



FDI POLICY STATEMENT

Electronic Health Records

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CONTEXT

Electronic Health Records (EHRs) are becoming the standard for documenting oral healthcare for clinical, administrative, remuneration and research purposes. There are different levels of integration of data across systems. Depending on that, EHRs have a range of objectives, e.g. (1) maintaining patient information, recording of consultations and other patient-related activities including documenting prescriptions for diagnostic tests, medications and appliances, as well as managing referrals including recording, reviewing, sending, and reporting patient data; (2) supporting patient administration, scheduling and communication, as well as business intelligence; (3) transmitting data for technical, remuneration or other purposes between patients, providers or other parties; and (4) using data for research, public health, epidemiological, and commissioning purposes. Potential benefits of EHRs include a high degree of comprehensiveness, systematization, quality and accuracy, thus reducing inappropriate procedures while improving accountability, transparency and data ownership; the option for establishing and implementing shared care plans, fostering, interprofessional collaboration; the availability for data-driven research and public health management.

SCOPE

This policy statement outlines the use of EHRs, the potential advantages and risks of using them, as well as principles the oral health profession, including clinicians, care administrators, researchers and policymakers should adhere to when establishing, implementing and integrating EHRs, or legislating on them.

DEFINITIONS

Electronic Health Record: repository of information regarding the health status of a subject of care, in computer processable form.¹

Integrated EHRs: Integrated EHRs contain a very wide breadth and scope of data, combining information from various healthcare systems, including medical and dental disciplines, into a unified record. Designed for high interoperability, integrated EHRs enhance care coordination and continuity across various healthcare settings, providing a comprehensive and holistic view of a patient's health.²

PRINCIPLES

EHRs and related data transmission should (1) improve care on both an individual and a public health level via supporting accessibility, quality and safety of care, facilitating research via appropriate mechanisms of consent and data usability, including interoperability and adherence to standards; (2) ensure trust between different stakeholders, e.g. patients, providers, payers and healthcare policy makers, via compliance with legislation and regulation, particularly towards data protection and security, accessibility, confidentiality, and traceability; (3) follow the principles of sustainability, usability, efficiency, cost-effectiveness, and ease of implementation. There is global variation in the application and integration of EHRs, and mechanisms for financing and enacting integrated EHRs should be sought.

POLICY

For the purpose of oral health for all, FDI encourages manufacturers and users of EHRs, policymakers, and researchers to:

- Ensure trust and confidence. EHRs store confidential data; access to and transmission of these data should be secure and purpose-related, including defined and enforceable access rules. EHRs should track any changes made after they were originally written.
- Foster equity and accessibility. The usage of EHRs should facilitate WHO's Universal Healthcare and Health for All approach, they should not perpetuate or aggravate existing social or medical inequities. Patients should be able to access their EHRs without any significant hurdles. Providers should be adequately trained to use EHRs judiciously, being aware of the various objectives involved when employing them, as well as the need for adhering to local data protection legislation.
- Consider the wider value of EHRs when developing, acquiring and using them. EHRs will play a pivotal role for a data-driven oral health research model, allowing better and safer, individualized care, at high efficiency. Similarly, health surveillance and public health management will increasingly rely on EHR data. Models should be developed and implemented to encourage patients to provide their data for public research and surveillance, while ensuring transparent data use and robust anonymization/de-identification. In case of commercial research and development efforts, data donors should benefit from their data being used.
- Facilitate data-driven care and public health, EHRs should use a common data model and ensure interoperability and accessibility. The oral health community should support initiatives around standardization, adhere to and enforce standards like Fast Health Interoperability Resources (FHIR, <https://fhir.org>) or Digital Imaging and Communications in Medicine (DICOM, <https://www.dicomstandard.org>).
- Assess the impact of EHRs and their usage on relevant stakeholders. There is great need for interdisciplinary development teams to ensure that those who use EHRs can do so efficiently and with confidence. Similarly, development and maintenance costs for EHR systems should be considered. The integration of oral health information into shared electronic health records is essential to support coordinated, person-centered care and to recognize oral health as an integral component of overall health.
- Regularly evaluate EHR systems to assess their sustained impact on patient information, administration, data quality, and clinical efficiency.

KEYWORDS

83 Data, data protection, electronic health data, interoperability, standards.

84 **DISCLAIMER**

85 The information in this policy was based on the best available scientific evidence at the
86 time. It may be interpreted to reflect prevailing cultural sensitivities and socio-economic
87 factors.

88 **REFERENCES**

- 89 1. ISO/TR 20514:2005: 'Repository of information regarding the health status of a
90 subject of care, in computer processable form.'
- 91 2. FDI. (2025) Consensus Statement on Integrated Electronic Health Records.
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