Our most recent issue of *Healthcare Quarterly* was entirely dedicated to the theme of integrated, people-centred care, and was developed in partnership with the International Foundation for Integrated Care – Canada. This theme seemed to resonate quite strongly with both readers and contributing authors, with broad consensus that we must improve how we coordinate across health and social care to meet the growing complexity of care needs in our population. Given the strong response to our call for papers, we will continue publishing articles that illustrate leading practices in integrated care in this and future editions.

In this edition, we feature four new articles on the theme of integrated care. Two of these articles include case examples of integrated care for hospital-to-home transitions and specialized geriatric care embedded within primary care. With the rising pressures on our system to address care for an aging population with complex and chronic health conditions, it is beneficial to see successful examples of integrated partnerships that make a significant impact on patient care. The two additional articles focus more on the academic side, including amplifying patient and caregiver voices in conference design and embedding researchers to build capacity in integrated health systems.

As we move beyond our special theme to other health system challenges, we are grateful to continue sharing the thought-leadership from Snowdon et al. (2026a) in an ongoing series on supply chain management in Canada. This is a troubling issue for Canadians in particular, as the authors point out that Canada experiences a higher frequency of health product shortages than any other developed nation.

This idea of building greater resiliency in our systems has many implications, including addressing the rising rates of mental health and substance use. Mental health and substance use are pan-Canadian crises, and we have committed to including more examples of leading practices in our journal, with new articles that touch on emergency department (ED) care for youth in crisis and optimizing treatment in correctional facilities.

Additional featured topics in this edition include the link between governance and artificial intelligence (AI) and a novel twist on how to approach acute care capacity challenges. Finally, we wrap up with our quarterly columns from ICES on the urgent need for policy to improve rheumatology care, the Canadian Institute for Health Information's (CIHI's) insights on pharmaceutical expenditure in Canada, and Neil Seeman's Quarterly Reflection on the value of the physician–pharmacist dyad. As always, we look forward to hearing from our readers on additional leadership topics for us to explore.

Integrated Care Across Canada

Hospital-to-home programs are an increasingly common means to address hospital bed capacity and persistent gaps in access to home care. Al-Fayez et al. (2026) describe how a Toronto hospital has seen success with an integrated hospital-to-home model for older adults with complex care needs. The hospital has partnered with community-based organizations to arrange a single interdisciplinary team offering a comprehensive range of health and social services that are planned before the patient's discharge home. The outcomes from this program are impressive, including measurable improvements in patient experience, timely access to home support and reductions in hospital readmissions and ED visits post discharge. The key to success is the high degree of coordination between the hospital, home care and community services, which overcomes the inherent challenges of transitions in care.

As our population ages and there are more older adults with complex health conditions living in the community, expanding access to specialized geriatric care is paramount. In Ontario, two organizations that coordinate geriatric services are showcasing promising practices for integrating geriatric expertise within community-based primary care. The authors, Kay et al. (2026), describe the design elements of these various integrated models to improve care for older adults living with complex and chronic health conditions – ranging from interprofessional care to partnerships, co-design and integrated technologies. The two organizations also hosted webinars that invited participants, including those from primary care team settings, to identify the supports they required to better support the care of older adults. The article provides important insights into how the current focus on primary care capacity also needs to include access to specialized geriatric care.

Academic and healthcare conferences, ostensibly organized with the underlying goal of benefiting patients and the public, paradoxically rarely involve the latter in planning or participation. The article by Sheikhan et al. (2026) describes how the 2024 North American Conference on Integrated Care was purposely designed to involve patients and caregivers in planning, participation and attendance. Key planning considerations are listed along with a retrospective assessment of success factors. This landmark involvement of patients and caregivers in the North American Conference marks a step forward in adopting the adage of "nothing for us, without us."

A long-standing gap in healthcare has been the challenge of translating research findings into operational actions, particularly in community settings. Similarly, primary care and population health teams have historically functioned without dedicated, trained support in measurement, evaluation and quality improvement. The article by Yoon et al. (2026) describes the innovative concept of embedding early career health system researchers into Ontario Health Teams to bridge this gap. The introduction of these impact fellows demonstrated substantial benefit in bridging the knowledge-to-action gap, introducing operational teams to the benefits of

knowledge translation and quality improvement support. There was also benefit to the affiliated academic institutions in terms of creating awareness around the priorities of community-based healthcare, and finally to the fellows themselves who received practical experience in supporting research, implementation and quality improvement in a front-line setting.

Supply Chain Challenges

Healthcare supply chain shortages pose a significant and ongoing threat to patient care. The team from the Supply Chain Advancement Network in Health (SCAN Health) launched a national community of practice for health sector organizations, with the goal of strengthening the security of Canada's national supply chain. Snowden et al. (2026a) describe SCAN Health's new risk assessment tool that enables organizations to quantify the probability and impact of potential supply chain risks. In an era of increasing geopolitical uncertainty and disruption, there is huge value in developing and sharing tools that can help organizations proactively identify risks and build more resiliency into supply chain management. The authors also identify systemic priorities for strengthening supply management at a pan-Canadian level.

In a second article on strengthening Canada's healthcare supply chain, Snowdon et al. (2026b) outline a specific strategy to advance digital capabilities. The authors note that Canada lacks the critical digital infrastructure to monitor inventory, track utilization, address recalls and mitigate risks of product shortages. The authors therefore propose a digitally enabled health supply chain strategy as a foundational improvement for patient care and health system performance. With many other sectors already far ahead in digital supply tracking, it is apparent that this level of organization and infrastructure for healthcare is long overdue.

Improving Mental Healthcare

Of the many reasons for the rise in ED use, one of the most alarming is the significant increase in ED visits among youth, particularly related to mental health and substance use concerns. According to Turuba et al. (2026), youth seeking emergency care for issues such as mood disorders, anxiety disorders and substance use often have long wait times for assessment and repeated visits without connection to appropriate care. Given the lack of standardized care pathways for youth seeking care in these settings, having a set of implementable priorities, from staff training and access to specialized care to co-designing services and supports for youth, provides a de facto quality standard for emergency care for youth. The authors conclude with proposed next steps for equipping hospitals to better meet the growing need for timely and appropriate care for youth.

The article by Wipf et al. (2026) demonstrates how the use of data and an integrated approach can have a significant impact on a serious social issue, namely, opioid addiction. In Alberta, data indicated a significant association between opioid-related deaths and encounters with the corrections system. Integration between justice and public health, and between correctional facilities and community opioid dependency programs has led to a rate of reduction in opioid-related deaths more than double the national average. Spreading the concepts underlying this initiative nationally could thus have a significant public health impact.

Emerging Issues in Governance

Both medical and lay media are increasingly highlighting opportunities afforded by AI scribes. In the article by Vounasis (2026), the benefits of AI scribes are highlighted in a realistic manner in terms of increased efficiency and decreased clinician burnout. However, Vounasis (2026) goes beyond this common description of AI scribes and very thoroughly outlines considerations related to privacy, fidelity, interoperability, governance and change management. As a tool that can influence patient outcomes, and in light of these considerations, it is argued that ambient AI scribes should be considered as medical devices in Canada and not simple tools of office assistance.

System Performance Metrics

In their article, Woods et al. (2026) suggest that hospitalization can often be a reflection of the system's failure to enable people to be looked after in the community. They also point out that over-granularity of measures can lead to an abundance of data but scarcity of information and a tendency to focus on simple solutions to complex problems. By introducing the Population Avoidable Days metric, which combines several individual measures related to avoidable hospitalization, administrators and clinicians have a single, composite measure that shifts attention to the root causes of hospitalization and its integrated solutions.

Quarterly Columns

With increasing patient numbers and a stagnant specialist workforce, the field of rheumatology is experiencing serious challenges. With rheumatological diseases, early diagnosis and treatment are important to avoid permanent harm, yet are typically beyond the scope of practice that can be carried out in primary care. In this issue's regular contribution from ICES (Widdifield et al. 2026), data are used to describe the scope of the issue as well as a potential solution – the shift from a physician-centric model to an interdisciplinary team model. Literature is referenced to support the ways in which such a model could improve patient access, avoid therapeutic delays and ensure comprehensive care.

Pharmaceutical spending is the third-ranked driver of

healthcare costs in Canada. In the regular CIHI column, Bhasker et al. (2026) provide examples of how the Pharmaceutical Data Tool, launched by CIHI in 2024, can provide insights into details and trends of drug spending in Canada. Such data can be used by policy and decision-makers to better understand healthcare spending, identify opportunities for optimization and anticipate future trends.

With the capacity constraints facing our healthcare systems, we can ill-afford for professionals to continue to work in silos, or worse, to compete with one another. In his latest column, Neil Seeman (2026) makes the case for the "virtuous duo" of physicians and pharmacists working as an integrated team. Using case examples, Seeman (2026) contrasts what happens when physicians perpetuate traditional siloed and hierarchical ways of working versus having integrated teams with primary care and pharmacists working together. The difference in outcomes is striking – from improved medication and chronic disease management to better healthcare utilization. In his usual poetic style, Seeman (2026) makes a most compelling case for choosing virtue. HQ

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