



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

Advisory Panel on Addressing Disparities Meeting Summary

October 2014

Overview

On September 11, 2014, the PCORI Advisory Panel on Addressing Disparities (AD) met via teleconference. AD program staff provided brief programmatic updates on new projects awarded in July 2014 and upcoming awards, the asthma portfolio, and a look at portfolio impact. Most of the meeting was dedicated to discussion around four topics for potential consideration:

1. Unintentional overdose and dependence on pain relievers
2. Disease identification/risk assessment and therapeutic strategies for autism spectrum disorders
3. Treatment strategies for osteoarthritis
4. Pharmacologic and nonpharmacologic treatments for Alzheimer's disease and other dementias

The panel provided feedback to AD program staff on the importance of these topics and potential to reduce disparities, as well as guidance on whether the AD program should pursue topics for future funding.

Related Information

- [About This Advisory Panel](#)
- [Advisory Panel April 2014 Meeting](#)
- [Orientation to PCORI's Research Prioritization](#)
- [Addressing Disparities Topic Briefs](#)
- [Addressing Disparities Program Presentation](#)

The Patient-Centered Outcomes Research Institute (PCORI) is an independent organization created to help people make informed healthcare decisions.

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Program Updates and Discussion

Addressing Disparities (AD) program staff provided updates on new projects awarded in July 2014, as well as upcoming awards, which can be viewed on our [website](#). The AD program discussed dissemination efforts and shared initial strategies to measure program impact. One large initiative underway is the launch of [the Asthma Evidence to Action Network](#). This network will comprise the eight asthma projects in the AD portfolio awarded under the targeted funding announcement, [Treatment Options for African Americans and Hispanics/Latinos with Uncontrolled Asthma](#), and other asthma projects across all PCORI programs. The goal of the network is not only to foster cross-learning among funded projects, but also to connect research teams with the end-users of findings, including patients, caregivers, clinicians, payers, and policymakers, to expedite uptake of results. The panel was particularly interested in using the network to understand shared challenges better with regard to engaging patients in research and data analysis, and to share lessons learned.

The Asthma Evidence to Action Network is expected to be the first of multiple networks, and an important component of the program's efforts to assess program impact. Another topic that stands out as a priority topic for impact assessment is the use of community health workers in health interventions. Even though this topic spans a variety of health conditions, program staff are looking at strategies for collective analysis to understand the overarching impact of using community health workers. The panel discussed how examining the impact of projects that use community health workers highlights the importance of expanding our understanding of the AD portfolio into the organizational and policy domains. More broadly, the panel discussed the importance of assessing the impact not only of research findings on outcomes and practice, but also on the research community itself and how research is conducted.

Research Topic Discussion

At this meeting, the panel discussed four research topics for consideration for potential targeted funding announcements, future pragmatic clinical trial solicitations, and/or as focus areas for broad funding announcements. The AD program developed the following list of research topics for the panel's consideration by identifying shared research priorities across multiple stakeholder groups, including the Institute of Medicine, America's Health Insurance Plans, and the National Business Group on Health.

Rank	Title	Topic
1	Unintentional overdose and dependence on pain relievers	Interventions to avoid unintentional overdose and substance dependence associated with use of pain relievers (opioid and nonopioid) among vulnerable populations.
2	Identification/risk assessment and therapeutic	Compare the effectiveness of disease identification/risk assessment for autism spectrum disorders and therapeutic strategies (e.g.,

	strategies for autism spectrum disorders	behavioral or pharmacologic interventions, the combination of the two) for different autism spectrum disorders among populations likely to experience disparities (i.e., racial/ethnic minorities, rural populations, low socioeconomic status populations). For therapeutic strategies, examine effectiveness across different levels of severity and stages of intervention.
3	Treatment strategies for osteoarthritis	Compare the relative effectiveness of different treatment strategies for osteoarthritis in populations likely to experience disparities.
4	Pharmacologic and nonpharmacologic treatments for Alzheimer's disease and other dementias	Compare the effectiveness of pharmacologic and nonpharmacologic treatments (e.g., social/family support) in managing behavioral disorders for populations likely to experience disparities (i.e., racial/ethnic minorities, rural populations, low SES populations) with Alzheimer's disease and other dementias in home and institutional settings.

The following is a summary of the discussion for each of the four topics.

1. **Unintentional overdose and dependence on pain relievers.** The panel discussed the significance of unintentional overdose and dependence on pain relievers but advised that the topic is broad and should be separated into opioids and nonopioids (e.g., acetaminophen). Overdose and dependence on opioids and nonopioids are different issues with different implications for disparities research. Opioid overdose and dependence is often discussed within the context of chronic pain, which is another important element of this research topic that should be considered, particularly as it relates to health disparities. Other more specific topics to explore include dependence prevention, as well as prevention of fatalities from overdose using naloxone, for example. The panel commented that, interestingly, unintentional overdose is a “reverse” disparities issue, disproportionately affecting the white population compared to racial and ethnic minorities. ***The panel requested additional specification on this topic in order to be able to provide guidance to the AD program on gaps in clinical evidence.***
2. **Identification/risk assessment and therapeutic strategies for autism spectrum disorders.** Disparities in the identification and diagnosis of autism spectrum disorders is a significant issue that has a detrimental impact on outcomes and quality of life. While there is less evidence to support that disparities exist in **treatment** for autism, panel members emphasized that the documented disparities in identification and diagnosis of autism spectrum disorders subsequently lead to disparities in treatment. Therefore, closing the gap on identifying and diagnosing patients with autism is a key component of improving treatment as well. The panel also stressed the importance of taking into account cultural differences in responses to behavioral health problems when developing interventions and defining target populations. ***The panel is in favor of further pursuing this topic.***
3. **Treatment strategies for osteoarthritis.** The topic lends itself well to communications research, particularly around patient-provider communication and education, as well as shared decision making. Another factor that makes this an appealing topic to the panel is that osteoarthritis is also connected to obesity. ***The panel was in strong favor of further pursuing this topic because***

osteoarthritis is prevalent, it is important to patients, and there are clear disparities in care and outcomes.

- 4. Pharmacologic and nonpharmacologic treatments for Alzheimer’s disease and other dementias.** The panel agreed that treatment options for Alzheimer’s disease and other dementias is a critical issue, with significant implications for both health outcomes and costs. The panel commented that there is evidence for efficacy of interventions, but evidence for effectiveness of interventions is lacking—a gap that needs to be addressed and one that PCORI could fill. One opportunity for research in this field that is particularly important is the use of harmful drugs among individuals with dementia. The panel raised other potential opportunities within this topic, including treatment in rural communities and caregiver burden. ***The panel was in favor of pursuing this topic and suggested that this topic presents a good opportunity to partner with other organizations, such as the Alzheimer’s Association.***

Next Steps

Based on the discussion of these topics, the AD program will further evaluate research gaps and opportunities related to the last three topics: identification/risk assessment and therapeutic strategies for autism spectrum disorders; treatment strategies for osteoarthritis; and pharmacologic and nonpharmacologic treatments for Alzheimer’s disease and other dementias. After additional research and gap analysis, these topics may be considered as targeted areas for future funding announcements. Before further pursuing the topic on unintentional overdose and dependence, AD program staff will narrow the scope of the topic and consider potential impact on health disparities to determine next steps. The next advisory panel meeting will be in January 2015, in Washington, DC, and will be open to the public via teleconference.