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REPLY:

Thank-you for your excellent letter in response to *Health-Care of the Elderly and Family Practice Involvement* (Editorial) GERIATR Today JCGS 2002; 5:61. Your comments in regards to training with added qualifications in Care of the Elderly are most relevant. Professionals with extra skills in Care of the Elderly will increasingly be needed to provide aging Canadians with a quality health-care system. All physicians, both Family Physicians / Care of the Elderly and Internal Medicine / Geriatricians need to work together and be leaders in developing new interdisciplinary models of Primary Care Reform, to accommodate the chronic complex frail elderly patient in the communities of Canada, whether rural or urban.

Physicians with a special interest in Geriatrics need to collaborate in order to help the development of new models of Primary Care delivery to this special aging population. The present fee for service models may not be serving this particular population and alternative funding or sessional forms of remuneration may need to develop for changes to evolve. Professional collaboration will advance clinical, education and research in care of the elderly; thus, there will be a larger voice to Government, Universities and Funding Agencies to advance geriatric care.

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Je vous remercie de votre excellente lettre en réponse à l'éditorial sur "Health Care of the Elderly and Family

Practice", Geriatrics Today JCGS 2002; 5:61. Vos commentaires sur la formation complémentaire en soins aux personnes âgées (Care of Elderly Fellowship) sont extrêmement pertinents. Les professionnels de la santé avec compétence additionnelle en soins aux personnes âgées seront en grande demande afin de prodiguer des soins de qualité à nos aînés du Canada. Les médecins de famille/soins aux personnes âgées, internistes, gériatres et tous les médecins en général se doivent de travailler ensemble afin de développer de nouveaux modèles interdisciplinaires en soins primaires en vue d'accueillir les patients souffrant de maladies chroniques complexes dans les communautés canadiennes, rurales ou urbaines.

Les médecins avec un intérêt particulier en gériatrie doivent collaborer afin de fournir des modèles de soins primaires à ce groupe spécifique de personnes âgées. Le type de rémunération à l'acte en usage présentement ne rend pas justice à ce genre de population ou de médecine gériatrique. Des méthodes alternatives de rémunérations soit par session, par vacation ou salaire seraient plus appropriées dans le cas échéant. Ce n'est qu'avec ces changements et cette collaboration professionnelle qu'on parviendra à faire avancer les soins cliniques, l'éducation et la recherche pour le bénéfice des personnes âgées; conséquemment il y aura une plus grande voix au chapitre auprès des gouvernements, des universités et des agences de subventions ou bailleurs de fonds afin de faire évoluer les soins gériatriques.

Jean A.C. Triscott, MD, CCFP, Co-Editor

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