

## FOR REVIEW AND CONCURRENCE



## Request for Information (RFI) on the National Institute on Aging (NIA) Strategic Directions for Research

NIA's current strategic directions document is [The National Institute on Aging: Strategic Directions for Research, 2020-2025](#). NIA is formulating its *Strategic Directions for Research* document for 2026-2030, and the Institute seeks public input on revisions to the current document and suggestions for new content.

NIA's *Strategic Directions for Research* document serves as a statement of NIA's scientific priority areas within the rapidly evolving field of aging research and provides a framework for systematic analysis of NIA's scientific portfolio. The document both complements and forms a solid foundation for more targeted and specific planning tools, including the [National Alzheimer's Project Act plan and milestones](#) and NIA's forthcoming strategic plan for diversity, equity, inclusion, and accessibility. Therefore, in addition to input on current and potential new goals and objectives related to aging research, NIA welcomes input on any related topic for which dedicated NIA planning processes exist.

NIA invites feedback from researchers in academia and industry, health care professionals, patient advocates and health advocacy organizations, scientific or professional organizations, federal agencies, and all other interested members of the public. NIA's leadership and staff will review and consider responses as the Institute updates its strategic directions.

To ensure consideration, responses must be submitted by: 2024-09-13 11:59:59 PM ET

### **What emerging research needs and future opportunities that reflect the next five years should be included in the *Strategic Directions for Research, 2026-2030* document?**

1. When a hospital patient is transferred to post-acute care, there needs to be sufficient communication between the acute care caregivers, and the next set of caregivers, including the patient and family.

Preliminary evidence suggests that inadequate communication can lead to adverse events that may require re-hospitalization, or worse. One patient reported that when she was transferred for hospital to a nursing home (one that has a 5 – star CMS rating), the rescue inhaler on which she depends, was not included in the transferred materials from the hospital to the nursing home, and was not obtained by the post-acute care team in over 6 hours wait, resulting in the patient returning to the hospital to receive proper care. Research is needed

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to better improve transitions of care, and to ensure that the patient's preferences are honored.

2. Research is needed to prove the business case for small long-term care facilities that can offer private rooms and baths for improved resident privacy and infection prevention.

The VA small homes model and the Greenhouse model of care in which facilities have low numbers (12 – 14) of residents and private rooms and baths has been demonstrated to provide better quality care, however, Medicaid rates appear to be insufficient or costs are too high for making such improvements in care for those dependent on Medicaid to pay for long-term services. More research is needed to determine the true cost of providing such small facilities and what is the cost of caring for fewer residents in a facility.

3. Research is needed on the effects of extreme heat in areas of the country that have been more accustomed to dealing with extreme cold.

It is necessary to determine what options are available for government, property owners, and others to allow cooling to be affordable, especially in already constructed facilities, to be affordable to private and public payers, and can that cooling off-set health care costs of people adversely affected by extreme heat such as older adults and people with disabilities who have chronic health issues or are taking medication that adversely impacts them in extreme heat situation.

4. Research is needed into the barriers to medication reconciliation at all points of care.

There has been considerable research, and much has been written about the impact of poor medication reconciliation, including many recommendations regarding best practices. We suggest research is needed to illuminate the ongoing barriers to medication reconciliation. Perhaps it has much to do with medical staffing issues in health care facilities. However, in the community, corporate greed on the part of pharmacies appears to be playing a big role. Pharmacies have automatic refill programs, which they claim to assist the client. However, we have observed that pharmacies are increasing their profit margins with a disregard for client safety. Comprehensive research into the barriers to medication reconciliation at all points of care is needed. The findings could be both life-saving and cost-saving.

5. Research is needed to develop a consensus on crisis standards of care, and their impact on older adults and people with disabilities.

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There appears to be an attitude that, when there is a shortage of available professionals or necessary medicine and medical technologies, older adults and people with disabilities are not as valuable as a younger, more able patient. The calculation is apparently based on how many productive years can be gained by saving the life of an older person placing a value on economic activity. Are there deaths that are preventable, or where people “die before time,” before their life expectancy, when extraordinary measures are withheld because a determination is made that the effort won’t gain that much more time? Is the fact that most nursing home residents, the majority of whom are women, are not given adequate staff and resources because the residents will eventually die? How many people die prematurely because there is no incentive to help them live longer?

6. Research is needed into the significant number of older adults in nursing homes are administered with antipsychotic drugs.

Why is the number of nursing home residents diagnosed with schizophrenia and prescribed anti-psychotic medication (or not diagnosed and given the medication anyway) so much higher than the diagnoses among the general population? Are antipsychotics used primarily to keep nursing home residents from demanding services and there are insufficient staff to meet their needs.? Would it be useful to devise a drug registry for the prescription and use of anti-psychotics similar to such registries developed to track the prescription of opioids?

7. Research is needed to support minimum standards for nursing home staffing.

When the federal government researched the need for minimum staffing regulations for nursing homes in the United States, the final rule set the staffing ratio lower than the most research has recommended and lower than several state standards. Research is needed to confirm the correct level and the outcomes needed to prove the efficacy of that level. Additionally, research should also be conducted to determine whether a higher standard for staffing is needed for dementia special care units and the credentials that should be required of staff.