

Effectiveness of Concurrent Care to Improve Pediatric and Family Outcomes at End of Life



The Research Question:
Is concurrent care more effective than standard hospice care at improving child and family outcomes?

Funded by a Four-Year
\$1.5 million grant
from NIH NINR



Each year more than 30,000 families in the United States face the “terrible choice” of continuing life-prolonging, curative therapies for their seriously ill children and adolescents or to utilize standard hospice care.

Passed in 2010, ACA 2302 created a *new choice*, **Concurrent Care** which allows for the continuation of life-prolonging therapies while enrolled in hospice care

Concurrent Care Versus Standard Hospice Care



Aim One:
Effectiveness



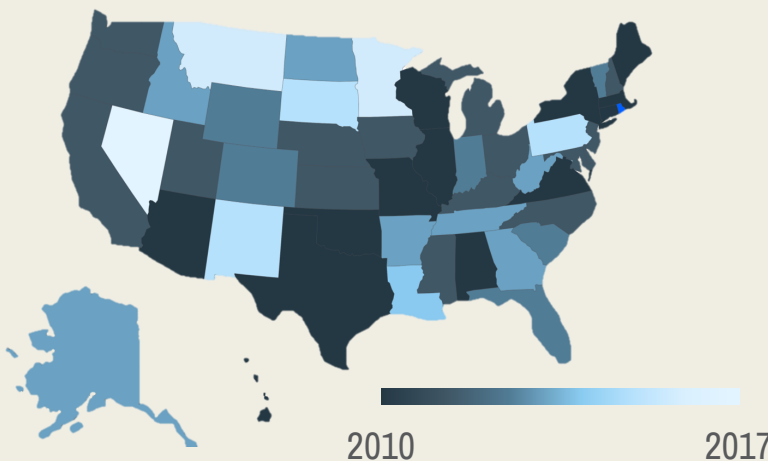
Aim Two:
Potential Burdens



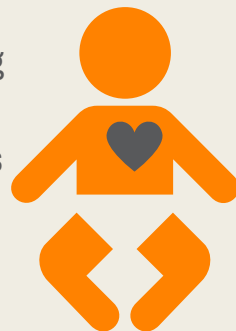
Aim Three:
Costs

2011-2013 Medicaid Data

Implementation of ACA 2302 by Year



Our project will provide the much needed higher level evidence by conducting a sophisticated and methodologically rigorous analysis of administrative data (e.g., Medicaid data) to create a unique nationally-represented data set stemming from the first ever longitudinal investigation comparing the effectiveness of pediatric concurrent care versus standard pediatric hospice care to improve pediatric and family outcomes.



Creative Commons License



Connect with us, and follow our progress!



<https://twitter.com/PedeolC>



<https://www.facebook.com/pedeolcare>



<https://pedeolcare.utk.edu/>

Research reported in this publication was supported by the National Institute Of Nursing Research of the National Institutes of Health under Award Number R01NR017848 (PI: Lindley). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.