



September 11, 2024

RE: SAEM Response to the Request for Information (RFI) on the [National Institute on Aging \(NIA\) Strategic Directions for Research](#)

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?

The Society for Academic Emergency Medicine (SAEM) and its Academy of Geriatric Emergency Medicine (AGEM) believe that improving clinical care for aging patients is an important priority. The following is a response on behalf of our groups.

The Emergency Department (ED) is a critical site for the care of more than 27 million older adults per year (NHAMCS 2021). The practice of emergency medicine, the patients we treat, the pathology we address, and the challenges we face have only become more complex since the founding of our specialty. The unique needs of and challenges presented by aging ED patients are understood by practicing clinicians and our national organizations including both emergency medicine and geriatrics as reflected in the multi-organization Guidelines for Geriatric Emergency Care (PMID 25117158) and ongoing efforts to update these based on the latest evidence.

However, emergency medicine physicians do not practice in isolation. Acute/emergency care encompasses a high-risk period of care that begins with the patient and/or family's decision to seek emergency care themselves or at the recommendation of their physician by presenting to an ED via private vehicle or via emergency medical services, continues in the emergency department, from which care must be effectively transitioned to the next stage(s) including but not limited to outpatient care in a home setting, observation care, inpatient care and/or direct transfer to rehabilitation or skilled nursing facilities. Further, patient care in these settings, as in many others, is reliant upon multispecialty physician (e.g., trauma, stroke, orthopedic, etc.) and multidisciplinary (e.g., pharmacy, physical therapy, etc.) teams for the highest quality care. Rigorous dedicated acute/emergency care research is vital to improving clinical outcomes through evidence-based bedside care and guidelines across the age span. Emergency medicine investigators have demonstrated research success and continue to grow research dedicated to the aging population and should be supported in their future pursuits.

Although there is a need for research addressing all phases of clinical care for older adult patients, the *Strategic Directions for Research, 2020-2025* fails to incorporate explicit acute/emergency care research priorities. The current document includes only one mention of acute/emergency care research priorities despite more than 27 million ED visits and millions of acute hospitalizations by older adults (NHAMCS 2021). Accordingly, the *Strategic Directions for Research, 2026-2030* document must specifically call out acute/emergency medicine research as a priority.



What research needs and opportunities reflected in the [Strategic Directions for Research, 2020-2025](#) document should be modified or removed because of progress over the past five years?

The Society for Academic Emergency Medicine (SAEM) and its Academy of Geriatric Emergency Medicine (AGEM) believe that improving clinical care for aging patients is an important priority. On behalf of our groups, these are our recommendations.

The only mention of acute/emergent care in the current document is “financial resources to cover out-of-pocket costs for acute and long-term care” on page 16. While this is important, it is only a single component of acute/emergency care that requires broader dedicated research resources. We believe that acute/emergency care is vital to patients across the lifespan and particularly older adults, and as such, every goal should have a sub-goal related to acute/emergency care.

At minimum, the existing and any new goals should be examined to add acute/emergency care-specific goals where these conditions intersect with acute/emergency care. For example, geriatric syndromes not only often present but are identified and treated in the acute care setting, older adult patients demonstrate a diagnostic challenge in the acute setting and emergency medicine-specific challenges such as boarding are clearly detrimental to patients. An example of proposed new objectives or clarifications to selected goals are as follows:

- Goal A: Determine how or identify genetic, molecular and cellular factors that determine the presentation of and response to acute illness.
- Goal B: Identify personal, interpersonal and societal factors affect the development of, experience of, and response to acute illness.
- Goal C: Develop strategies to include processes and care for older adults and caregivers through and beyond acute, unexpected illness, and/or injury.
- Goal D: Better understand and develop interventions to improve acute care for older adults with aging brain, Alzheimer’s disease, related dementias, and other neurodegenerative diseases.
- Goal E: Understand how population aging affects acute care needs of the US population and how infrastructure must be built/changed to meet these needs.
- Goal F: Objectives should include acute care in addition to long-term care in the approach.