Framework for an Integrated People-centred Health System

Health Quality Alberta

Development of this framework began with the question, 'How is quality defined today?'

Building on the updated definition of quality released in 2025, the Framework for an Integrated People-centred Health System provides an evidence-based model and whole-system approach to move beyond a focus on disease toward systems and services organized around the full spectrum of people's and communities' needs. The framework brings together input from system partners across Alberta, patient advisors, and communities, along with insights from leading frameworks elsewhere.

Jurisdictions around the world are striving for an integrated and people-centred health system that supports the health and well-being of people, communities, and the wider population. In such a system, collaboration thrives. Services are well coordinated, and people, organizations, communities, and governments co-create solutions.

A whole-system approach sees the improvement opportunities within sectors, situations, and care settings. And it points to the spaces between them, as rich, underdeveloped territory for collaboration and improvement. The framework is intended to guide action. It offers a common language and a resource to support coordinated effort across roles, settings, and sectors.

An integrated people-centred health system[1]:

- Adopts a broad understanding of health — and acts on the determinants of health.
- Plans and sets priorities beyond a focus on medical treatment and improved clinical outcomes.
- Prioritizes the wholistic preferences, needs, and strengths of people and communities.
- Supports healthcare providers and recognizes the value of family caregivers.
- Sees people and communities as agents of change in achieving health and well-being and reducing health disparities.
- Sees social services as part of the health system to address more fully what matters to people and communities and thus builds partnerships among people, organizations, and communities within and across the health and social sectors.
- Designs for equitable access to health services and strives for equitable health outcomes.

[1] Integrated people-centred care is a catch-all term that refers to a type of health system, vision, or strategy for health system improvement or transformation, and a model of care delivery and health system planning and design. In all forms, it is adopted to shift thinking and practice in health system planning, decision-making, and care delivery to improve outcomes, quality, experience, and value.

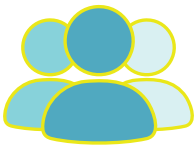
May 2026

How the framework is organized

A whole-system approach emphasizes the many enabling conditions and practices that need to be present for a system to deliver integrated people-centred care. For this reason, the framework has three interconnected parts: **quality dimensions**, **enablers**, and **shared responsibilities**. Each part has its own role, but none works on its own. Their interdependence is what supports progress toward integrated people-centred care. (See illustration on page 4.)

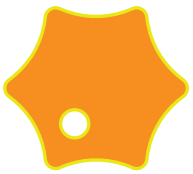
Quality dimensions

Quality dimensions are interrelated concepts. For example, quality depends on integration, and integration requires a people-centred approach. Each dimension interconnects with others in this way. Taken together, they define what is meant by health quality and describe the care experiences, relationships with care providers, and health outcomes people should expect from an integrated people-centred system.



People-centred

The wholistic preferences, needs, and strengths of people and communities matter.

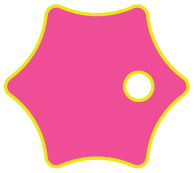


Accessible and timely

People can readily access services that meet their needs.

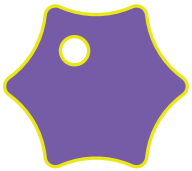
Safe

Trust and feelings of security are fostered, and all forms of preventable harm are avoided.



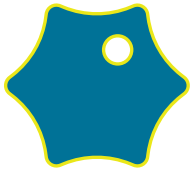
Effective

Decisions are based on current evidence and lived experience.



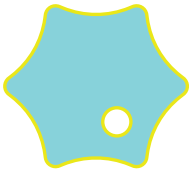
Integrated

People, teams, sectors, organizations, and communities are interconnected.



Efficient and sustainable

Resource use balances individual, population, systemic, social, and environmental factors to benefit current and future generations.



Equitable

Services see and respond to the preferences and needs of communities to reduce and prevent unfair differences in experiences and outcomes.

Download our resources at hqa.ca/dimensions.

Enablers

Enablers are the structural, cultural, and operational levers of change. They are the conditions needed for realizing health quality and creating an integrated people-centred system. They draw on leading thinking and practice in health system improvement and reflect areas that are widely recognized as shaping the quality of care and outcomes. They offer a shared way of understanding these conditions and can inform planning and improvement across different contexts.

Collaborative governance

Through distributed leadership, people and organizations share accountability and work together to achieve goals.

Aligned funding

Sustainable, innovative funding models promote multi-sectoral integration and deliver better value.

Workforce capacity and capability

Providers and staff can perform optimally.

Technology solutions

Technologies enable new options for care delivery and facilitate the timely exchange of data across the system.

Measurement and evaluation

By design, information enables continuous improvement.

Cultural responsiveness

Capacity-building responds to diverse communities and contexts.

Meaningful engagement

People and communities have the knowledge and agency to co-create health solutions.

People-centred organizational culture

Interpersonal relationships thrive, and respect for people's potential is threaded throughout the organization.

Shared responsibilities

Shared responsibilities describe how people show up with and for one another across an integrated people-centred health system. They determine how the quality dimensions and enablers are lived in everyday practice. From policy to leadership and care delivery, collective commitment and action to these responsibilities strengthen connection, reinforce shared purpose, and support integrated people-centred care. When practised consistently, they knit together the human parts of the system — people, interactions, communities, and networks — into a more cohesive whole.

Communicating transparently

Information is shared clearly and accessibly to strengthen trust and accountability.

Demonstrating cultural humility

Practice is shaped by ongoing reflection on identity and context.

Cultivating relationships

Work is centred on mutual respect, shared knowledge, and co-created goals.

Evolving continuously

Actions evolve collaboratively in response to feedback and change.

Applying the Framework

This framework is intended for people and organizations that support the health and well-being of individuals, communities, and the population:

- Policy, governance, and oversight
- Healthcare services, programs, and teams
- Quality improvement specialists
- Community health and social services
- General health and well-being sectors (e.g., recreation)

A variety of roles are included: policymakers, leaders, administrators, professionals (e.g., physicians, nurses, allied health professionals, social workers, community support workers), educators, researchers, improvement facilitators, family caregivers, and patient partners.

Some parts of the framework will be more relevant in certain contexts than others. For all users, the starting point is the quality dimensions, with people-centredness at the core.

When used collectively and applied consistently, the framework supports coordinated action towards a more integrated people-centred health system.