and healthcare professionals (HCPs) regarding information sharing in older adult care. Quantitative demographic data were collected to describe participant characteristics and provide contextual information about the study sample. No inferential statistical analysis was conducted.

Study Setting

Data were collected across multiple healthcare settings to capture diverse perspectives on communication in older adult care. These settings included tertiary hospitals, primary care clinics, and community-based aged care services. Multi-site recruitment allowed representation from both institutional and community care environments, enabling a broader understanding of information-sharing practices across healthcare contexts.

Participants and Sampling

Participants included informal carers and healthcare professionals involved in the care of adults aged 60 years or older. Carers were defined as family members or friends providing unpaid assistance with daily living activities, healthcare coordination, or emotional support. Healthcare professionals included physicians, nurses, allied health professionals (such as physiotherapists and occupational therapists), and social workers who provided direct care to older adults.

Eligibility criteria required participants to:

- Be aged 18 years or older

- Be directly involved in the care of an older adult (≥ 60 years)

- Provide informed consent to participate

Individuals not directly involved in caregiving or healthcare delivery, or those unwilling to provide consent, were excluded.

A purposive stratified sampling strategy was used to ensure variation across participant roles and healthcare settings. The final sample included 150 participants, comprising 90 carers and 60 healthcare professionals (30 nurses, 15 physicians, 10 allied health professionals, and 5 social workers). The relatively large sample size was intentionally adopted to capture diverse perspectives across multiple healthcare settings and professional roles, and to ensure thematic saturation across both participant groups.

Recruitment Procedures

Participants were recruited through collaboration with healthcare institutions and carer support organizations. Recruitment strategies included informational flyers, email invitations, and in-person outreach within participating healthcare facilities. Interested individuals contacted the research team and underwent eligibility screening via phone or email before enrollment. The recruitment and screening pathway is illustrated in Figure 1.

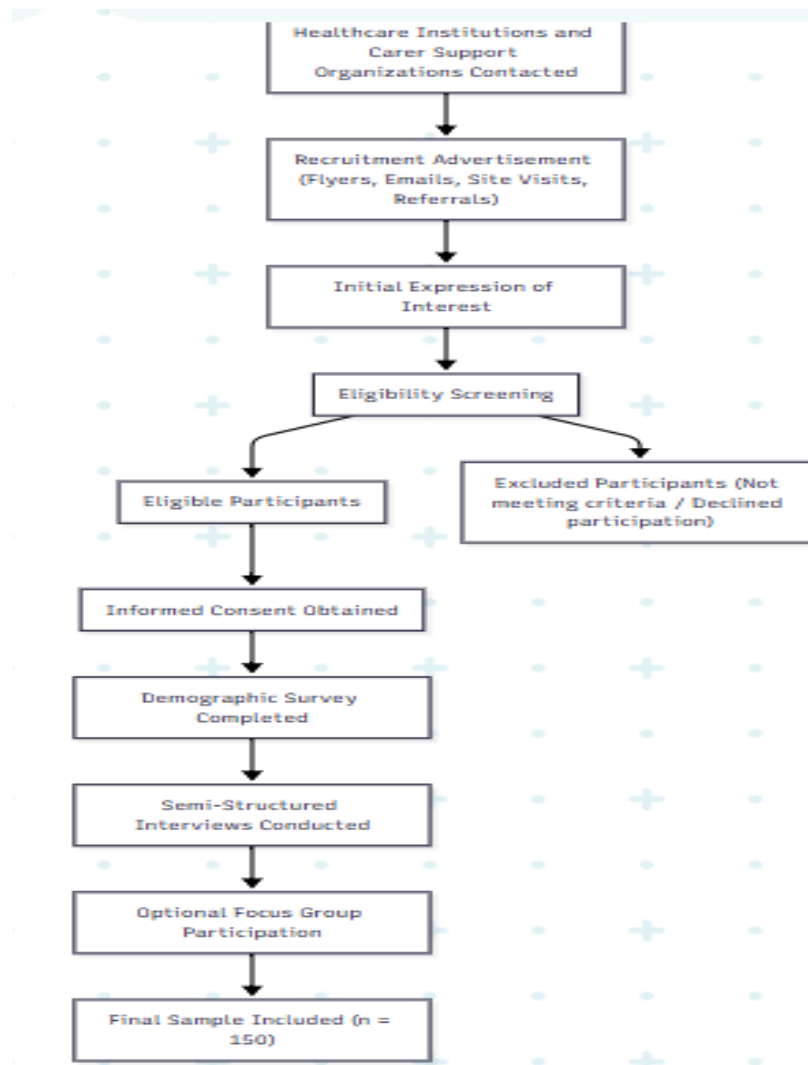


Figure 1: Participant recruitment and screening pathway.

Data Collection

Data were collected using semi-structured interviews and optional focus groups. Interviews lasted approximately 30–60 minutes and were conducted either in person or via secure video conferencing, depending on participant preference. Focus groups consisting of 6–8 participants were conducted to encourage discussion of shared experiences and validate emerging themes. A semi-structured interview guide was developed based on existing literature on caregiver–professional communication and was reviewed by experts in geriatric care and qualitative research.

Questions explored topics such as:

- Experiences with information sharing in healthcare settings
- Perceived barriers to communication between carers and healthcare professionals
- Facilitators that improve communication and collaboration
- Suggestions for improving information-sharing systems

All interviews and focus groups were audio-recorded with participant consent and transcribed verbatim by a professional transcription service. Field notes were recorded immediately following each session to document contextual observations and preliminary reflections.

Data Analysis

Qualitative Analysis

Qualitative data were analyzed using thematic analysis following the six-phase framework described by Braun and Clarke. Initially, transcripts were read multiple times to ensure familiarity with the data. Meaningful units of text were identified and coded using an inductive approach.

Two researchers independently reviewed and coded the transcripts to enhance analytical rigor. Coding discrepancies were discussed between researchers and resolved through consensus. Codes were then grouped into broader categories, and overarching themes were developed to capture patterns across the dataset.

Themes were reviewed and refined through iterative discussion within the research team to ensure coherence, consistency, and accurate representation of participant perspectives.

Quantitative Analysis

Demographic data collected through the survey were analyzed using Statistical Package for the Social Sciences (SPSS) version 23. Descriptive statistics were calculated, including frequencies, percentages, means, and standard deviations. These statistics were used solely to describe participant characteristics and provide contextual information about the study sample.

Ethical Considerations

Ethical approval for the study was obtained from the Institutional Ethics Committee of the participating institution. Written informed consent was obtained from all participants prior to data collection. Participants were informed of their right to withdraw from the study at any time without penalty. Confidentiality and anonymity were maintained by removing identifying information from transcripts and storing all data securely. Only members of the research team had access to the data used in the study.

Results

Participant Characteristics

A total of 150 participants were included in the study, comprising 90 carers and 60 healthcare professionals (HCPs). Among the carers, 60% were female, while 63% of healthcare professionals were female. The age of carers ranged from 30 to 80 years, whereas healthcare professionals ranged from 25 to 65 years of age. Participants were recruited from three healthcare settings: hospitals (45%), primary care services (30%), and community or home care services (25%). Carers reported between 1 and 20 years of caregiving experience, while healthcare professionals reported 2 to 25 years of professional experience in caring for older adults. A detailed summary of participant characteristics is presented in Table 1.

Table 1: Participant Characteristics (n = 150)

Characteristic	Informal carers (n = 90)	Healthcare professionals (n = 60)	Total (n = 150)
Age (years), range	30–80	25–65	25–80
Gender, n (%)	Female: 54 (60%)	Female: 38 (63%)	Female: 92 (61%)
	Male: 36 (40%)	Male: 22 (37%)	Male: 58 (39%)
Years of caregiving / professional experience	Mean ± SD: 9.8 ± 5.4	Mean ± SD: 11.6 ± 6.2	–
Care setting, n (%)	Range: 1–20	Range: 2–25	–
	Hospital: 40 (44%)	Hospital: 28 (47%)	Hospital: 68 (45%)
	Primary care: 30 (33%)	Primary care: 15 (25%)	Primary care: 45 (30%)
	Community / home care: 20 (22%)	Community / home care: 17 (28%)	Community / home care: 37 (25%)
Professional role, n (%)	–	Nurses: 30 (50%)	–
	–	Physicians: 15 (25%)	–
	–	Allied health professionals: 10 (17%)	–
	–	Social workers: 5 (8%)	–

Note: Descriptive statistics were calculated using SPSS version 23 (IBM Corp., Armonk, NY, USA). For informal carers, years of experience refers to the duration of caregiving for the current older adult.

Themes Identified

Thematic analysis of the interview and focus group data identified four overarching themes describing the dynamics of information sharing between carers and healthcare professionals in older adult care. These themes, along with their key subthemes and illustrative quotes, are summarized in Table 2.

Table 2: Themes, Subthemes, and Illustrative Quotes from Informal carers and Healthcare Professionals

Theme	Subthemes / Key Analytical Points	Illustrative Quote
-------	-----------------------------------	--------------------

Fragmented communication systems	Inconsistent information across providers; delayed updates; lack of continuity during care transitions	"I often get different information from each nurse or doctor, which is confusing." (<i>Carer</i>)
Role ambiguity and professional boundaries	Uncertainty regarding confidentiality; unclear expectations of carer involvement; professional hesitation	"Sometimes I don't know if I'm allowed to share certain information with the family." (<i>Healthcare professional</i>)
Trust, respect, and relational continuity	Recognition of carers' experiential knowledge; continuity of care providers; mutual respect	"When the same nurse follows up regularly, we feel more confident and included." (<i>Carer</i>)
Digital and structural facilitators	Shared electronic records; secure messaging systems; scheduled multidisciplinary meetings	"The online portal helps us communicate without repeated phone calls." (<i>Healthcare professional</i>)

Note: Quotes are labeled to indicate the participant group (*carer* or *healthcare professional*) to facilitate comparison of perspectives.

Fragmented Communication Systems

Fragmented communication systems were identified as one of the most significant barriers to effective information sharing. Many carers reported receiving delayed, incomplete, or inconsistent information from healthcare providers, particularly during care transitions between hospital and community settings.

Healthcare professionals also highlighted structural barriers, including the use of multiple documentation systems and lack of interoperability between electronic records.

One carer explained:

"Sometimes we receive different information from different professionals, and it becomes difficult to understand what the correct plan is." (*Carer*)

Similarly, a healthcare professional noted:

"We often work with separate systems that do not communicate with each other, which makes information sharing difficult." (*Nurse*)

Role Ambiguity and Professional Boundaries

Both carers and healthcare professionals described uncertainty regarding the extent of carers' involvement in decision-making and information sharing. Concerns related to confidentiality policies, unclear professional boundaries, and legal responsibilities sometimes limited communication.

Some healthcare professionals reported hesitancy when sharing medical information with carers due to concerns about patient privacy. At the same time, carers expressed frustration when they felt excluded from discussions regarding the care of the older adult.

As one participant stated:

"We are the ones caring for them every day, but sometimes we are not included in important conversations about their care." (*Carer*)

Trust, Respect, and Relational Continuity

Trust and relational continuity emerged as key facilitators of effective communication. Participants emphasized that consistent interactions with the same healthcare professionals fostered stronger relationships and improved information exchange.

Carers reported feeling more comfortable sharing concerns when healthcare professionals recognized their experience and knowledge about the older adult's daily needs.

A healthcare professional explained:

"When carers feel respected and involved, communication becomes much easier and more productive." (*Physician*)

Digital and Structural Facilitators

Participants also identified several structural and technological factors that facilitated information sharing. These included shared electronic health records, secure messaging platforms, and regularly scheduled multidisciplinary team meetings.

Healthcare professionals reported that digital tools reduced communication delays and helped ensure that important clinical information was accessible to multiple members of the care team.

One participant noted:

"Having shared electronic records helps everyone stay informed and reduces misunderstandings." (*Allied health professional*)

Barriers and Facilitators to Information Sharing

Across themes, several key barriers to effective information sharing were identified, including fragmented communication systems, unclear professional roles, and inconsistent engagement between carers and healthcare professionals.

Conversely, facilitators included proactive communication practices, structured care planning, recognition of carers as partners in care, and the use of digital communication tools.

These barriers and facilitators are summarized in Table 3, which categorizes them into structural, relational, procedural, and technological domains.

Table 3: Barriers and Facilitators to Information Sharing in Older Adult Care

Domain	Barriers	Facilitators
Structural	Fragmented service delivery; incompatible record systems; time constraints	Shared electronic health records; secure messaging platforms; multidisciplinary meetings
Relational	Limited trust; inconsistent engagement; unclear professional–carer boundaries	Recognition of carers as partners; relational continuity; mutual respect
Procedural	Unclear communication policies; confidentiality concerns	Co-developed care plans; structured communication protocols
Technological	Limited digital literacy; restricted access to technology	Interoperable digital platforms; training for carers and healthcare professionals

Note: These domains were developed during the interpretative synthesis stage of analysis to organize empirically derived themes into conceptually meaningful categories.

Discussion

This study explored the barriers and facilitators influencing information sharing between carers of older adults and healthcare professionals across diverse healthcare settings. The findings highlight that communication between carers and healthcare teams is shaped by a complex interaction of structural, relational, and technological factors. Four key themes emerged from the analysis: fragmented communication systems, role ambiguity and professional boundaries, relational trust and continuity, and digital or structural facilitators [12,13].

Fragmented Communication Systems

One of the most significant barriers identified in this study was the presence of fragmented communication systems across healthcare settings. Participants described difficulties associated with inconsistent information flow, incompatible documentation systems, and limited coordination between healthcare providers. These findings are consistent with previous research demonstrating that poor communication between healthcare professionals and family caregivers contributes to care fragmentation and increases the risk of adverse events in older adults. ¹² Fragmented communication has also been associated with increased caregiver burden and reduced satisfaction with healthcare services [13,14,15].

Improving interoperability between healthcare information systems and establishing standardized communication protocols may help address these challenges. Integrated communication platforms and shared documentation systems could facilitate timely information exchange and improve continuity of care across settings.

Role Ambiguity and Professional Boundaries

Another important theme was the ambiguity surrounding the roles of carers and healthcare professionals in the care process. Participants reported uncertainty regarding the extent to which carers should be involved in medical decision-making and information sharing. Healthcare professionals often expressed concerns regarding confidentiality policies and professional responsibilities, while carers frequently reported feeling excluded from important discussions related to the care of the older adult.

These findings align with previous studies indicating that unclear policies regarding caregiver involvement may limit effective collaboration between carers and healthcare teams [15,16,17]. Establishing clearer institutional guidelines and training healthcare professionals to engage carers as partners in care may help reduce these barriers and improve collaborative decision-making.

Trust, Respect, and Relational Continuity

Trust and relational continuity emerged as key facilitators of effective communication. Participants emphasized that consistent interactions with the same healthcare professionals foster stronger relationships and improve the quality of information exchange. Carers who felt respected and recognized for their experiential knowledge were more likely to actively participate in discussions about patient care. [18,19,20].

These findings are consistent with previous literature demonstrating that relational continuity is an important determinant of patient and caregiver satisfaction, as well as improved care coordination [15]. Healthcare organizations should therefore

prioritize continuity of care and encourage communication practices that acknowledge carers as important contributors to the care team.

Digital and Structural Facilitators

Digital communication tools were identified as important facilitators of information sharing between carers and healthcare professionals. Participants highlighted the benefits of shared electronic health records, secure messaging platforms, and structured multidisciplinary meetings in improving communication efficiency and reducing misunderstandings [21,22,23]. Previous studies have similarly reported that digital health technologies can enhance coordination between healthcare teams and family caregivers by enabling real-time access to patient information and facilitating collaborative decision-making [16]. However, the effective implementation of such technologies requires adequate training, appropriate infrastructure, and attention to privacy and data protection concerns.

Implications for Practice

The findings of this study have several practical implications for healthcare systems seeking to improve communication between carers and healthcare professionals. First, healthcare organizations should consider implementing integrated communication systems that enable information sharing across healthcare settings. Second, policies and training programs should emphasize the importance of including carers in care planning and decision-making processes. Third, the development of structured communication pathways, such as scheduled care conferences or multidisciplinary meetings, may help ensure that carers receive consistent and accurate information regarding the care of older adults [24,25,26].

Recognizing carers as active partners in care may improve care coordination, enhance treatment adherence, and ultimately contribute to better health outcomes for older adults.

Limitations

This study has several limitations that should be considered when interpreting the findings. Although the study included a relatively large number of participants for qualitative research, participants were recruited from a limited number of healthcare settings, which may affect the transferability of the findings to other healthcare systems. Additionally, the study relied on self-reported experiences from carers and healthcare professionals, which may be influenced by recall bias or individual perceptions. Future research should examine these communication dynamics in different healthcare contexts and evaluate interventions designed to strengthen collaboration between carers and healthcare professionals.

Conclusion

Information sharing between carers and healthcare professionals is influenced by a combination of structural, relational, and technological factors. Fragmented communication systems, unclear professional boundaries, and inconsistent engagement may hinder effective collaboration, while relational trust, continuity of care, and digital communication tools can facilitate information exchange. Strengthening communication infrastructure, clarifying professional roles, and integrating carers as active partners in care may improve care coordination and support better outcomes for older adults.

Declarations

Ethics Approval and Consent to Participate: This study was approved by the Institutional Ethics Committee. Written informed consent was obtained from all participants prior to their inclusion in the study.

Consent for Publication: Written informed consent for publication of anonymized data was obtained from all participants.

Availability of Data and Materials: The datasets generated and analysed during the current study are available from the corresponding author on reasonable request.

Competing Interests: The author declares no competing interests.

Funding: This research received no external funding.

Acknowledgements: The author acknowledges the support of the Department of Optometry, UPUMS, and thanks the participants and staff who assisted during the study.

AI Declaration: The authors confirm that artificial intelligence (AI) tools were used solely for language editing and stylistic improvement of the manuscript. No AI was used for data collection, data analysis, interpretation of results, or generation of scientific content. All research design, analysis, and conclusions remain the sole responsibility of the authors.

References

1. (2022). United Nations. World population ageing 2022: highlights. New York: United Nations.
2. Lilleheie I, Debesay J, Bye A, Bergland A. (2020). Informal caregivers' views on the quality of healthcare services provided to older patients aged 80 or more in the hospital and 30 days after discharge. *BMC Geriatr*, 20(1):97.

3. Determeijer JJ, van Waard JD, Leopold SJ, Spijker R, Agyemang C, et al. (2024). The barriers and facilitators family caregivers experience when participating in resource-limited hospital care: a qualitative systematic review. *BMJ Glob Health*, 9(11):e015956.
4. Howick J, Bennett-Weston A, Solomon J, Nockels K, Bostock J, et al. (2024). How does communication affect patient safety? Protocol for a systematic review and logic model. *BMJ Open*, 14(5):e085312.
5. Jeffs L, Saragosa M, Law MP, Kuluski K, Espin S, et al. (2017). The role of caregivers in interfacility care transitions: a qualitative study. *Patient Prefer Adherence*, 11:1443-1450.
6. Schulz R, Beach SR, Czaja SJ, Martire LM, Monin JK. (2020). Family caregiving for older adults. *Annu Rev Psychol*, 71:635-659.
7. Persson MH, Mogensen CB, Søndergaard J, Skjøt-Arkil H, Andersen PT. (2021). Healthcare professionals' practice and interactions in older peoples' cross-sectoral clinical care trajectories when acutely hospitalized: a qualitative observation study. *BMC Health Serv Res*, 21(1):944.
8. Cronin M, McLoughlin K, Foley T, McGilloway S. (2023). Supporting family carers in general practice: a scoping review of clinical guidelines and recommendations. *BMC Prim Care*, 24(1):234.
9. Mullins J, Bliss DZ, Rolnick S, Henre CA, Jackson J. (2016). Barriers to communication with a healthcare provider and health literacy about incontinence among informal caregivers of individuals with dementia. *J Wound Ostomy Continence Nurs*, 43(5):539-544.
10. Scerbe A, O'Connell ME, Astell A, Morgan D, Kosteniuk J, et al. (2023). Digital tools for delivery of dementia education for caregivers of persons with dementia: a systematic review and meta-analysis of impact on caregiver distress and depressive symptoms. *PLoS One*, 18(5):e0283600.
11. Zhai S, Chu F, Tan M, Chi NC, Ward T, et al. (2023). Digital health interventions to support family caregivers: an updated systematic review. *Digit Health*, 9:20552076231171967.
12. Nasser Albarqi M. (2024). Continuity and sustainability of care in family medicine: assessing its association with quality of life and health outcomes in older populations: a systematic review. *PLoS One*, 19(12):e0299283.
13. Elliott J, McNeil H, Ashbourne J, Huson K, Boscart V, et al. (2016). Engaging older adults in health care decision-making: a realist synthesis. *Patient*, 9(5):383-393.
14. Morrow E, Kelly C, Killeen C, Naessens E, Lynch M. (2024). Exploring a career pathway for home support workers in Ireland: a systematic scoping review of the international evidence. *Front Health Serv*, 4:1360920.
15. Adelman RD, Tmanova LL, Delgado D, Dion S, Lachs MS. (2014). Caregiver burden: a clinical review. *JAMA*, 311(10):1052-1060.
16. Wolff JL, Feder J, Schulz R. (2016). Supporting family caregivers of older Americans. *N Engl J Med*, 375(26):2513-2515.
17. Valentijn PP, Schepman SM, Opheij W, Bruijnzeels MA. (2013). Understanding integrated care. *Int J Integr Care*, 13:e010.
18. Briggs AM, Valentijn PP, Thiyagarajan JA, Araujo de Carvalho I. (2021). Elements of integrated care for older people. *Lancet Healthy Longev*, 2(8):e479-e491.
19. Vest JR, Gamm LD. (2010). Health information exchange: persistent challenges and new strategies. *J Am Med Inform Assoc*, 17(3):288-294.
20. Greenhalgh T, Wherton J, Papoutsi C, et al. (2017). Sustainability of digital health interventions. *J Med Internet Res*, 19(11):e367.
21. Kruse CS, Stein A, Thomas H, Kaur H. (2018). Electronic health records and population health. *J Med Syst*, 42(11):214.
22. Greenhalgh T, Wherton J, Shaw S, Morrison C. (2020). Video consultations for healthcare delivery. *BMJ*, 368:m998.
23. Choi NG, DiNitto DM. (2020). The digital divide among older adults. *Gerontologist*, 60(2):313-321.
24. Seifert A, Cotton SR, Xie B. (2021). Digital technology use and social isolation among older adults. *J Med Internet Res*, 23(2):e27565.
25. Backman WD, Cho-Young D, Bowles KH. (2021). Caregiver information needs during care transitions. *J Gerontol Nurs*, 47(4):13-20.
26. Goodwin N. (2019). Understanding integrated care. *Int J Integr Care*, 19(3):4.