

THE AMERICAN GERIATRICS SOCIETY

AGS Comments to AMA on Comparative Effectiveness Research Priorities for The Patient Centered Outcomes Research Institute

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AGS is the nation's largest association of geriatrics healthcare professionals, with nearly 6,000 members. We, and our members, are dedicated to improving the health, independence and quality of life of older people through initiatives in clinical practice, professional and public education, research, and public policy advocacy.

- ❖ In November 2010, The John A. Hartford Foundation under its grant to the AGS in support of the Geriatrics-for-Specialists Initiative (GSI) held a *Comparative Effectiveness Research* Conference in Bethesda, MD., with the overarching objective to define CER and its relevance to clinical geriatrics research. Our comments below, emanate from our conference findings, and were developed by a national group of leaders drawn from a variety of disciplines, and with representation from various institutes of the National Institute of Health.
- ❖ We concluded that a better understanding of the comparative effectiveness of pharmacological interventions, non-pharmacological interventions and models of care in older adults is vitally important given the cost and complexity of care of older adults. Older adults frequently have multiple medical problems but are typically excluded from clinical trials. Issues such as limited life expectancy, functional status outcomes, quality of life outcomes, multi-morbidity, team approaches to care, widely heterogeneous populations, and complex interventional strategies are unique and highly relevant to comparative effectiveness research in geriatrics. In addition, we resolved the following points from our *CER* Conference findings:
 - Universal outcome measures should be incorporated routinely into geriatric CER studies as opposed to only including disease-specific outcomes.
 - Participant sampling needs to minimize exclusion criteria, especially so the multimorbid and/or functionally impaired patients is included in the trial, as these are the individuals who generate a large share of health care costs and for whom there is little guidance on comparative effectiveness.
 - Investigators need to identify key subgroups of elders in a trial or an observational study to account for aged heterogeneity and allow for meaningful subgroup analyses.
 - Innovative study designs (e.g., adaptive designs) and analysis strategies will need to be considered and incorporated into CER studies involving older adults.
- ❖ As the PCORI Board moves to reach consensus on its 2011-2012 national priorities, our goal at AGS is to help offer fresh and unique perspective on the critical need to support the Comparative Effectiveness Research enterprise.