

# DISABILITY AND REHABILITATION RESEARCH COALITION

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## **DRRC Comments to NIH Research Plan Priorities**

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- The NIH research priorities must be consistent with the recommendations made in the Blue Ribbon Panel report, including how NIH defines “medical rehabilitation research.”
- The draft priorities lack context. Key elements should be taken from the 1993 Research Plan and re-emphasized including the importance of NIH (a) supporting clinical/translational research in addition to basic/fundamental research across the domains of rehabilitation science, (b) funding training of rehabilitation researchers, and (c) pursuing research in priority areas such as mobility, behavioral adaptation and whole body response to disability, assistive technology, measurement, treatment effectiveness and information transfer.
- Priority I should encourage investigations of rehabilitation interventions across the lifespan; i.e., adults and children rather than exclusively in pediatric populations.
- Prioritizing sociodemographic influences, self-management strategies, and challenges on caregivers are critically important issues under Priority II. Wellness and the impact of lifestyle choices, including adaptive fitness, require additional emphasis.
- The technology section is too narrow and prescriptive, leaving out consideration of a number of emerging technologies applicable to various conditions (e.g. communication impairments). Technology should be used as a means of diversifying an array of interventions and improving access to care. Telehealth research should target rehabilitation implications.
- Improving the design and methodology of clinical trials (Priority IV-1) is important, but so too is recognizing the contribution of other rehabilitation-relevant study designs; e.g. single-study, case-series, observational studies, and pragmatic trials.
- Priority IV-3(b),(c) and (d) are not “research” topics, but rather measure/outcome preferences. However, common data elements and standardized outcomes (e.g. NIH PROMIS) are trans-NIH priorities and fundamental for comparative effectiveness research.
- Future research priorities should include efficacy of treatment, access to care, habilitation, health disparities, comparative effectiveness research, quality measurement, quality of life, and risk adjustment.
- Substantive priorities include better understanding of human movement, cognition, neuroplasticity, and rehabilitation biologics such as stem cell and gene therapy treatments.