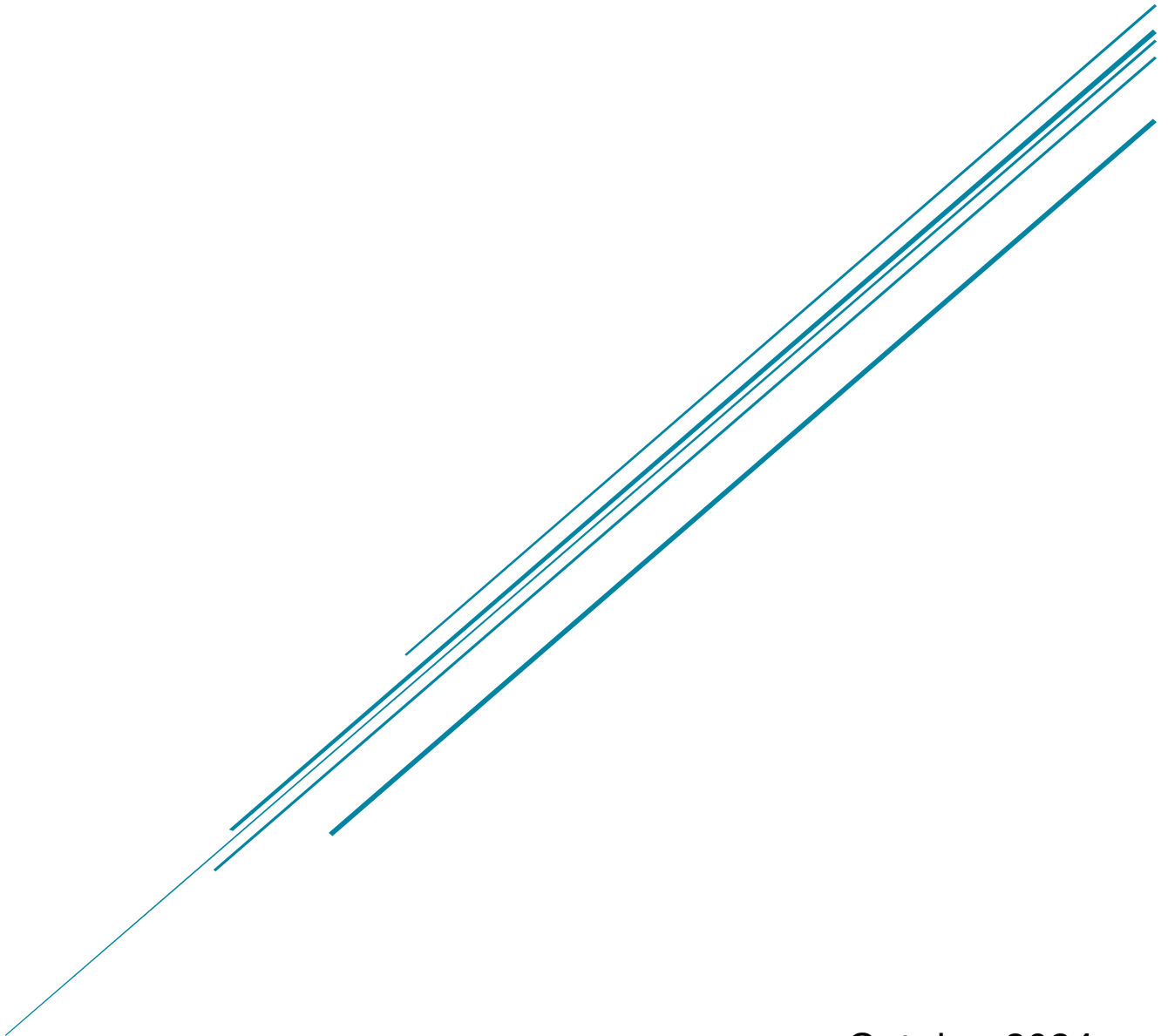


LEADING THE WAY IN DEMENTIA CARE

Submission to the Standing Committee on Social Policy regarding
Bill 121: Improving Dementia Care in Ontario Act, 2023



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Executive Summary

Dementia is a complex syndrome. It most commonly occurs in older adults and frequently co-occurs with other acute and chronic health conditions, often necessitating extensive use of health and social services. In Ontario, in 2023, more than 173,000 people over age 66 were living with a diagnosis of dementia, and on average used 11 or more medications, visited a physician roughly 11 times a year and more than 85,800 people living with dementia (49.6%) required homecare services¹. In the same year, over 56,000 (32.5%) older adults living with dementia visited the emergency department and more than 41,000 (24,0%) experienced a hospitalization¹. A significant number of older adults live alone², including people living with dementia, and they require support to remain at home.

The clinical work of dementia care, such as assessments, diagnoses, treatments and ongoing care activities, is carried out by primary care, supported by specialized clinical dementia services (also called specialized geriatric services and seniors' mental health) that operate across all health care sectors (e.g. hospitals, community settings, long-term care etc.). These specialized services are made up of skilled interprofessional teams (e.g. nurse practitioners, nurses, occupational therapists, physiotherapists, pharmacists, social workers and others) who work with geriatricians, geriatric psychiatrists, neurologists, and primary care providers (physicians and nurse practitioners) and that have specific expertise

¹ Warren, C., Mondor, L., Bronskill, S., Paterson, M., Plumpton, L., An, D. (2023). Characteristics and Utilization of Physician Specialist Services among Older Adults with Dementia and Frailty in Ontario – 2023 Update, Applied Health Research Questions (AHRQ) # 2024 0800 263 001. Toronto: Institute for Clinical Evaluative Sciences.

² Srugo, S., Jiang, Y., de Groh, M. (2018). Living arrangements and health status of seniors in the 2018 Canadian community health survey. <https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-40-no-1-2020/living-arrangements-health-seniors.html>

in dementia and aging care. Their work supports people living with dementia, at any age, through extensive clinical activity and leadership in dementia research and education.

Ontario's proposed legislation, [Bill 121: Improving Dementia Care in Ontario Act, 2023](#), brings important focus to the care of growing numbers of people living with dementia of any age. It can enable the creation and integration of required core services and supports for dementia care and demonstrates the role of Ontario's government in leading the way for citizens experiencing a complex and devastating syndrome, consistent with the World Health Organization's direction that would see 75% of the world's countries with policies, strategies, plans or frameworks for dementia by 2025³.

Provincial Geriatrics Leadership Ontario (PGLO), an entity funded by the Ontario Ministry of Health to coordinate specialized clinical services for older adults living with complex health conditions, including dementia, applauds the introduction of Bill 121. Further, PGLO commits to supporting the implementation of a Provincial Framework on Dementia Care by working with ministries and other partners to build a robust infrastructure for accessible team-based clinical care, with dementia-educated clinicians of all health disciplines, and timely access to specialized supports when needed. These clinical services, coupled with support for the important contributions of home care and community and social service agencies, such as Ontario's Alzheimer Societies, Community Care agencies and others, will provide necessary and ongoing supports for living with dementia through what might be a 12 to 20 year trajectory.

³ <https://www.who.int/data/gho/data/themes/global-dementia-observatory-gdo/policy-and-legislation>

This submission includes recommendations to strengthen the Legislation and the accountability for excellence in dementia care that it can enable. Our recommendations draw from our network’s direct experience providing clinical service to thousands of people with dementia and their care partners, our expertise in leading research and education in dementia care, and our experience designing clinical services for dementia and aging care⁴ across Ontario. Table 1 summarizes our recommendations, which are subsequently followed by specific wording suggestions for the proposed Legislation, in the pages that follow.

Table 1: Summary of Recommendations

Recommendation 1	Define the leadership structure for implementation in the Legislation: Create Aging Care Ontario, with a mandate to implement the Provincial Framework on Dementia Care.
Recommendation 2	Recognize the important role of clinical services in dementia care in the proposed Legislation.
Recommendation 3	Expand the scope of the Ministry of Colleges and Universities review of health professional program standards to include all relevant health and social care professions.
Recommendation 4.1	Identify and support the unique needs of Indigenous people living with dementia.
Recommendation 4.2	Recognize the importance of care partners as well as the heightened vulnerability of newcomers and individuals with dementia who live alone.
Recommendation 5	Include reference to primary care in the proposed provincial framework language.
Recommendation 6:	Expand the scope of referenced quality standards in the proposed Legislation.
Recommendation 7:	Group and expand measurement related language in the proposed Legislation.

⁴ Horgan, S., Kay, K., & Morrison, A. (2020). Designing integrated care for older adults living with complex and chronic health needs: A scoping review. Provincial Geriatrics Leadership Ontario. <https://geriatricsontario.ca/wp-content/uploads/2020/11/PGLO-Scoping-Review-FINAL.pdf>

PGLO is grateful for the opportunity to support this important Legislation and to continue the work, through our network of specialized clinical services, of supporting people living with dementia and their care partners across Ontario.

About Provincial Geriatrics Leadership Ontario

Provincial Geriatrics Leadership Ontario (PGLO) leads the provincial coordination of specialized physical, cognitive, social and mental health services and advances integrated, person-centred care for older adults living with complex health conditions, including dementia, frailty, and seniors' mental health conditions, and their care partners, in Ontario. Funded by the Ministry of Health through the Provincial Dementia Strategy, PGLO focuses on coordinating specialized clinical services (e.g. Care of the Elderly, Geriatric Medicine, Geriatric Psychiatry, Seniors' Mental Health and Interprofessional Geriatric Teams) to improve care for older adults across the health and social care continuum.

PGLO supports clinical excellence through guideline and standard development, builds system capacity for the delivery of care through planning and workforce education, advances performance measurement and evaluation of systems delivering care to people with dementia, frailty and seniors' mental health conditions and informs health policy relevant to older adults living with complex health conditions such as dementia. PGLO is not an advocacy organization, but rather was funded beginning in 2018 under the Provincial Dementia Strategy to support the Government of Ontario's efforts to deliver on a promise of excellent dementia and aging care across the province.

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Who Does the Work of Clinical Dementia Care in Ontario?

In Ontario, the clinical work of dementia care, such as assessments, diagnoses, treatment and ongoing care activities, is often led by primary care, supported by specialized clinical teams with specific training and scope of practice in these areas. In 2023, of 173,000 people aged 66 and older (the majority) living with dementia in Ontario, nearly 32,000 visited a geriatrician, over 12,000 visited a geriatric psychiatrist and roughly 17,000 visited a neurologist⁵, and long wait times for these services suggest considerable demand and under supply. Many people with dementia also require the support of specialized clinical dementia services (also called specialized geriatric services and seniors' mental health). These services are made up of skilled interprofessional teams (e.g. nurse practitioners, nurses, occupational therapists, physiotherapists, pharmacists, social workers and others) who work with geriatricians, geriatric psychiatrists, neurologists, and primary care providers (physicians and nurse practitioners) and that have specific expertise in dementia and aging care.

These expert interprofessional clinical teams provide a significant amount of dementia assessment capacity, support and ongoing care. In Ontario, in 2023, there were approximately 1600 health professionals working in these interprofessional clinical teams in a variety of programs (e.g. primary care-based memory clinics, specialized memory clinics, geriatric and seniors' mental health outreach teams, hospital-based programs, etc.) (see Appendix 1) and collectively they supported 120,000 patients with dementia

⁵ Warren et al., 2023.

and/or other problems associated with aging, through more than 500,000 clinical visits⁶.

Health professionals working in specialized clinical services also support a robust research and educational infrastructure for dementia care in Ontario, including clinical trials to test new therapies, research into effective approaches and models of care for people living with dementia, and education and mentorship about dementia care delivered through a variety of events and continuing educational offerings⁷.

Also in 2023, 93.8% (more than 160,000) of older people diagnosed with dementia visited a physician⁸, most commonly a primary care physician. According to the Canadian Institute for Health Information (2024), as many as 2 out of 5 primary care physicians reported feeling unprepared to manage the clinical care of people living in the community with dementia and reasons for this include “the complexity of dementia, difficulties diagnosing dementia, lack of access to specialists (particularly in rural and remote areas), insufficient knowledge of community-based resources, time constraints and challenges coordinating patients’ and families’ needs”⁹. Dementia care requires an infrastructure for accessible team-based clinical care, with dementia-educated clinicians of all health disciplines, and timely access to specialized supports when needed. The clinical work of dementia care is complemented by the important contributions of home care and community and social service agencies, such as Ontario’s Alzheimer Societies,

⁶ Kay, K., & Morrison, A. (2024). Specialized and focused geriatric services asset inventory. Provincial Geriatrics Leadership Ontario. <https://geriatricsontario.ca/resources/the-current-state-of-specialized-older-persons-care-a-detailed-look-at-specialized-geriatric-services-in-ontario/>

⁷ PGLO Geriatric Continuing Professional Education Links <https://geriatricsontario.ca/resources/continuing-geriatric-education-links/>

⁸ Warren et al., 2023.

⁹ Canadian Institute for Health Information. [Family doctor preparedness](#). Accessed October 5, 2024.

Community Care agencies and others, who provide necessary ongoing supports for living with dementia through what might be a 12 to 20 year trajectory.

Collectively, clinical services, home care, community-based services, and palliative care are the backbone of Ontario's current and, as yet, unstructured dementia care system. Bill 121: the Improving Dementia Care Act, 2023, offers promise for the necessary leadership and infrastructure to enhance dementia care across the province. Provincial Geriatrics Leadership Ontario (PGLO) supports the focus and attention this Legislation brings to an important health and social care challenge: ensuring excellent care for people living with dementia and their care partners.

This submission includes recommendations to strengthen the Legislation, drawing from direct experience providing clinical service to thousands of people with dementia and their care partners, and our expertise in leading research and education in dementia care, and our experience designing clinical services for dementia and aging care across Ontario. Throughout this document, new wording suggestions are presented in ***bold italicized text***.

Recommendations

Recommendation 1:

Define the leadership structure for implementation in the proposed Legislation: Create Aging Care Ontario, with a mandate to implement the Provincial Framework on Dementia Care.

PGLO applauds and supports the proposed Legislation's direction to develop a Provincial Framework on Dementia Care. We strongly believe that leadership to implement this framework is essential and should also be clearly articulated in the Legislation, as was seen in the Mental Health and Addictions Centre of Excellence Act, 2019.

We also note the importance of recognizing that occurrences of dementia increase with age and may co-occur with other chronic conditions. In 2023, of more than 170,000 older people living with dementia (the majority of people diagnosed with dementia), 44.8% also had an anxiety disorder, 36.6% also had diabetes, 28.9% experienced stroke, and 27% had chronic obstructive pulmonary disease. Dementia is impacted by and, in turn, impacts the outcomes of co-morbid medical and psychiatric conditions. Further, the treatment of chronic disease is different in people with dementia and requires an interdisciplinary approach that involves care partners (where present) and provides for a range of supports for independence (e.g. medication reminders/administration, help with meals, finances etc.). In other words, approaches to dementia cannot be independent of approaches for other chronic conditions. Thus, dementia care cannot occur in isolation and is best contextualized within an overall aging strategy.

We recommend that a specific entity be named in the Legislation and given a mandate for implementation of the Provincial Framework on Dementia Care. We also recommend

that, rather than perpetuating disease or syndrome specific entities, leadership for the Provincial Framework on Dementia Care be housed in a population-health focused entity, consistent with Ontario Health's vision of an aging care continuum. Therefore, we recommend the following addition to the Legislation:

New

Aging Care Ontario

- ***Ontario Health shall establish and maintain, within Ontario Health, a centre to be known as Aging Care Ontario.***

Functions

- ***Ontario Health shall carry out the following functions through Aging Care Ontario***
 1. ***Creating and putting into operation the Provincial Aging Care Plan, including the Provincial Framework on Dementia Care.***
 2. ***Developing and implementing clinical, quality and service standards for dementia and aging care.***
 3. ***Monitoring metrics related to the performance of the aging care system, including metrics specific to dementia care.***
 4. ***Supporting the training and education of health and social care providers and other care providers in dementia and aging care.***
 5. ***Providing resources and support to health service providers, Ontario Health Teams and others related to dementia and aging care.***
 6. ***Supporting and coordinating research into dementia including effective models of care and clinical treatments and therapies.***
 7. ***Any other functions that the Minister may direct.***

Recommendation 2:

Recognize the important role of clinical services in dementia care in the proposed Legislation.

Early access to diagnosis and timely access to ongoing and appropriate clinical care are critical to living with dementia in the community for both people living with dementia and their care partners. This includes access to primary care based clinical dementia supports (e.g. primary care memory clinics, interprofessional teams who are trained to provide dementia care) and timely access to specialist physicians (e.g. geriatricians, geriatric psychiatrists, neurologists etc.) and specialized teams (e.g. interprofessional geriatric teams and seniors' mental health teams) in a variety of settings including hospitals, home and community settings, and long-term care. It also includes support for upcoming biomarker screening and related diagnostics, including emerging blood tests for Alzheimer's disease, to ensure such services are available to all Ontarians, not only those with private means to pay for them.

The clinical work of dementia care historically has been under-recognized and poorly resourced, with many existing services experiencing little to no growth in the last five to 10 years, despite significant growth in the older adult population¹⁰. As a result, Ontario's clinical dementia services are not sufficiently equipped to meet rising demand in a timely fashion, and wait times are reported across the system.

¹⁰ Kay & Morrison (2024).

Clinical services must be recognized and supported as a foundational aspect of a dementia care system. Without appropriate numbers and timely access to clinical services, delays in accessing a timely diagnosis and appropriate treatment will continue. Such delays are unacceptable and will also impact access to new treatments on the horizon.

We recommend that the clinical services necessary for dementia care be referenced in the Legislation, in addition to current references to important programs such as the First Link program that are already mentioned. Therefore, we propose the following amendment to the Legislation:

Current

(f) identifies measures to facilitate equitable access to dementia care across Ontario, including strategies to increase awareness of programs such as the First Link program offered through the Alzheimer Society of Ontario;

New

(f) identifies measures to facilitate equitable access to dementia care across Ontario, including ***timely access to clinical services and*** strategies to increase awareness of programs such as the First Link program offered through the Alzheimer Society of Ontario;

Recommendation 3:

Expand the scope of the Ministry of Colleges and Universities review of health professional program standards to include all relevant health and social care professions.

Across health provider education programs, there is a lack of exposure to content relevant to the care of people living with dementia and older adults more generally. This deficit prompted PGLO to create the [Provincial Common Orientation to the Care of Older Adults](#) program in 2023, a workforce education and training series for health and social

care professionals new to or seeking a refresher in the care of older adults, including those living with dementia. In 2023-2024, this program trained 480 health professionals, across 35 different health professional roles (e.g. nurses, rehabilitation professionals, personal support workers etc.), from 96 different organizations. Already in 2024-2025, PGLO has enrolled more than 300 health and social care professionals from across Ontario, and is registering into Winter 2025. Further, Ontario Health at Home and Ontario's Community Paramedicine programs have identified this educational program as important core training for their workforces, which serve many people living with dementia.

PGLO's experience reflects the significant demand for education in dementia and aging care and supports our assertion that all health and social care professionals require in-depth learning about person-centred dementia care. PGLO has already begun to define key features of dementia care training and has validated 13 core principles for dementia care relevant to the development of dementia care competencies¹¹. PGLO is also currently working with people with dementia, care partners and others in the development of a dementia care competency framework that can inform educational program development. Dementia care is everyone's business and therefore, we propose the following amendment to the Legislation:

Current

Personal support worker programs

2 (1) The Ministry of Colleges and Universities shall review its "Personal Support Worker Standard" to determine whether changes should be made to require any or all of the following:

¹¹ Kay, Metersky, Smye et al. (2023). A scoping review to inform the development of dementia care competencies. *Dementia*, 22(5). 1138-1163. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10262338/>

1. In-depth learning about person-centred dementia care.
2. Experiential training and placements that involve working with patients living with Alzheimer’s disease and related dementias.
3. Learning about and practicing communication and de-escalation techniques such as gentle persuasive approaches or other accredited techniques.

New

Health and social care professional programs

2 (1) The Ministry of Colleges and Universities shall review its **program standards for all regulated health professionals and relevant social care professionals** to determine whether changes should be made to require any or all of the following:

1. In-depth learning about person-centred dementia care.
2. Experiential training and placements that involve working with **people** living with Alzheimer’s disease and related dementias **and their care partners**.
3. Learning about and practicing **therapeutic** communication and de-escalation techniques such as gentle persuasive approaches or other accredited techniques.

Recommendation 4.1:

Identify and support the unique needs of Indigenous people living with dementia.

According to the Alzheimer Society of Canada, dementia prevalence among Indigenous people is expected to increase more than 250% by 2050¹². Based in Ontario, and recognized internationally, the Indigenous Cognition & Aging Awareness Research Exchange¹³ has done considerable work to identify the importance of Indigenous

¹² Alzheimer Society of Canada. (2022). Dementia by the numbers. <https://alzheimer.ca/en/about-dementia/what-dementia/dementia-numbers-canada>

¹³ <https://www.i-caare.ca/>

perspectives in dementia care. Their work suggests the experiences of and approaches to dementia, including assessment, treatment and care, require unique responses that should be supported by a robust policy infrastructure.

Recommendation 4.2:

Recognize the importance of care partners as well as the heightened vulnerability of newcomers and individuals with dementia who live alone.

Health and social services made available to people living with dementia are often designed with the expectation that there are care partners available, willing and able to provide support for day-to-day living. This expectation of unfunded caregiving time influences service thresholds and availability. PGLO recognizes care partners as central to the care of people living with dementia, an under-recognized group that provides roughly 20 hours per week (per care partner) caring for someone with dementia¹⁴.

At the same time, increasing numbers of people living with dementia live alone and are at heightened risk for social isolation, fraud and scams, vulnerability during emergency situations, and difficulties carrying out activities of daily living (e.g. shopping, cooking, meal preparation, food handling and storage, hygiene activities etc.)¹⁵. A Provincial Framework on Dementia Care needs to recognize and support care partners; and recognize, support and care for those who do not have care partners. Further, specific mention of the needs of newcomers experiencing dementia, who may have additional challenges navigating the health and social care system, and Ontarians who require

¹⁴ Public Health Agency of Canada. (2019). A dementia strategy for Canada: Together we aspire. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/dementia-strategy.html>

¹⁵ Alzheimer Society of Canada. (2018). Dementia and living alone. <https://alzheimer.ca/sites/default/files/documents/conversations-about-dementia-and-living-alone.pdf>

culturally focused dementia care, would enhance the proposed Legislation. Therefore, summarizing our recommendations 4.1 and 4.2, we propose the following amendments to the Legislation:

Current

(j) takes into consideration and supports the needs of specific patient populations, including women, francophone and those diagnosed with early onset Alzheimer's dementia;

New

(j) takes into consideration and supports the needs of specific **patient** populations, including **Indigenous Peoples (First Nation, Inuit, Métis)**, women, francophones, **newcomers and Ontarians requiring culturally appropriate care**, those diagnosed with early onset Alzheimer's dementia, **individuals living with dementia who live alone, and the care partners of people living with dementia**;

Recommendation 5:

Include reference to primary care in the proposed provincial framework language.

PGLO applauds the inclusion of various sites of care in the proposed Provincial Framework on Dementia Care. We particularly highlight the critical importance of home care and community care in supporting independence. We also note that most dementia care clinical activity already happens in primary care - exactly where it should occur. Yet primary care providers report they lack the necessary supports to address the needs of increasing numbers of people living with dementia. Specific mention of primary care in the legislation will help to raise the profile of this essential system pillar and support the development of complimentary funding and policy to ensure primary care is prepared to meet current and future demand. Therefore, we propose the following amendment to the legislation:

Current

(2) The Minister of Health shall develop a provincial framework designed to support improved access to dementia care, provided through hospitals, home care, long-term care homes, hospices and community care services, that, among other things,

New

(2) The Minister of Health shall develop a provincial framework designed to support improved access to dementia care, provided through **primary care**, hospitals, home care, long-term care homes, hospices and community care services, that, among other things,

Recommendation 6:

Expand the scope of referenced quality standards in the proposed Legislation.

There are several current quality standards and anticipated future clinical and quality standards to emerge (e.g. standards for anti-amyloid therapies). All are or will be relevant to the care of people living with dementia, including those developed by Ontario Health (e.g. Behavioural Symptoms of Dementia, Dementia Care for People Living in the Community) and the Canadian Coalition for Seniors' Mental Health (e.g. Behavioural and Psychological Symptoms of Dementia). As such we suggest more general language about standards be used in the legislation. Therefore, we proposed the following amendment to the Legislation:

Current

(i) reviews Quality Health Ontario's Quality Standard entitled "Dementia: Care for People Living in the Community";

New

(i) reviews **Quality Standards relevant to Dementia Care, such as** Ontario Health's Quality Standard entitled "Dementia: Care for People Living in the Community";

Recommendation 7:

Group and expand measurement related language in the proposed Legislation.

PGLO has done considerable work on measurement and indicators for integrated care for older adults living with complex health conditions in Ontario¹⁶. Guided by this experience, we note several references to measurement in the proposed Legislation. Grouping measurement related statements and expanding this section to include key areas of measurement would clarify expectations for measurement and help to frame an eventual performance and measurement framework for dementia care in Ontario. Therefore, we propose the following changes to the Legislation:

Current

- (d) identifies measures to support dementia care providers;
- (e) identifies research and common data elements on dementia care;
- (f) identifies measures to facilitate equitable access to dementia care across Ontario, including strategies to increase awareness of programs such as the First Link program offered through the Alzheimer Society of Ontario;
- (g) identifies measures to facilitate consistent access to dementia care across Ontario;

New

identifies measures reflecting the dementia care experience in Ontario including measures related to:

- i. Supply and availability of services including clinical services (e.g. primary care-based dementia services, specialized clinical dementia services etc.), homecare services and community supports (e.g. the***

¹⁶ Prorok, J., Kay, K., Morrison, A. & Horgan, S. (2023). Integrated care for older adults who live with complex health and social care requirements: a core set of indicators. *Journal of Integrated Care* 31(4) 446-455. <https://www.emerald.com/insight/content/doi/10.1108/JICA-04-2023-0024/full/html>

Alzheimer Society of Ontario First Link program), palliative care and other services

- ii. Access to and utilization of services including clinical services, homecare services and community supports, palliative care and other services***
- iii. Wait times for dementia care services***
- iv. Quality and effectiveness of dementia care services***
- v. Individual and care partner experiences with dementia care services***
- vi. Dementia education programs at the undergraduate and continuing education levels***
- vii. Research and innovation in dementia care***

Conclusion

The proposed Legislation offers promise for a provincially coordinated system of excellent dementia care in Ontario, by creating the necessary policy levers, direction and leadership. This approach has already been well demonstrated through the Cancer Act, 1990 which precipitated the development of the highly impactful Cancer Care Ontario agency, now part of Ontario Health. Further, both the Compassionate Care Act, 2020, and the Mental Health and Addictions Centre of Excellence Act, 2019, have resulted in important provincial frameworks for palliative care and mental health and addictions care respectively, and growing infrastructure to support these significant populations. Given its health system and personal impact, dementia care requires similar attention, contextualized within an overarching aging continuum in Ontario. Establishing Aging Care Ontario to create and put into operation the Provincial Framework on Dementia Care will provide the necessary integrated leadership for a critical population health and social care issue.

A Provincial Framework on Dementia Care can help to ensure the availability of necessary diagnostic and treatment capacity through equitable access to specialized clinical services for dementia care (e.g. specialized geriatric services and seniors' mental health programs). It can also foster research and knowledge mobilization capacity to support innovation and discovery, and the education and ongoing mentorship of health and social care professionals about capacity issues so often present in dementia, current practices and models of care for both people living with dementia and their care partners, and emerging treatments, to name a few topics. Finally, a provincial framework can

integrate existing investments in programming (e.g. Behavioural Supports Ontario) into a broader continuum, support the coordinated implementation of clinical and quality standards, and advance ongoing collaborative research and evaluation efforts. We have further identified perceived benefits of a provincial framework for dementia care in Figure 1 below.





			
<p>Improve access to dementia care programs, including specialized clinical services</p>	<p>Integrate best practices and evidence informed models in primary care and across settings</p>	<p>Connect and leverage existing specialized research and clinical programs</p>	<p>Optimize planning, design, delivery, implementation, navigation, performance and quality measurement & evaluation</p>

Figure 1: Benefits of a Provincial Framework on Dementia Care in Ontario

PGLO, and its network of specialized clinical services, looks forward to working with the Government of Ontario, ministries and other partners, and to supporting the Government’s leadership in implementing a Provincial Framework on Dementia care that results in accessible, high-quality, integrated, person-centred, evidence-informed care.

Appendix 1

Models of Specialized & Focused Geriatric & Seniors Mental Services in Ontario

