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Beyond Words: Using Expressive and Integrative Therapies as Communication Tools with Jenny Goldhammer, MM, MT-BC, John Mark, MD and Lily Rich, PsyD

October 19
Bereaved Parents View on End-of-Life Care Emily Johnston, MD, Janelle Molina, Lori Butterworth, M.Ed.

November 16
Alternative Payment Strategies to Enhance Access to Pediatric Palliative Care with Conrad Williams, MD

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Housekeeping

- This webinar is being recorded.
- Post questions in the chat box at any time.
- Questions will be answered at the end of the presentation if time allows.
- If times runs out, we will send your questions to the speakers.

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PEDIATRIC PALLIATIVE CARE COALITIONS NETWORK WEBINAR

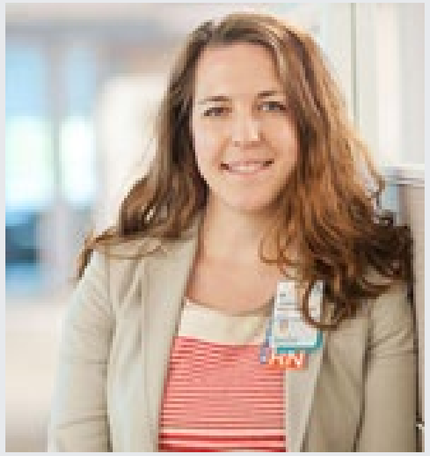
How Effective is Pediatric Concurrent Hospice Care? Research Updates

Lisa C. Lindley, PhD, RN, FPCN, FAAN

Presentation Outline

- Preliminary findings
- Non - hospice, health care services
- Effective of concurrent care
- Thanks, acknowledgements, questions

The Pediatric EOL Care Group



Concurrent Care

Patient Protection and Affordable Care Act 2010, Section 2302

A voluntary election to have payment made for hospice care for a child (as defined by the State) shall not constitute a waiver of any rights of the child to be provided with, or to have payment made under this title for, services that are related to the care of the child's condition for which a diagnosis of terminal illness has been made. (1)

Preliminary Findings

- Wide variation in implementation across the states (2)
- Sparse evidence (3)
- Methodological work (4,5,6,7,8)

- Very medical complex (9)
- Mental/behavioral health conditions (10)
- Children with cancer (11)
- AYAs (12)

Research Question #1

What non -hospice, healthcare services do children use in concurrent hospice care?

Is there a pattern in the care services?

What is the profile of children in the clusters of care?

Pattern of Non-Hospice, Health Care Services (13)

DESIGN

Non-experimental

SAMPLE

6,243 decendents in concurrent care over 3 years

DATA SOURCES

2011-2013 Medicaid; 2010 US Census; CMS Hospice Provider of Service; CMS Hospice Utilization and Payment

ANALYSIS

Latent Class Analysis

Non-Hospice, Health Care Services

1) inpatient hospital,
2) durable health equipment,
3) home health,
4) medications,
5) labs & x-rays,
6) other services,
7) targeted case management,
8) physician services,
9) outpatient hospital,
10) personal care,
11) private duty nursing,
12) transportation,
13) rehabilitation,
14) physical therapy/occupational therapy/speech therapy,
15) clinic,
16) other practitioners,
17) psychiatric services,
18) dental services,
19) residential care, and
20) nurse practitioner services

~500,000

Non-hospice, health care services during concurrent care

80

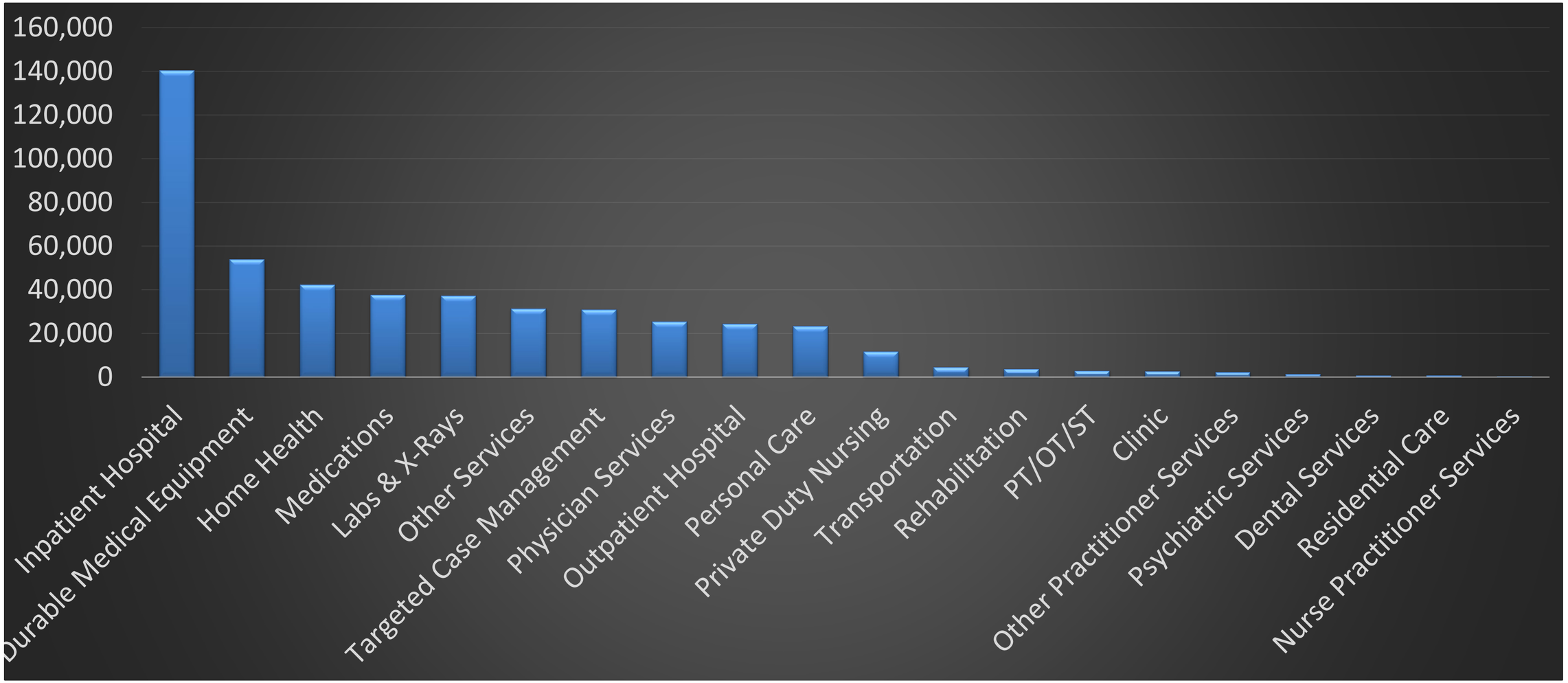
Average number of services per child

Top Services

1. Inpatient treatments and therapies
2. DME
3. Home health
4. Medications

Health Care Services Used during Pediatric Hospice

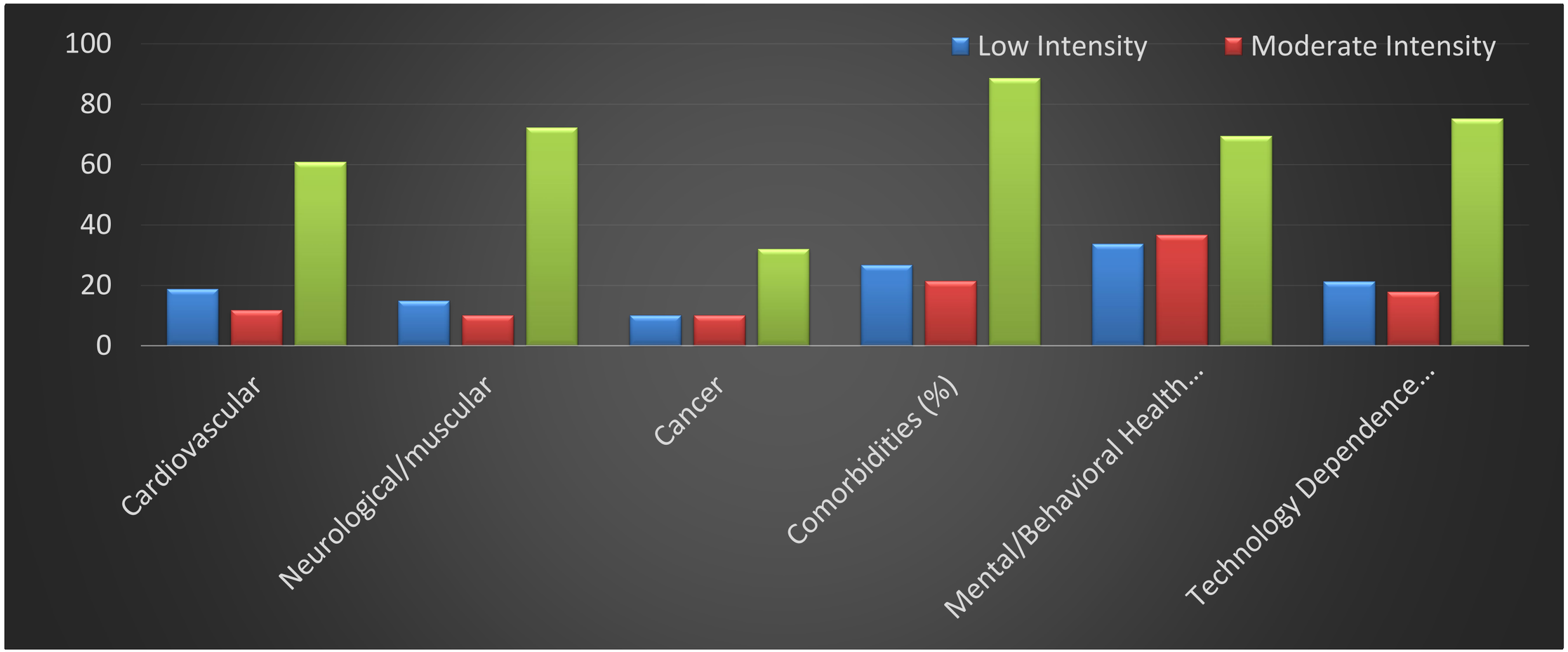
Concurrent Care



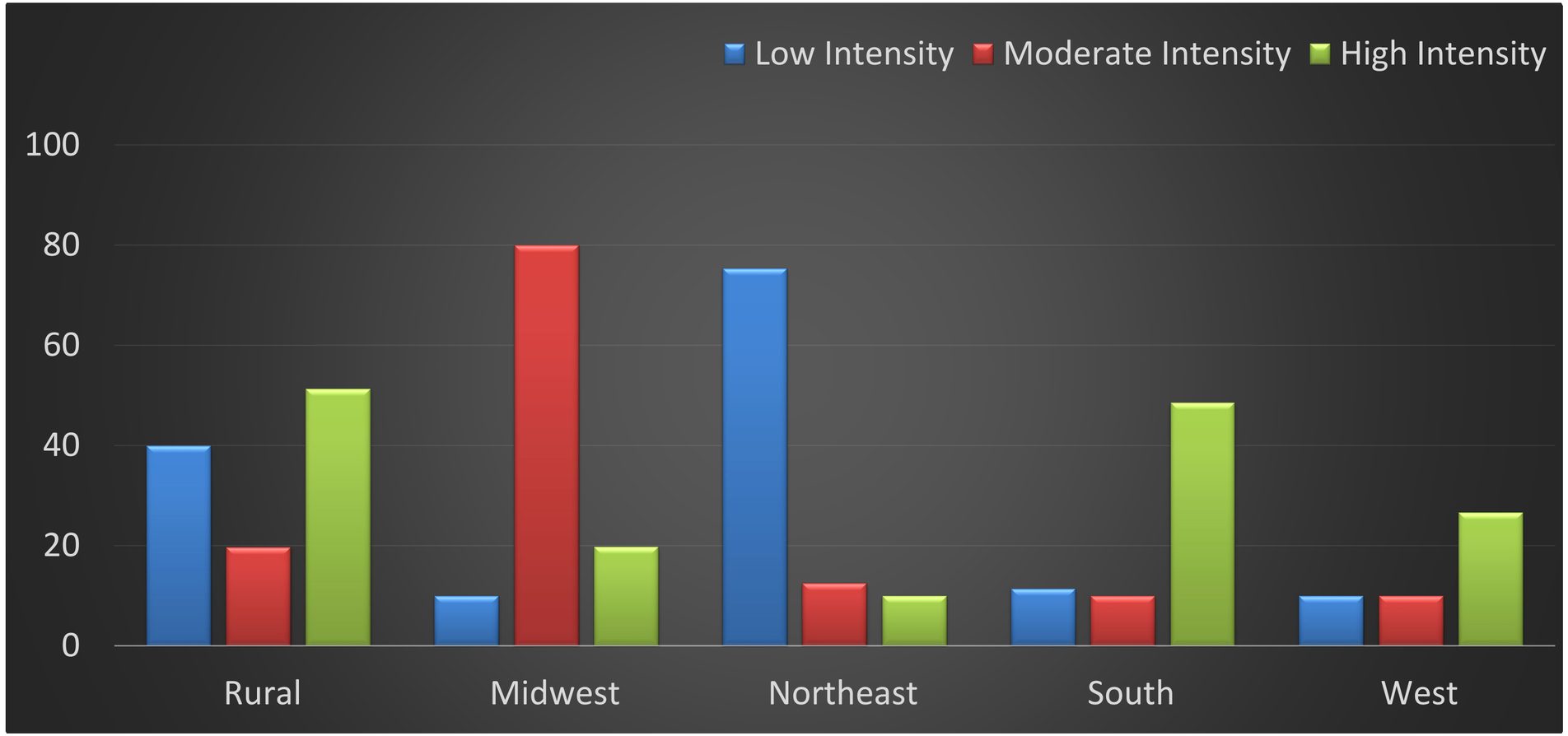
3 Clusters of Services

- Low Intensity (61%)
- Moderate Intensity (18%)
- High Intensity (21%)

Health Profile by Cluster



Socio -Demographic Profile by Cluster



CONCLUSION

The findings revealed a significant number and wide variety of health care services among children in the study

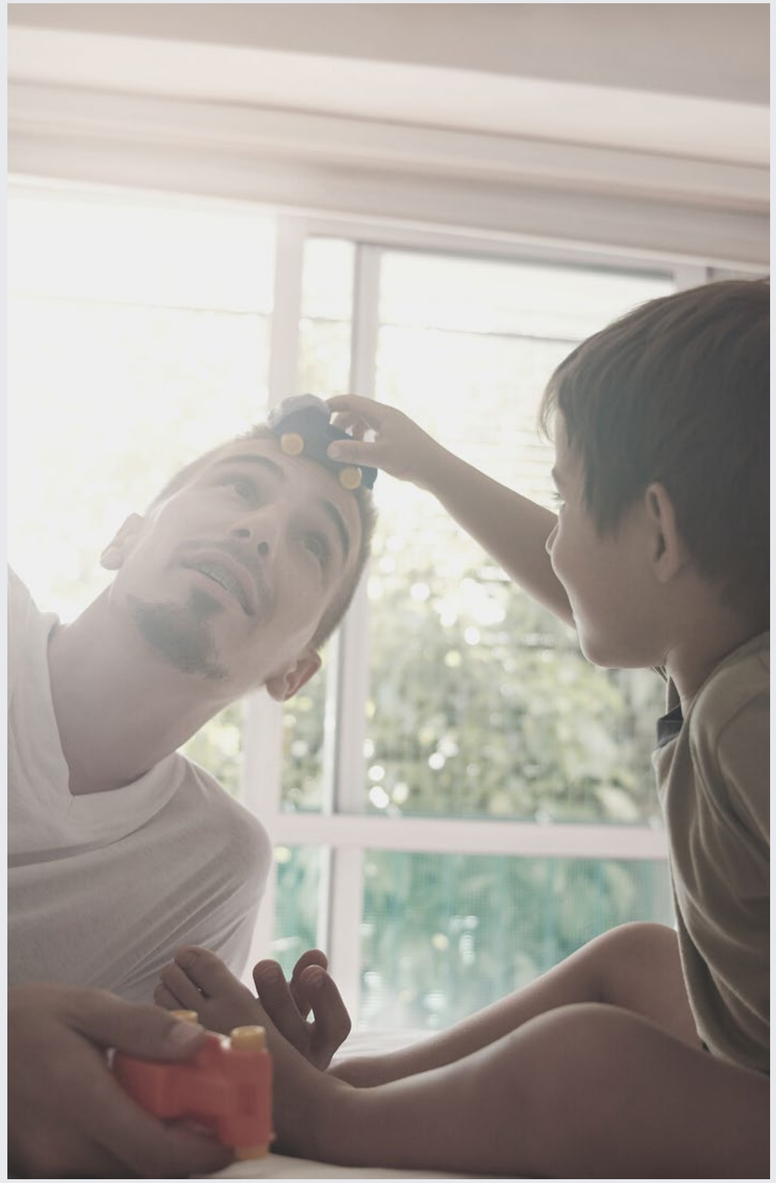
The vast number of services used by children in the sample suggests that care coordination in concurrent hospice care might be significant

While we anticipated that children in concurrent hospice care would have high intensity of health care use, the low intensity group was unexpected

We identified that low intensity was predominately in the Northeast region, moderate in the Midwest, and high in the South

Children use concurrent hospice care differently

Concurrent hospice care is not a one-size-fits all approach to end-of-life care



Research Question #2

Hospice Live Discharges

Hospice Length of Stay

Hospice Transitions

How does concurrent care impact care continuity?

Effectiveness of Concurrent Care

DESIGN

Quasi -experimental

SAMPLE

18,152 decendents in hospice care over 3 years

DATA SOURCES

2011-2013 Medicaid; 2010 US Census; CMS Hospice Provider of Service; CMS Hospice Utilization and Payment

ANALYSIS

Comparative effectiveness analysis – instrumental variable analysis approach

STANDARD HOSPICE CARE

CONCURRENT HOSPICE CARE

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Care Continuity Outcomes

- *Hospice live discharge* was the number of times a child disenrolled and re-enrolled in hospice care. In other words, they left hospice care alive and reenrolled into hospice at a later date.

- *Hospice length of stay* was defined as the total number of days a child was enrolled in hospice care during the study timeframe.

- *Hospice transitions - emergency room (ER) transition* was defined as whether the child used the emergency room during hospice care.

- *Hospice transitions - inpatient* was admission to inpatient care during hospice enrollment.

Concurrent Care vs. Standard Care

Hospice Live Discharge

- Total = 20.4
- Concurrent Care = 19.5
- Standard Care = 20.7

Hospice Length of stay

- Total = 57 days
- Concurrent Care = 88.5 days
- Standard Care = 48.8 days

Hospice Transitions - ER

- Total = 16.5%
- Concurrent Care = 19.5%
- Standard Care = 13.4%

Hospice Transitions - Inpatient

- Total = 10.0%
- Concurrent Care = 10.9%
- Standard care = 10.0%

Results

Hospice Live Discharge

Significantly less likely to disenroll and reenroll

Hospice Length of Stay

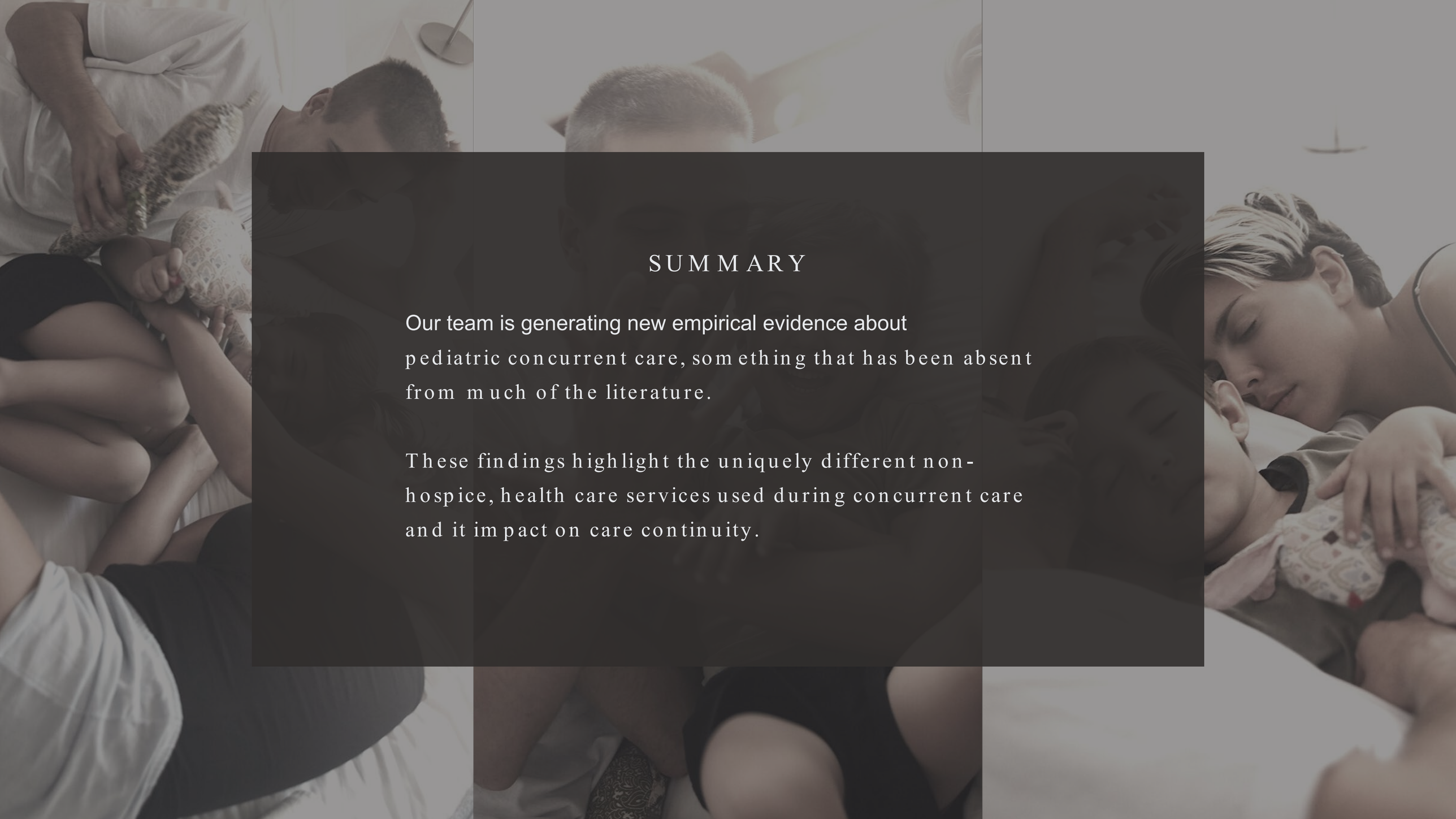
Significantly higher length of stay in hospice care

Hospice Transitions

Significantly more likely to transition to the ER or admit to inpatient care during hospice

CONCLUSION

Concurrent hospice care was effective at improving care continuity among hospice-specific outcomes, but not as effective among hospital-based outcomes



SUMMARY

Our team is generating new empirical evidence about pediatric concurrent care, something that has been absent from much of the literature.

These findings highlight the uniquely different non-hospice, health care services used during concurrent care and it impact on care continuity.

Acknowledgements & Thanks You

Research reported in this presentation was supported by the National Institute Of Nursing Research of the National Institutes of Health under Award Number R01-NR017848. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

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Lisa C. Lindley, PhD, RN, FPCN, FAAN

ASSOCIATE PROFESSOR & NIGHTINGALE ENDOWED FACULTY FELLOW
University of Tennessee, Knoxville
College of Nursing

email: llindley@utk.edu

project website: https://pedeolcare.utk.edu/