Appendix 1 (as provided by the authors): Comparing the needs of children and adults with medical complexity		
	Children with medical complexity	Adults with medical complexity
Illustrative Cases(s)	a) Child with severe cerebral palsy and comorbidities (e.g. seizures, gastroesophageal reflux, scoliosis and recurrent aspiration pneumonia) b) Youth with multiple congenital anomalies (e.g. complex congenital heart disease, cleft palate, genitourinary anomalies) c) Premature infant with chronic lung disease, short gut and dependence on total parenteral nutrition	Seniors with multiple morbidities (e.g. congestive heart failure, chronic obstructive pulmonary disease, obesity, hypertension, diabetes, osteoporosis, depression)
Diagnostic groups	Extremely diverse; many with rare underlying conditions	Relatively more homogeneous groupings of multi-morbidities
Population Prevalence	Low	High
Mortality Rates	Low (~2.5% over two years)[1]	High
Types of Care settings	Home, Hospital, School, limited Long-term care facilities	Home, Hospital, Long-term care facilities
Type of primary care	Diversity of models across the country including family physician, pediatrician and hospital-based programs	Family physician, increasingly in multidisciplinary teams
Role of 'generalist' subspecialist	Virtually all receive some form of care from a general pediatrician (either consulting in collaboration with family physicians or primary pediatric care)	Many receive care from general internists and/or geriatricians, but usually in consulting role
Role of subspecialists	Large; frequently in tertiary care hospitals	Varied, but much larger community presence

Reference

1. Cohen E, Berry JG, Camacho X, et al. Patterns and costs of health care use of children with medical complexity. *Pediatrics* 2012;130:e1463-70.

Appendix to: Cohen E, Patel H. Responding to the rising number of children living with complex chronic conditions. *CMAJ* 2014. DOI: 10.1503/cmaj.141036.