

Pamela W. Duncan, PhD, PT, FAPTA, FAHA



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Pamela W Duncan PhD, FAPTA, FAHA is a nationally and internationally renowned expert in health policy, outcomes research and clinical epidemiology. Her expertise is in post acute management of the elderly and individuals with stroke and falls management and prevention.

Dr. Duncan has led or co-led multiple studies related to falls in the elderly and stroke survivors. She has developed measures of balance and stroke outcomes, analyzed the physical determinants for falls in the elderly, evaluated the benefits of strength training to reduce falls, and developed international trials to evaluate home based exercise for those who suffered an injurious fall. She is currently a member of *The North Carolina Falls Prevention Coalition* which brings together researchers, planners, health care providers, housing specialists, aging services providers, and many others to work together to reduce the number of falls and fall-related injuries for North Carolinians. She is a collaborator on a 2 year CDC grant to increase access to evidence-based fall prevention programs for older adults and adults with disabilities to reduce falls risk and falls, and create integrated, sustainable evidence-based prevention program networks in North Carolina. She is an investigator for the PCORI Falls Prevention Grant (STRIDE) Her role in the STRIDE project is to support implementation of best practices for physical interventions to reduce falls as well as collaborate with home health agencies to implement evidence based falls prevention programs in collaboration with primary care.

She is the principle investigator of a 2015 PCORI funded large pragmatic trial to implement and evaluate an evidenced-based

COMprehensive Post-Acute Stroke Services (COMPASS) model. This model of care combines CMS transitional care services provided by advanced practice providers (APP) and early supported discharge services coordinated by the APPs to develop with patients and families actionable care plans. Care plans will be individualized to manage blood pressure and diabetes, manage medications, increase physical activity, reduce falls risk, optimize functional recovery and optimize access to primary care and community based services. The COMPASS trial was developed and will be implemented in collaboration with North Carolina Justus Warren Task Force, the NC Stroke Care Collaborative (NCSCC), Wake Forest Baptist Medical Center Comprehensive Stroke Program, UNC School of Public Health, East Carolina Centers for Health Disparities, and the Duke University School of Nursing. The cluster randomized trial will include over 50 North Carolina Hospitals and over 6000 patients.

Recent Research Funding:

PCS-11403-14531:
Patient Centered Outcomes Research Institute. PI: *Early Supported Discharge for Improving Functional Outcomes After Stroke* (6/01/2015-5/31/2020).

NIA R01AG045551
REHAB-HF: Co-PI: *A Trial of Rehabilitation Therapy in Older Acute Health Failure Patients* (7/01/2014-6/30/2019).

Ministry of Health, Singapore: Co-PI: *Health Services Competitive Research Grant* (9/30/2002-5/31/2018).

Patient-Centered Outcomes Research Institute: Co-PI: *Comparative Effectiveness of rehabilitation services following an acute ischemic stroke* (1/1/13-12/32/15).

Patient-Centered Outcomes Research Institute: Co-PI: *Randomized Trial of a Multifactorial Fall Injury Prevention Strategy* (3/1/14-2/28/19).