
POSTER ABSTRACT

Exploring the Relationship between Integrated Care Principles and Learning Health Systems

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Background: Embedding Learning Health Systems (LHS) within healthcare organizations is an emerging idea that is gaining traction. LHS is an intentional way of organizing healthcare where practice, research, lived experience, and community perspectives inform operations, service delivery, and outcomes.

An effective LHS activates:

- a continuous loop of knowledge sharing, evidence-based learning, reflective feedback, and application of new knowledge into practice.
- the integration of diverse workforce positions, non-traditional practice roles, and novel partnerships.

As we consider the principles of integrated care (IC) in the context of inclusive leadership and sustainable integrated workforce solutions (i.e. human resource strategies, teams and teamwork, capacity building, role of community partners), an interesting intersection begins to emerge between IC and LHS that requires exploration.

To advance integrated care, a Specialized Geriatric Services (SGS) program in North Simcoe-Muskoka, Ontario, Canada employed and embedded an applied researcher AND a Person with Lived Experience into the team. Our goal was to improve planning, programming and evaluation and to build team and program capacity. We anticipated the cross-pollination of diverse skills, knowledge, and resources would enable a standard of care that would surpass what was achievable by a traditional health service model. In using an IC lens to achieve better health/care/outcomes, we inadvertently began to build the foundation of an LHS; both working to enhance the likelihood that everyday practice will reflect diverse sources of evidence, be guided by lived experience, and be enriched by community assets.

Approach: We conducted a pragmatic mixed-methods evaluation of the design and implementation of the LHS, which started from IC principles and an inclusive workforce strategy.

Results: Our presentation describes the unique design of the LHS, shaped by IC principles, and highlights how it helps:

- engage patients and care partners as co-creators of knowledge
- design and deliver evidence-based services enriched by diverse expertise
- embed rapid-cycle, practice-based evaluation to continuously inform care improvement
- leverage data and experience to identify inequities, adapt interventions, and drive collaborative problem-solving
- strengthen and broaden the service delivery workforce
- infuse the perspectives of lived experience into research and clinical work
- promote research that is meaningful and practical for service delivery teams
- promote a culture of integrated care and ongoing improvement

Implications: There are limited examples in the literature that demonstrate the relationship between IC principles, inclusive leadership and LHS. By showcasing our real-life exemplar, we will explore how to bring IC principles to life through an LHS. Our presentation will draw on study findings to highlight unique structural and process features of the LHS (e.g., new workforce roles, co-design practices, innovative partnerships, and feedback loops) that leaders must intentionally embed in LHS design to make IC principles a lived reality. Our talk will pinpoint critical ingredients, highlight success and challenges and discuss next steps. With deliberate attention to these 'ingredients,' the IC vision can increasingly move from aspirational to operational using LHS momentum as a catalyst for change.