

Canada's healthcare systems, as with others around the world, are under enormous strain. We are witnessing the confluence of pressures from an aging population, higher rates of chronic disease and mental health issues, growing patient complexity, workforce destabilization and insufficient capacity to deal with the growing demand for care. A profound transformation is needed, one that necessitates shifting from an illness-focused system to one that prioritizes health, wellness and person-centred care.

Across the globe, we are seeing a move toward integrated care as the solution – health and social services working collaboratively, in a holistic model of support, with the ultimate goal of improving overall population health. A strategy of integration focuses on reducing health inequities, breaking down silos, dynamic collaboration and creating seamless care experiences that address both health and wellness.

In spring 2025, *Healthcare Quarterly*, in partnership with the International Foundation for Integrated Care – Canada, announced a call for papers for a special theme on integrated care. We invited submissions from across the country that highlight successful integration efforts, emerging best practices, case studies and policy shifts enabling greater integration and person-centred care. This resulted in the largest ever response to a call for papers from Longwoods, and we were incredibly impressed with the calibre of submissions.

Although we have often featured articles on integrated care in previous editions, this entire edition is dedicated to the theme of integrated, people-centred care. We start with a lead article from Wojtak and Goldhar (2026) that provides a frame for understanding different approaches to integration. From there, we explore a range of topics on integrated care, from learning health systems to integration of care across different settings and populations. As usual, we round out our quarterly edition with our featured columns from the ICES, Canadian Institute for Health Information (CIHI) and Neil Seeman.

We look forward to your feedback on this special topic, and hearing your thoughts on what additional solutions are going to help shift Canada toward more integrated, sustainable and resilient healthcare systems. We will continue to publish articles profiling Canadian examples of integrated care throughout 2026. Please contact us if you would like to share your work and ideas related to this important topic.

The Continuum of Integrated Care

Jurisdictions across Canada and globally are looking to integrated care to enable the transition from illness care to systems which focus on keeping people healthy in their homes and communities. The challenge has been that no consensus exists around an accepted definition of integrated care. The paper by Wojtak and Goldhar (2026) explains that integrated care is not a single entity, but a continuum of care depending

on whether the context relates to a single issue, complex multi-morbidity or the health of an entire population. In the framework that they propose, various levels of care are associated with various degrees of complexity and impact. Similarly, governance, funding, community involvement and partnership models are adapted to the levels of care. This paper, which brings clarity to the complex considerations that go into integrated care, will likely prove seminal in the field for years to come.

Learning Systems for Integrated Care

It is one thing to pilot test a change, and another to implement a new practice at scale. McMahon et al. (2026) argue that Canada needs to overcome our reputation as a nation of pilot projects by using research as a strategic lever for advancing integrated care and achieving higher impact from transformation initiatives. Over the past 25 years, the Canadian Institute for Health Research (CIHR) has evolved with increased focus on integrated care and impact, including investment in new programs and supports. The researchers from CIHR note that system leaders who engage with research and build capacity have the potential to achieve greater success through rapid learning, continuous improvement and addressing complex challenges. In an era of constrained resources, being able to assess the value proposition for new integration initiatives offers healthcare leaders a compelling reason to expand partnerships with researchers.

Leading Examples of Integrated Care Across Canada

Team-based care is being widely introduced into primary care as a way to expand access and scope. While nurses and licensed practical nurses (LPNs) possess unique skills that can enhance primary care, their training and practice have largely been institutional. British Columbia's Nursing Initiatives for Primary Care (Telford et al. 2026) has developed a process to support the transition of nurses and LPNs into primary care. A robust evaluation of this initiative is underway, but preliminary results suggest a positive experience on the part of all team members.

Integrated Youth Services (IYS) hubs exist in several provinces and territories, providing a single point of access to healthcare, mental health, substance use, educational supports and social supports. These IYS hubs are generally co-designed and developed with youth and their families. With rates of youth mental health on the rise, special attention needs to be given to the needs of youth from First Nations, Inuit and Métis communities, which are among the fastest-growing segments of the Canadian population. Ens et al. (2026) share a case study from Manitoba that profiles a successful youth hub that incorporates Indigenous ways of knowing and being into integrated youth services. The Huddle NorWest program

demonstrates how IYS hubs can support culturally safe and relevant programming for urban Indigenous youth. This is an inspiring and scalable example of creating spaces that foster belonging, with the potential to improve care experiences and health outcomes while reducing inequities in service access.

Communities across Canada are experiencing a crisis in housing and homelessness. This crisis is compounded by a lack of shelter beds, which results in a surge in access to hospital emergency departments during the coldest days of winter. A new integrated hub warming program in Hamilton, Ontario, was established through a cross-sector collaboration involving multiple partners. McCallum et al. (2026) describe how this program was developed and its measurable impact in providing a sustainable and humane response to the dual issues of homelessness and acute care capacity. This compassionate approach to a complex systemic crisis provides a powerful example of what communities and partners can do when they unite around a shared goal.

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The greatest need for integrated care occurs in the frail elderly or older adults with multimorbidity. Co-locating resources in a hub, close to concentrations of older adults, facilitates both access to and efficiency of integrated care. The paper by Abdelhalim et al. (2026) describes the creation of a comprehensive care hub through the Burlington Ontario Health Team. Impressive results are cited, and valuable learnings are provided, which can help others in the establishment of similar models.

As people age, they often choose to move to residential settings conducive to seniors' living. The congregation of seniors in these locations leads to naturally occurring retirement communities or "NORCs." In this issue, Chang and Recknagel (2026) highlight the opportunities afforded by NORCs in terms of providing socialization and a sense of community to residents as well as an economy of scale, which facilitates the provision of social and medical services. By taking advantage of NORCs, health and social care systems can, with minimal resource input, have a significant positive impact on the health, wellness and independence of seniors.

A second article on integrated youth services in urban settings comes from Quebec. In this case study, Thommeret-Carrière et al. (2026) examine the integration of family physicians as part of a multidisciplinary team supporting an integrated youth service hub in Montreal. The addition of family physicians has enabled the Aire ouverte

Montréal-Métro Berri to offer accessible care to meet both the physical and mental health needs of local youth. Drawing on leading practices from other jurisdictions, this case study highlights the value of providing flexible access to primary care, including specialized supports for eating disorders, sexual health, substance use and gender-affirming care. The decision to expand access to primary care was motivated by the growing complexity of medical and social needs, combined with challenges of youth in accessing specialty care. While still early in the evaluation, this model shows encouraging results with a team-based approach that could be scaled to other youth hubs across the country.

Quarterly Columns

While postpartum depression is a well-known consequence of reproduction, this quarter's article from ICES (Velez et al. 2026) describes potential mental health consequences across the reproductive spectrum. Too often, this intersection between reproductive health and mental health is not recognized, leading to significant untreated morbidity in women. This article highlights the potential mental health consequences related to reproduction and serves as a reminder of the need to integrate both reproductive and mental health considerations in maternal and reproductive care.

It has been said that "you can't get to where you want to go, unless you know where you are starting from". In this month's column from CIHI, Latus et al. (2026) use data from the 2024 Commonwealth Fund International Health Policy Survey of Older Adults to describe the healthcare experience of Canadian seniors compared with seniors living in nine other high-income countries. While Canada performs well in some respects, it lags in others. This comparative analysis highlights what is possible globally and provides a starting point that can guide improvement in Canadian healthcare systems.

A consistent challenge for advancing integrated care is related to our capacity to measure the impact. As we transform how care is organized and delivered, we lack the metrics and data that are essential to evaluate our progress. Too often, we end up relying on traditional health system measures such as wait times and acute care capacity, rather than investing in the development of new measures that better reflect the intended goal or outcomes for integrated, patient-centred care. In his most recent column, Seeman (2026) highlights this challenge and proposes a new set of "North Star" metrics that are designed to quantify the impact of system change from the lens of patients and their families. This article makes the critical case for finding a way to measure what really matters.

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