

What is a Primary Care Integrated Geriatric Team?

As we age, our health needs can become more complex. Integrating teams of health professionals with different skills (e.g. geriatric trained doctors, nurses, occupational therapists etc.) into **Primary Care** is a way of organizing healthcare to better support older adults living with complex health issues like dementia, frailty, and mental health conditions.

Such teams, sometimes called Primary Care Integrated Geriatric Teams, may include direct and collaboration relationships with (but not limited to):

- Family doctors and Nurse Practitioners
- Nurses, Social workers, Pharmacists
- Physiotherapists and Occupational Therapists
- Specialists in aging, mental health, and dementia
- Unregulated care providers (e.g. PSWs, Community Paramedics etc.)

They work together in primary care settings like your family doctor's office or a community health centre. Primary Care Integrated Geriatric Teams are helpful because they enable:



Personalized care based on individual goals and preferences



Faster access: to experts in aging and mental health



Needing to go to hospital less often



The identification of supports for caregivers and families



Better communication between involved healthcare providers

How do we integrate more teams with geriatric expertise into Primary Care?

- Train staff in the care of older adults
- Adopt technology that links teams and partners
- Cultivate strong leadership
- Foster community support
- Provide ongoing funding for team-based primary care and geriatric expertise

What Can You Do?

- Ask your primary care provider if they have integrated a geriatric team in their practice.
- Share your health goals with your care team.
- Advocate for better care for older adults in your area.