

# Short Report on Models and Examples of Primary Care Integrated Geriatric Teams

May 8, 2025

## Introduction

On May 8, 2025, Provincial Geriatrics Leadership Ontario (PGLO) and the Regional Geriatric Program of Southwestern Ontario (RGP SWO) hosted a virtual session that included five (5) presentations from different Ontario Health Regions, and audience interaction with 121 participants from primary care, specialized geriatric services and other settings. Key presenter and audience themes are briefly summarized below.

To view the full session video, presentation slides and other resources visit [https://bit.ly/PCIGT\\_Part1](https://bit.ly/PCIGT_Part1)

## Themes Across Presentations

### Enablers\*

- ✓ Integrated Interdisciplinary Teams
- ✓ Proactive & Flexible Models
- ✓ Partnerships & Co-Design
- ✓ Technology & Shared Documentation
- ✓ Scalable and Adaptable Models
- ✓ Patient and Provider Satisfaction

### Gaps Impeding Scale Up\*

Challenge Areas	Workforce & Capacity	Shortage of specialists, burnout, limited FTEs
	Technology & Data	EMR Fragmentation, digital gaps, poor interoperability
	Policy & Funding	No cohesive older adult strategy, time-limited funding, lack of scale up mechanisms
	Equity & Inclusion	Limited rural reach, cultural competency gaps, access for unattached patients
	Engagement & Culture	Variable primary care buy-in, lack of sustained community co-design
	Spread & Evaluation	Few standardized toolkits, inconsistent data, limited evaluation frameworks

\*Summary of slide presentations kindly generated by Steph Ouellet, CEO, Alzheimer Society Southwest Partners

### Timely Tidbits:

- Consider adding a budget line for geriatric medicine and geriatric psychiatry sessionals in your Interprofessional Primary Care Expansion Proposals to ensure access to support.
- Access the Provincial Common Orientation to the Care of Older Adults to help onboard your new IPC team members [more at <https://geriatricsontario.ca/initiatives/provincial-common-orientation/> ]

## Preliminary Highlights of Participant Feedback

### Ideas

- ✓ **Integration and Collaboration:** Include community services and interdisciplinary teams to reduce duplication and streamline geriatric care.
- ✓ **Holistic Care:** Address both mental and physical health to provide comprehensive, person-centered care.
- ✓ **Digital Systems:** Improve digital communication and documentation to enhance information sharing, especially in underserved areas.
- ✓ **Scalability:** Assess successful pilots for broader implementation, adapting to regional needs.
- ✓ **Proactive Community Care:** Shift specialized resources into primary care to increase access and reduce hospital dependency.

### Supports

#### Required supports

- Access
- Advocacy
- Coordination
- Expansion
- Funding
- Implementation
- Integration
- Leadership
- Technology
- Training
- Staffing