

Predicting Care Coordination in the Presence of a Comorbid Developmental Disability or Psychosocial Problem

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Background

- Children with chronic illnesses often require the use of multiple services including medical, therapeutic, educational, and/or social services in order to manage their condition.
- Coordinating these services among providers and sometimes institutions can be a challenging task for families.
- A relatively high percentage of individuals who have one chronic condition also have at least one additional comorbid medical diagnosis.
- Individuals with a chronic medical condition are also more likely to have a comorbid psychological or developmental disability, making coordinating care more important and necessary.

Aim: The purpose of the present study was to determine whether having a comorbid psychosocial problem or developmental disability in addition to a chronic illness affected care coordination.

Methods

- The National Survey for Children with Special Health Care Needs (NS-CSHCN; 2009-2010) is a nationally representative telephone survey of over 40,000 families of children ages 0-17 with special healthcare needs.
- The following questions were only asked to families with children 2 years and older. Therefore, the current sample included 35,737 participants.
- Parents responded to the following questions regarding care coordination:
 - Does anyone help you arrange or coordinate your child's care among the different doctors or services that [he/she] uses?" (yes or no)
 - During the past 12 months, have you felt that you could have used extra help arranging or coordinating your child's care among these different health care providers or services?" (yes or no)
- Psychological Conditions: A combined variable was made consisting of ADD/ADHD, anxiety, depression, or behavioral/conduct problems
- Developmental Disabilities: A combined variable was made consisting of the following variables: autism spectrum disorders, developmental delays, or intellectual disability/mental retardation

Results

Receiving Care Coordination			Perceived Need for More Care Coordination		
	Psychosocial Comorbidity	Developmental Disability		Psychosocial Comorbidity	Developmental Disability
	OR and P-value	OR and P-value		OR and P-value	OR and P-value
Allergies	1.068 (p < .05)	1.562 (p < .0001)	Allergies	2.380 (p < .0001)	3.415 (p < .0001)
Arthritis	1.060 (p < .05)	1.539 (p < .0001)	Arthritis	2.337 (p < .0001)	3.344 (p < .0001)
Asthma	1.034 (p = .198)	1.532 (p < .0001)	Asthma	2.333 (p < .0001)	3.367 (p < .0001)
Blood disorders	1.071 (p < .05)	1.552 (p < .0001)	Blood disorders	2.362 (p < .0001)	3.375 (p < .0001)
Cerebral Palsy	1.075 (p < .05)	1.531 (p < .0001)	Cerebral Palsy	2.380 (p < .0001)	3.370 (p < .0001)
Diabetes	1.072 (p < .05)	1.564 (p < .0001)	Diabetes	2.365 (p < .0001)	3.401 (p < .0001)
Epilepsy	1.067 (p < .05)	1.522 (p < .0001)	Epilepsy	2.531 (p < .0001)	3.275 (p < .0001)
Heart Conditions	1.075 (p < .05)	1.535 (p < .0001)	Heart Conditions	2.368 (p < .0001)	3.372 (p < .0001)
Migraines	1.050 (p = .057)	1.555 (p < .0001)	Migraines	2.257 (p < .0001)	3.383 (p < .0001)
TBI	1.060 (p < .05)	1.541 (p < .0001)	TBI	2.328 (p < .0001)	3.337 (p < .0001)

Conclusions

- Findings suggest that having a comorbid chronic illness and psychosocial problem or developmental disability results both in receiving care coordination and a perceived need for more care coordination.
- Our results suggest the need to attend to comorbid psychosocial problems and/or developmental disabilities when caring for children with chronic illnesses.
- Even when families are receiving care coordination, it will be important to consider that families may still want more help with coordinating care.
- From a clinical standpoint, health care teams should be mindful of what families may need in terms of care coordination when dealing with these comorbidities.

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