Using the PSC-17 to Assess Care Coordination
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Background
- The Pediatric Symptom Checklist-17 (PSC-17) is a shortened version of the original 38 question Pediatric Symptom Checklist created in 1982 by M. Jellinek, MD & M. Murphy, Ed.D.
- The PSC-17 is a Health Care Authority required tool for Health Home programs in Washington state.
- Data were analyzed as part of the Rural Health Network Development grant in a multi-agency collaborative in Yakima County.
- The tool was completed at the initial visit, and every four months thereafter.
- The focus of data analysis for the purpose of this study, is on children whose parents had completed the tool at least 5 times.

Methods
- Children who participated were patients of the Health Home Program in Yakima County, Washington.
- 2 MSW Care Coordinators participated in completing the tool with parent(s) at initial home visit and every 4 months thereafter.
- The PSC-17 was utilized as a requirement by the state for early indication of mental health symptoms.
- Score data were analyzed by total score and by subscale scores which included Internalizing, Attention, and Externalizing scores.

Sample Demographics
- 20 children with special healthcare needs who participated in the Health Home Program
- 19 Hispanic, 1 White
- 10 Male, 10 Female
- 14 living in rural areas, 6 living in metro areas
- 4 diagnosed with autism, 1 diagnosed with other mental health disorder, 3 of which dual-diagnosed with a medical disorder. 15 had medical diagnoses only.
- Medical diagnoses ranged from Asthma and kidney disease to diagnoses of Trisomy 9, Transverse Myelitis, Lupus, and Duchenne Muscular Dystrophy.
- Ages ranged from 4-17 years of age at the time of tool utilization.

Results
- [Graphs and charts showing data trends over time and by subgroups (Autism, Medical only, Rural, Non-rural)].

Table 1
- Children with medical diagnoses had scores that went down and then stayed in a similar range
- Children with autism were unaffected by care coordination, scores were consistently random
- Male children had higher average scores that remained similar throughout the study period
- Female children had a much lower average score that showed minimal change although by the last testing, average scores were down by 2 points

Table 2
- Average attention scores did not show any significant change after family received care coordination

Table 3
- Internalizing scores for female children and children who have only medical diagnoses on average went down by 1 point and stayed in the lower range

Table 4
- Externalizing scores showed no significant differences
- Of note: Scores for non-rural and children who had only medical diagnoses show a lowered and steady lower score

Conclusion
- PSC-17 shows some positive change in total scores for children whose families are participating in care coordination.
- Positive change was identified in female patients and in children who have a medical-only diagnosis patients and those who do not have and autism diagnosis or other mental health diagnosis.
- PSC-17 shows no difference in children who have an autism or other mental health diagnosis -- likely a true "point-in-time" effect since these children may be different from day to day.
- PSC-17 may be a tool in the future for tracking behavioral modifications and is not necessarily a measure of care coordination—it is likely indirectly related.

Considerations
- This study is a pilot study to assess if the PSC-17 could be an appropriate tool for use to measure the effects of care coordination.
- This was a very small, very diverse group of children whose diagnoses range from asthma and kidney disease to diagnoses of Trisomy 9, Transverse Myelitis, Lupus, and Duchenne Muscular Dystrophy.
- The ages of the children also highly varied with ages 4-17 at the time of the tool’s use.
- A tool more geared toward the parents’ ability and comfort with caring for their child who has special needs, may be a more appropriate testing tool for care coordination due to a majority of appointments being held only with the parent(s), at times without the child present.
- A modified version of the Rosenberg Self-Esteem Scale where questions pertain to the parents’ feelings concerning their child’s care is an example of a potential use.

References