Many people are living longer, but significant health problems, including chronic conditions and fall-related injuries, can limit older adults’ activities and independence. Older patients frequently move from one healthcare setting, such as doctors’ offices, hospitals, and nursing homes, to another. These care transitions can put them at risk for harms and pose burdens for their caregivers. Older adults and their caregivers need evidence to make informed decisions about transitioning between care facilities and about which services are most effective for maintaining their health and independence.

Research Addressing Questions That Matter

PCORI funds comparative clinical effectiveness research (CER) to determine which healthcare options work best for which patients, based on their needs and preferences. CER produces evidence that helps people make better-informed healthcare choices.

PATIENT
I have a fractured hip and my doctor says I need surgery to repair it. I’m concerned about the long-term effects of general anesthesia. Are there any alternatives that might reduce the risk of complications and shorten my time in the hospital?

CLINICIAN
Many of my older patients are suffering from treatment-resistant depression. I am looking for research and information about the most effective treatments that take into account the specific benefits and risks for older patients.

Patient-Centered Research on Care after Stroke (PROSPER)

This study found that taking either the blood thinning drug warfarin or statins reduces stroke survivors’ risk for major cardiovascular problems. It also found that the medications enable patients to continue living in their own homes longer than those who aren’t prescribed the drugs. Time at home is the outcome that stroke survivors said matters most to them. This study is led by Adrian Hernandez at Duke University.

Reducing Unnecessary Emergency Department Visits through Care Transitions

When older patients with chronic medical conditions head home after an emergency department visit, they are often unsure about where to get follow-up care and what to expect from it. This study is comparing a system of community-based social support and follow-up care to the usual practice of providing verbal and written instructions to patients upon discharge. The study, led by Donna Lynne Carden of the University of Florida, explores which better improves patients’ quality of life and lessens the likelihood of hospital readmissions.
Building Capacity for Patient-Centered Research

PCORI is investing in people and infrastructure to support high-quality patient-centered research for years to come. **PCORnet, the National Patient-Centered Clinical Research Network**, will enable us to learn from the data and experiences of 100 million Americans. It is building capacity for research and other studies by supporting patient-driven networks and helping them connect with researchers who are studying similar topics, including the health of older adults.

One PCORnet partner network, the **National Alzheimer’s and Dementia Patient and Caregiver-Powered Research Network**, connects patients, caregivers, and researchers in efforts to conduct and disseminate patient-centered research on dementia, which affect millions of older adults.

As of August 2019, PCORI has awarded **$165 MILLION TO FUND 32** comparative clinical effectiveness research projects expected to yield results relevant to older adults’ health.

### BY THE NUMBER OF PROJECTS

*Top conditions studied that affect older adults; projects may address more than one condition*

**Most Studied Conditions**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple/Comorbid Chronic Conditions</td>
<td>9</td>
</tr>
<tr>
<td>Cancer</td>
<td>8</td>
</tr>
<tr>
<td>Mental/Behavioral Health</td>
<td>7</td>
</tr>
<tr>
<td>Neurological Disorders</td>
<td>6</td>
</tr>
<tr>
<td>Cardiovascular Diseases</td>
<td>5</td>
</tr>
</tbody>
</table>

**Most Studied Populations of Interest**

- **Racial/Ethnic Minorities**: 14
- **Individuals with Multiple Chronic Conditions**: 12
- **Low Health Literacy**: 5
- **Women**: 8
- **Urban**: 4