

American Geriatrics Society Comparative Effectiveness Research (CER) Conference
November 2-3, 2010 · Preliminary Recap

- ❖ The objectives of the conference were to identify knowledge gaps, barriers and next steps/solutions in performing CER in older adults as guidance to investigators, funding agencies and policy makers
- ❖ The conference featured a series of presentations from leading organizations including AHRQ (Dr. Carolyn Clancy), NIA (Dr. Richard Hodes), NHLBI (Dr. Michael Lauer), IOM (Dr. Harold Sox) and CMS (Dr. Marcel Salive) confirming the importance of CER in geriatric patients and conditions and identifying key issues from each organization's perspective.
- ❖ This was followed by a series of presentations by leading researchers on the methodological challenges and way forward for conducting CER in older individuals with emphasis on the patient with multimorbidity and/or functional impairment. The presentations covered models of care, observational studies and clinical trials.
- ❖ Workgroups met on Day 2 to further identify knowledge gaps, barriers and next steps for specific elements of research methodology, using a landmark model of care study and clinical trial study as a springboard for discussion

From the presentations and the workgroups, some major themes emerged:

- ❖ 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
 - There is a need to add a simple set of universal measures to existing clinical and/or administrative data sets to improve the quality of independent variables (e.g., baseline descriptors, prognostic variables, confounders) and dependent variables
- ❖ Innovative study designs (e.g., adaptive designs) and analysis strategies will need to be considered and incorporated into CER studies involving older adults.
- ❖ There is a need for more work with long-term care databases since these databases often do contain the independent and dependent variables of interest for geriatric CER
- ❖ One product of the conference will be a summary article of the conference proceedings and guidance for publication in JAGS (the editors are interested)
- ❖ Another potential product is an executive summary for PCORI and other key stakeholders