



# AHRQ Strategic Plan for Health System Transformation to Optimize Health, Functional Status, and Well-being among Older Adults

**Vision:** All people receive high-quality, person-centered care based in primary care that optimizes health, functional status, and well-being as they age, and advances health equity.

**The Problem:** The U.S. population is rapidly aging, and the health system is ill-prepared to meet the needs of older adults. Older adults and individuals with multiple chronic conditions frequently receive fragmented and sub-optimal care, leading to poor outcomes, including avoidable adverse events, hospitalizations, and institutionalization, as well as increased costs negatively impacting the sustainability of Medicare and state Medicaid programs.

By re-engineering healthcare delivery systems so that care transformation optimizes health outcomes, functional status, and well-being, much of the morbidity and premature mortality associated with aging can be delayed or slowed, and chronic conditions can be effectively managed, allowing people to live independently and contribute to their communities longer.

**Goal 1: Support health system transformation by funding research to develop, implement, evaluate, and scale person-centered models of care to optimize physical and mental health, functional status, and well-being among older adults for individuals and populations.**

Improving the health of older adults requires reengineering our primarily disease-focused “sick-care” system to one that is person-centered, delivering whole-person care across the life course, aimed at improving the health and well-being of people and populations in the context of their lives. This reengineered system emphasizes prevention and management of chronic conditions, including multiple chronic conditions. It supports the foundational role of primary care. It facilitates achievement of the quintuple aim: enhancing patient experience, improving population health, reducing costs, promoting workforce well-being, and advancing health equity. Effective and efficient care for older people requires new coordination models among preventive, acute, chronic, rehabilitative, and long-term care services and the integration of physical and behavioral health, social care, and public health developed in partnership with communities and frontline healthcare workers. AHRQ supports research on “what works” to achieve these objectives and “how to make it work.”

AHRQ is the primary federal agency supporting research on health systems, focusing on the relationships between the organization and financing of healthcare services, clinical practice, the goals, needs, and values of the people and communities served, and health outcomes. AHRQ is uniquely positioned to drive the generation of critical evidence required to transform healthcare delivery to meet the needs of a growing population of older adults, many with multiple chronic conditions and/or complex social needs, and to provide the evidence to inform policy.

## Strategies:

- 1.1 Issue a Special Emphasis Notice that communicates AHRQ’s interest in supporting research to improve access, quality, outcomes, and equity of care among older adults by delivering integrated, whole-person care.



- 1.2 Establish care of older adults, an AHRQ priority population, as an AHRQ research priority by incorporating language related to aging in all AHRQ Notices of Funding Opportunities (NOFOs) and Program Announcements.
- 1.3 Support research to develop, implement, evaluate, and scale digital solutions to support improved care delivery, experience of care, and outcomes among older adults and provide tools and clinical decision support to achieve these aims.
- 1.4 Develop initiatives related to aging in AHRQ's budget proposals, including a network of Centers of Excellence aimed at accelerating needed evidence generation and the uptake of evidence for transforming care for older adults to optimize outcomes.
- 1.5 Conduct Evidence Syntheses to identify and build upon strategies with the strongest base of scientific evidence for improving healthcare of older adults and to identify research gaps.
- 1.6 Conduct and support intramural research to increase our understanding of utilization, expenditures, and disparities in care in older adults.
- 1.7 Leverage AHRQ databases, including the [Healthcare Cost and Utilization Project \(HCUP\)](#), [Medical Expenditure Panel Survey \(MEPS\)](#), [Consumer Assessment of Healthcare Providers and Systems \(CAHPS®\)](#), [Health Plan Survey Database](#), and the Social Determinants of Health (SDOH) database to conduct intramural and extramural aging-related health services research.

**Goal 2: Disseminate and implement evidence to improve health outcomes and experience of care of older adults.**

There is a mismatch between how care is organized and delivered and the needs of older adults, their families, and caregivers. Implementation, scale, and spread of evidence-based interventions and models of care to improve access, quality, safety, equity, and outcomes of care is exceedingly challenging due to multiple issues, including current payment models; workforce availability, competencies, and burnout; under investment in primary care; and an underemphasis on prevention. AHRQ is tasked under the Affordable Care Act to increase the uptake of evidence in practice through dissemination and implementation (D & I). There is an enormous opportunity to improve care delivery to older adults through AHRQ's Patient-centered Outcomes Research Trust Fund (PCORTF) D & I portfolio using innovative approaches and collaborative partnerships.

Patients, families/caregivers, communities, clinicians, practices, health systems, states, and federal partners can co-design interventions and co-create critical evidence while improving care. Learning health systems, primary care practice networks, and practices all play an important role and provide the capacity to accelerate progress. AHRQ supports the development and implementation of resources for care improvement, including digital solutions. The integration of quality improvement and implementation science can help expand the evidence base so that evidence can be implemented successfully in different contexts. Methods such as agile implementation, rapid cycle learning, mixed methods, adaptive designs, and methods from complexity science can support evidence implementation and generation.

**Strategies:**

- 2.1 Include language in extension service NOFOs about opportunities and challenges in delivering person-centered care and increasing the uptake of evidence among older adults.
- 2.2 Advance person-centered care planning through ACTION RFTO: Person-Centered Care Planning for Persons with Multiple Chronic Conditions, which includes a Technical Expert Panel, Partners Roundtable, Learning Community, and Summit to increase the uptake and scale of person-centered care planning in routine practice.
- 2.3 Develop, pilot, and disseminate an e-Care Plan to support longitudinal comprehensive care planning for older adults and people living with multiple chronic conditions.
- 2.4 Engage learning health systems and states in disseminating and implementing the evidence in improving care delivery for older adults.

- 2.5 Engage patients, families, caregivers, communities, and frontline health workers in co-design of interventions and co-creation of evidence.
- 2.6 Incorporate language and aims related to aging where relevant in the PCORTF portfolio.

**Goal 3: Support training and mentoring of health services researchers with expertise in improving care delivery for older adults.**

AHRQ plays a vital role in the training of health services researchers through funding career development awards; supporting training programs, including for researchers embedded in learning health systems; and hosting and mentoring fellows at the Agency, affording the ability to support training and mentoring of health services researchers with interest and expertise in the care of older adults.

**Strategies:**

- 3.1 Communicate AHRQ's interest in aging to researchers from diverse disciplines at all levels of career development: pre-doctoral, post-doctoral, and early career (K awards).
- 3.2 Identify training and research opportunities related to aging among embedded researchers and trainees in AHRQ's P30 grants.
- 3.2 Provide opportunities for fellows at all career levels to work and gain experience at AHRQ on aging-related projects.

**Goal 4. Expand and create synergies across AHRQ's portfolio to support health system transformation to improve care quality such that it is timely, equitably distributed, safe, and effective, leading to better health and well-being for older adults and widely communicate to internal and external audiences that aging is a priority of AHRQ.**

AHRQ can increase the impact of current investments in work aimed at understanding and improving care delivery for older adults by coordinating and creating synergies across AHRQ's offices and centers, including practice improvement, patient safety, cost and financing, and priority populations, the dissemination and implementation work funded by the PCORTF, and by communicating this work widely. AHRQ's current portfolio in aging provides a robust platform to build upon.

- 4.1 Create a cross-AHRQ aging workgroup to share, create synergies, and develop collaborations on aging-related work.
- 4.2 Track and collate AHRQ's aging-related work (grants, contracts, intramural research) across offices and centers.
- 4.3 Develop an AHRQ microsite dedicated to aging activities and resources.
- 4.4 Partner with the office of communication to widely communicate AHRQ's aging-related work and initiatives.
- 4.5 Publish viewpoint articles to communicate AHRQ's priorities in improving the health and healthcare of older adults.
- 4.6 Publish blogs communicating AHRQ's priorities, activities, and other resources to support improvements in care delivery to optimize health, function, and well-being as the population ages.
- 4.7 In partnership with legislative affairs, educate Congress on the urgency for and value of health services research to improve the care of older adults.

**Goal 5: Develop strong federal, health system, public health, and private sector partnerships to transform healthcare delivery to meet the needs of an aging population.**

AHRQ uniquely supports health services research; develops data, tools, resources, and digital health solutions; disseminates evidence; and implements evidence in practice. We can expedite progress by developing strong federal, health system, public health, and private sector partnerships to meet the urgent need to address the challenge of providing accessible, effective, person-centered care to optimize health outcomes for older adults.

## Strategies:

- 5.1 Work with federal partners on cross-department initiatives related to improving care for older adults, including the Department of Health and Human Services (HHS) Administration for Community Living (ACL) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) on integrating health and social care, the HHS Office of the Assistant Secretary for Health (OASH) on strengthening primary care, the Health Resources and Services Administration (HRSA) on training through the Geriatric Workforce Enhancement Program (GWEPS), and ASPE through the National Alzheimer's Project Act (NAPA) on the prevention and management of dementia.
- 5.2 Identify partnership opportunities with foundations and community-based organizations.
- 5.3 Increase awareness and use of AHRQ's data, tools, resources, and research findings by partners.

## AHRQ's Efforts to Improve the Access, Quality, Outcomes, and Equity of Care Among Older Adults

AHRQ has a long history of supporting research that provides the evidence to improve care delivery and health outcomes for older adults. This organizational experience, combined with our mission and core competencies, uniquely positions AHRQ to advance efforts to transform healthcare delivery for older adults. The section below highlights AHRQ projects and data resources that form a foundation upon which future efforts can build to successfully achieve the goals of this Strategic Plan.

### **Goal 1: Support health system transformation by funding research to develop, implement, evaluate, and scale person-centered models of care to optimize health, functional status, and well-being among older adults for individuals and populations.**

AHRQ's current [research priorities](#) are directly relevant to health system transformation necessary to improve care for older adults. Priorities include research to 1) improve healthcare quality and patient safety, 2) improve healthcare delivery and practice improvement, and 3) enhance whole-person healthcare delivery. AHRQ has issued several [Special Emphasis Notices \(SENs\)](#) that are relevant to older adults, including SENs on [Care for Older Adults, improving care for people living with disability](#), and diagnostic accuracy. The SEN [Health Services Research to Improve Care Delivery, Access, Quality, Equity, and Health Outcomes for Older Adult](#) indicates priority questions of interest to advance this work. AHRQ includes language to solicit research to improve care of older adults in its funding announcements, for example, [workplace safety](#) and [diagnostic safety in ambulatory care](#).

AHRQ's current portfolio includes investigator-initiated and targeted research building the evidence base for the health system's readiness for whole-person healthcare by aiming to improve access, quality, outcomes, and equity of care among older adults and those with multiple chronic conditions (MCC). For example, AHRQ-funded research includes, but is not limited to, [opioid use in older adults with chronic pain in primary care practices](#), interventions that support care transitions, and addressing health-related social needs. Examples of funded research on opioid use in older adults includes a longitudinal study at Ohio State (R01; HS029001-01A1; 2023-2028) assessing the associations of uncontrolled pain, multimorbidity and opioid-drug interactions with risk for opioid use disorder (OUD) or overdose in older adults, and research funded under an ACTION III task order to develop, implement, disseminate, and evaluate a reusable, shareable patient and clinician clinical decision support tool for chronic pain management. *Care transitions* research includes the UCare Study at University of Utah (R01; HS029158-01; 2022-2025), which is creating a tool to assess the readiness of unpaid caregivers to engage in caregiving activities after patients' hospital discharge. Digital health innovations are also being developed, such as an interoperable "Care Transitions App" (R01; HS028007-01A1; 2022-2027) for patients with MCC to bridge the care transition between hospital, home, and primary care clinic, and a scalable digital communication intervention to improve integration of geriatric principles into surgical care of older adults (R01; HS029454-01; 2023-2028). Projects that address health-related social needs include a study that is determining the validity and usefulness of social factor phenotypes computed from electronic health record and health information exchange data and another that is modeling the dynamic relationship between food insecurity, health, and healthcare use in low-income older adults.

*Evidence syntheses* enable AHRQ to identify and build upon strategies with the strongest base of scientific evidence for improving healthcare of older adults and to identify research gaps. Systematic reviews are used by partners to develop clinical practice guidelines, promote evidence-based practice, and develop research agendas to fill these gaps. Examples to support improving care delivery and health outcomes among older adults include a rapid review of interventions targeting [social isolation/loneliness in community-dwelling older adults](#); a summary of evidence on the identification and management of [high-need, high-cost patients](#); a technical brief on research related to [automated-entry consumer health technologies](#) that provide patient-generated health data for the prevention or management of chronic conditions; and an [Evidence Map on Home and Community Based Services](#) (HCBS) that summarizes service categories, effectiveness of interventions for specific conditions, and quality measures relevant to HCBS (as well as gaps in the evidence base).

AHRQ also provides publicly available databases that can be utilized by both intramural and extramural investigators conducting aging research. These databases enable research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to healthcare programs and outcomes of treatments at the national, state, and local market levels. Examples include:

- The [Medical Expenditure Panel Survey](#) (MEPS), the only national data source measuring how Americans use and pay for medical care, health insurance and out-of-pocket spending, with data on health status, the use of medical services, charges, insurance coverage, and satisfaction with care.
- The [Healthcare Cost and Utilization Project](#) (HCUP), a family of databases derived from administrative data containing encounter-level, clinical and nonclinical information that includes all listed diagnoses and procedures, discharge status, patient demographics, and charges for all patients, regardless of insurance status (e.g., Medicare, Medicaid, private insurance, uninsured), beginning in 1988.
- The [Compendium of U.S. Health Systems](#), which can be leveraged to study health systems and high need populations.
- The [National Consumer Assessment of Healthcare Providers and Systems \(CAHPS®\) Health Plan Survey Database](#), a repository for survey results that have been voluntarily submitted by state Medicaid agencies and their contracted managed care entities to help evaluate, compare, and improve the quality of services provided by both fee-for-service HCBS and managed long-term care services and supports programs.
- AHRQ's [Social Determinants of Health \(SDOH\) database](#), which was developed to make it easier to find a range of well documented, readily linkable SDOH variables across domains without having to access multiple source files, thus offering easy to use, easily linkable SDOH-focused data to use in patient-centered outcomes research (COR).
- AHRQ's [Surveys on Patient Safety Culture \(SOPS®\)](#), which ask healthcare providers and other staff in hospitals, medical offices, nursing homes, community pharmacies, and ambulatory surgery centers about their organizational culture's support for patient safety. The surveys can be used to raise awareness of and improve an organization's patient safety culture.
- AHRQ's [Quality and Safety Review System](#), a patient safety surveillance system, which relies on clinical information recorded in medical records, such as medication prescriptions and laboratory test results, to generate adverse event rates and trend performance over time. It is designed to served as a local hospital and health system tool to identify and measure adverse events.
- AHRQ's [All-Payer Claims Databases](#), large state databases that include medical claims, pharmacy claims, dental claims, and eligibility and provider files collected from private and public payers. Data in the all-payer claims database are reported directly by insurers to states, usually as part of a state mandate.

## **Goal 2: Disseminate and implement evidence to improve health outcomes and experience of care of older adults.**

Through dissemination and implementation AHRQ identifies evidence-based clinical and organizational interventions with the potential to improve patient-centered outcomes across the health system. This includes identifying and evaluating approaches to implement scalable models of care to advance whole-person healthcare as the standard. To support implementation, AHRQ funds work to increase the uptake of evidence in practice and engages with healthcare professionals and health systems to develop tools and resources that help apply the latest PCOR evidence to practice. Within this portfolio, AHRQ commitments include but are not limited to supporting learning health systems and promoting uptake of PCOR and person-centered shared care planning for people living with or at risk for multiple chronic conditions. We encourage co-design of interventions and co-production of evidence with patients and their families/caregivers, communities, and frontline healthcare workers.

### ***Supporting learning health systems and primary care by dissemination and implementation of PCOR***

AHRQ strives to overcome barriers to implementation of evidence in practice. AHRQ's [Healthcare Extension Service](#), [State-based Solutions to Healthcare Improvement](#) aims to strengthen the capacity of health systems to implement evidence-based, integrated, and coordinated care. This opportunity builds on AHRQ's prior [Patient-Centered Outcome Research Trust Fund](#) investments and leverages AHRQ's expertise in supporting healthcare transformation and learning health systems. AHRQ conducts research and provides training, tools, and data to help healthcare delivery organizations of every size move towards becoming learning health systems. [AHRQ's Evidence-based Practice Center \(EPC\) program](#) synthesizes the best available evidence to help learning health systems, practices, and clinicians to improve patient care, including a technical brief on current knowledge regarding strategies to reduce length of stay (LOS) for medically complex patients, with evidence maps to inform health systems' improvement efforts, an [Evidence Map on Home and Community Based Services](#), and a [Systematic Review Update on Nonsurgical Treatments for Urinary Incontinence in Women](#). More than half of women in the U.S. experience urinary incontinence (UI) in their lifetimes, and among older women with UI, fewer than 50% seek care for symptoms. Through the [EvidenceNOW: Managing Urinary Incontinence](#) initiative, five institutions from across the country are now working on Improving nonsurgical treatment of urinary incontinence among women in primary care by implementing evidence into primary care practices for nonsurgical treatment of moderate to severe UI in women. [EvidenceNOW](#) is designed to accelerate uptake and use of evidence by small- and medium-sized primary care practices to improve care and health outcomes for a variety of conditions. [AHRQ's Opioids in Older Adults initiative](#) convened a learning collaborative of primary care practices to accelerate the development and implementation of strategies for prevention and treatment of opioid misuse, appropriate prescribing and management of opioid use in older adults in primary care. The collaborative also developed an [Opioids in Older Adults Compendium](#) with tools and resources that primary care practices and healthcare systems can use in their own improvement efforts.

### ***Transforming care delivery for older adults***

AHRQ is a trusted convener of partners to gain insights on research needs and priorities and works to make evidence accessible and understandable to healthcare professionals, healthcare decisionmakers, patients, and their families. A 2020 [AHRQ Research Summit on Transforming Care for Persons Living with Multiple Chronic Conditions](#), which sought broad engagement from diverse perspectives and sectors to understand opportunities for improvement and research gaps, resulted in [AHRQ's research agenda](#) to transform care for persons living with MCC. Attendees included experts in research and/or clinical care for people with MCC, patients, caregivers, policymakers and funders, and other federal partners, who helped to identify important topics for AHRQ's MCC research agenda, such as care coordination, continuity of care, care planning, integration of social and medical care, and whole-person care. Building upon these insights, AHRQ hosted a 2023 [Roundtable on Optimizing Health and Function as We Age](#), again with attendees representing diverse backgrounds and expertise, to help identify promising approaches for health system transformation to better care for an aging population in which MCC and social needs are highly prevalent

### *Person-centered care planning for people living with or at risk for multiple chronic conditions*

People living with MCC often receive care that is fragmented and poorly coordinated across multiple providers, settings of care, and frequently from multiple health systems. The [Person-Centered Care Planning for Persons Living with Multiple Chronic Conditions](#) (PCCP4P) project is identifying innovative and effective models of person-centered care planning that hold promise for scaling and widespread implementation. The PCCP4P project is convening a Partners Roundtable and Learning Community to identify organizational, policy, payment, technology, cost/resource, research, or other requirements for development and implementation of person-centered care planning models across diverse health systems and settings.

### *Digital solutions to support care planning and coordination*

Data sharing and interoperability across the healthcare team with patients and their care partners is essential for effective shared person-centered care planning and care coordination of people living with MCC. However, there are multiple barriers to doing this in practice. AHRQ, in partnership with the National Institute of Diabetes and Digestive and Kidney Diseases, is developing, piloting, and disseminating an interoperable [electronic Care \(eCare\) Plan](#) to support longitudinal comprehensive care planning for older adults and people living with multiple chronic conditions. The eCare Plan includes clinician-facing and patient/caregiver-facing apps to facilitate shared care planning that integrates medical information, health-related social needs, and patient-reported outcomes, including functional status and patient goals. This is an important step toward having the capacity for scalable, interoperable electronic shared care planning tools across care settings to facilitate efficient coordination of person-centered and goal-oriented care.

### **Goal 3: Support training and mentoring of health services researchers with expertise in improving care delivery for older adults.**

AHRQ supports the training of health services researchers with expertise in aging at all stages of training through funding opportunities and opportunities for fellows to work on aging-related projects at AHRQ. Older adults are included as a priority population in the request for applications for individual research training and career development grants, including the Health Services Research Dissertation Program (R36), Mentored Career Development Award Program (K01 and K08) and Postdoctoral Fellowship Program (F32). This has resulted in career development awards in AHRQ's portfolio supporting health services and digital health research aimed at improving access, quality, outcomes, and equity of care among older adults and those with MCC. Common themes include access to care, health-related social needs, care transitions, and health equity.

Currently funded R36 awards address access to care, including studies examining the impact of Medicare coverage on access to care in cancer survivors aged 65 and older, access to care including management of chronic conditions when patients transition from high-deductible health plans to Medicare Advantage coverage at age 65, and changes in access to care when low-income older adults covered under the Affordable Care Act's Medicaid expansion transition to Medicare. Another R36 award is characterizing the dynamic relationship between food insecurity and healthcare needs as individuals age, including how the influence of food insecurity varies across racial and ethnic groups. Two currently funded career development awards (K08) are piloting digital health interventions to improve the care of older adults. One award is integrating caregivers into the exchange of secure messages between patient and doctor to promote shared understanding and safety in patients with type 2 diabetes, including older adults. The other award aims to facilitate care transition from the intensive care unit in rural-dwelling older patients by providing care, training, and support via telehealth.

AHRQ's Patient-Centered Outcomes Research (PCOR) training program provides individual training awards (K01, K08, and K18), with a focus on developing and enhancing the research and methodological capacities for conducting PCOR and for integrating evidence into practice and decision-making in the healthcare system. Aging-focused work within AHRQ's PCOR portfolio includes a pilot randomized controlled trial comparing the effectiveness of a novel patient-centered approach, assigning care coordinators to older patients at risk for adverse cardiovascular outcomes compared to usual care.

AHRQ also supports institutions to provide mentored career development and postdoctoral research training in health services research to newly trained clinician scientists and research scientists committed to independent research careers. For example, Brown University's AHRQ-supported Institutional Health Services Research Training Program (NRSA T32)

focuses on the use of state-of-the-art health services research methods, with specific foci on evidence-based medicine, comparative effectiveness research, chronic disease, and aging, with an emphasis on developing scientists equipped with the leadership skills to improve healthcare delivery and influence health policy. The program has developed over 70 interdisciplinary and highly productive pre- and post-doctoral health services researchers over the past 37 years.

AHRQ, in partnership with the Patient-Centered Outcomes Research Institute (PCORI), funded the Learning Health System Centers of Excellence K12 program in 2018 with more than \$40 million in awards over 5 years to 11 institutions to grow and foster the next generation of embedded researchers. The K12 Learning Collaborative fostered collaboration, distilled learnings, and shared best practices among the Centers. Leveraging the recommendations and evaluation findings from the K12 program, AHRQ and PCORI, in the winter of 2023, launched a [P30 Learning Health System Embedded Scientist Training and Research \(LHS E-STaR\) program](#) to build new models of learning health system infrastructure to strengthen institutional research training and explicitly center health equity.

Older adults are included as a priority population in the P30 funding announcement, and several P30s are relevant to older adults. This includes the Learning Health System Embedded Scientist Training and Research (LHS E-STaR) of the North (LeaRN) Center at the University of Minnesota, which seeks to accelerate the professional development and patient-centered outcomes and comparative effectiveness research conducted by specially trained, embedded learning health system researchers to equip them to make meaningful differences in healthcare settings serving children, older adults, under-represented and rural populations, Veterans, and individuals with multiple disorders. The Learning Health Systems Training to Improve Disability and Chronic Condition Care (LeaHD) Center is training embedded scientists to conduct research that will inform improvements in health system operations, quality of care, and, thus, health outcomes for persons with disabilities and chronic conditions.

**Goal 4. Expand and create synergies across AHRQ’s portfolio to support health system transformation to improve care quality such that it is timely, equitably distributed, safe, and effective, leading to better health and well-being for older adults, and widely communicate that aging is a priority of AHRQ to internal and external audiences.**

AHRQ has a portfolio of aging-related work and initiatives to support health system transformation to improve care quality for older adults that spans all AHRQ offices and centers. Expanding and creating synergies across the aging portfolio, together with a concerted effort to broadly disseminate this work, will increase its impact and visibility. An Aging Workgroup has been formed with representatives across AHRQ’s offices and centers to share knowledge, create synergies, and develop collaborations on aging-related work, as well as to identify key findings, tools, and resources for dissemination. Workgroup members will provide input on the construction and maintenance of an AHRQ microsite dedicated to its aging-related work. AHRQ is tracking aging-related work and initiatives (e.g., grants, contracts, intramural research), and their findings and outputs.

Accomplishing this goal will require increased awareness and understanding of AHRQ’s aging-related work. Together AHRQ’s Office of Communications and staff will develop an AHRQ microsite to make AHRQ’s evidence, data, tools, and resources dedicated to improving the care of older adults more widely accessible. Communication of information to both internal and external customers can be accomplished via print and electronic publishing, media relations (including both traditional and social media activities to support dissemination of AHRQ news and research findings), and stakeholder engagement and outreach. [AHRQ Views](#) blog posts provide a platform from which to describe the mission-importance of this portfolio of work and increase awareness of important activities or new initiatives (e.g., AHRQ’s [Agenda to Transform Care for People with Multiple Chronic Conditions](#)).

Engagement and outreach include increasing awareness on the urgency for and value of health services research to improve the care of older adults, as well as dissemination of available evidence, data, tools, and resources. AHRQ will continue to partner with diverse groups and communities, including health system leaders, professional societies, policymakers, community organization, front-line workers, communities, patients, caregivers, and others to improve care delivery for older adults to get input and to share and disseminate tools and resources.



## **Goal 5: Develop strong federal, health system, public health, and private sector partnerships to transform healthcare delivery to meet the needs of an aging population.**

### ***Engaging Federal Partners***

AHRQ will continue to engage federal partners to learn about other federal initiatives aimed at improving the health and healthcare of older adults and to explore opportunities for alignment and collaboration. Work with federal partners on cross-department initiatives related to improving care for older adults is ongoing, including, as mentioned previously, with ACL and ASPE on integrating health and social care, OASH on strengthening primary care, HRSA on training through the GWEPS, and ASPE through NAPA on the prevention and management of dementia. AHRQ contributed to the [HHS Initiative to Strengthen Primary Care](#), the White House Office of Science and Technology Policy’s U.S. Playbook to Address Social Determinants of Health, HHS Call to Action: Addressing Health-Related Social Needs in Communities Across the Nation, and the [Report to Congress - Aging in the United States: A Strategic Framework for a National Plan on Aging](#)—all essential to improving health outcomes. AHRQ also collaborates with the Office of the National Coordinator for Health Information Technology (ONC), which is using data standards developed by the eCare Plan project in a machine learning study. The Health Information Technology Advisory Committee has recommended that ONC include a care plan data class in the United States Core Data for Interoperability version 5 (USCDIv5), the recommended standards for electronic health records based upon the eCare Plan data domains.

There is opportunity to leverage AHRQ’s dissemination and implementation programs to create opportunities for increasing uptake of evidence generated by research funded by the National Institutes of Health (NIH) and other federal agencies. Other agencies can also develop opportunities to build upon AHRQ’s work. For example the National Institute on Aging’s Notice of Funding Opportunity [Demonstration Projects to Promote Use of Interoperable Health Records in Clinical Research](#) encouraged applicants to build upon AHRQ’s work in partnership with the National Institute of Diabetes and Digestive and Kidney Diseases in development of an interoperable eCare Plan. HRSA in the [Geriatrics Workforce Enhancement Program](#) funding announcement also encouraged applicants to use and build upon the eCare Plan. AHRQ is a member of the [Federal Interagency Forum on Aging-Related Statistics](#) (Aging Forum), which brings together 15+ federal agencies that share a common interest in improving the quality and utility of data on the aging population and encourages cooperation and data sharing among federal agencies.

AHRQ’s annual [National Healthcare Quality and Disparities Report](#), mandated by Congress, provides a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial and socioeconomic groups. The report is produced with the help of an Interagency Work Group led by AHRQ. Specific to aging, the [2023 report](#) describes the impact of COVID-19 on U.S. healthcare and healthcare systems, with particular attention to the impact of COVID on the aging population and the nursing home workforce.

### ***Identifying opportunities for public-private collaboration***

Under the Affordable Care Act., AHRQ is mandated to disseminate and implement evidence generated by PCORI, and the two organizations regularly explore opportunities for synergy and collaboration. PCORI conducts comparative effectiveness research that includes a focus on aging, including through its funding announcement, [Healthy Aging: Optimizing Physical and Mental Functioning Across the Aging Continuum](#). Through outreach to foundations and community-based organizations, AHRQ has identified potential areas for other public-private collaboration, such the [age-friendly health systems](#) movement (John A. Hartford Foundation), supporting [age friendly communities](#) (AARP), advancing equity in aging (the SCAN foundation, Grantmakers in Aging, the Commonwealth Fund) and [improving care for persons with MCC](#) (California Health Care Foundation). Representatives from many of these organizations attended the AHRQ’s [Optimizing Health and Functional Status as We Age Roundtable](#). This Roundtable identified many opportunities for the federal government and the private sector to improve the health and well-being of older adults in the United States. It stresses the importance of focusing on health goals and priorities of people and their caregivers, addressing health-related social needs and the social determinants of health more broadly, and engaging patient and caregivers in program design and continuous improvement.



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