

The paucity of direct evidence on the effectiveness of preventive services for the elderly is strikingly similar across all kinds of services. In response to congressional mandate, HCFA is currently supporting six demonstration projects whose goal is to assess the costs and effectiveness of providing preventive health services under the Medicare program. These projects are unlikely to provide enough evidence on effectiveness to improve the state of knowledge substantially in that regard. Problems of design, inadequate funding and follow-up periods that are too short, and basic problems of organizing services so that the elderly will use them, all suggest that the evidence arising from these studies is likely to be limited (see app. C). The demonstration projects will tell a great deal about how elderly people respond to the financial incentives to use such services, and how their use affects their preventive behaviors. At the very least, consideration should be given as soon as possible to funding extended follow-up periods at selected demonstration sites where participation rates have been high. By extending these projects, more information would be captured on the health effects of the preventive interventions. Since these demonstrations were congressionally mandated, extending their length might require a technical amendment to the legislation.

Because effectiveness research is costly, it should be targeted to services that offer the potential for large impacts on health status or health care costs of the elderly. Research to clarify the appropriate components of and target populations for comprehensive geriatric assessments has been recommended by an NIH consensus conference panel (65). Because the costs of institutional care for the disabled elderly are so high, these tertiary preventive health services are a promising research subject for effectiveness and cost-effectiveness research.

Even when direct evidence on effectiveness is available, the process of translating that evidence into guidelines for practice has a major impact on final recommendations. Not only does the composition of deciding groups appear to affect the final recommendations, but the standards used to interpret the evidence are critical. There is little consensus among professional groups that have periodically addressed issues of specific preventive services as to the standards of evidence that should guide the development of recommendations. The extent to which the net health care costs of preventive interventions should be considered in Medicare payment decisions is a question that has not been, but could be, answered explicitly.