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BACKGROUND

- Recent quality improvement (QI) standards require screening for psychosocial problems at pediatric well-child visits (WCVs).
- The following screening instruments meet QI guidelines:
 - **Baby Pediatric Symptom Checklist¹** (BPSC) (ages 2.0 months-17.9 months)
 - **Preschool Pediatric Symptom Checklist²** (PPSC) (ages 18.0 months-4.9 years)
 - **Pediatric Symptom Checklist-17³** (PSC-17) (ages 5.0 years-17.9 years)
- Massachusetts General Hospital programmed these 3 psychosocial screens into **the electronic medical record system (EMR)** for its 8 outpatient pediatric clinics.
- This study assessed possible language-based disparities in the rates of using these psychosocial screens across the practices in 2019 (the most recent full year of data).

METHODS

- Evidence that a screen had been completed:
 - Presence of a **screen in the EMR⁴**
 - **A bill for a screen** (since screens are reimbursable procedures)
 - **Both**
- In the EMR, **55 languages** were listed as the family's primary language
 - Family's primary language was recoded into a three-category variable:
 - **English, Spanish, and Other**

RESULTS

Figure 1. Language Groups in Full Sample (N=22,112)

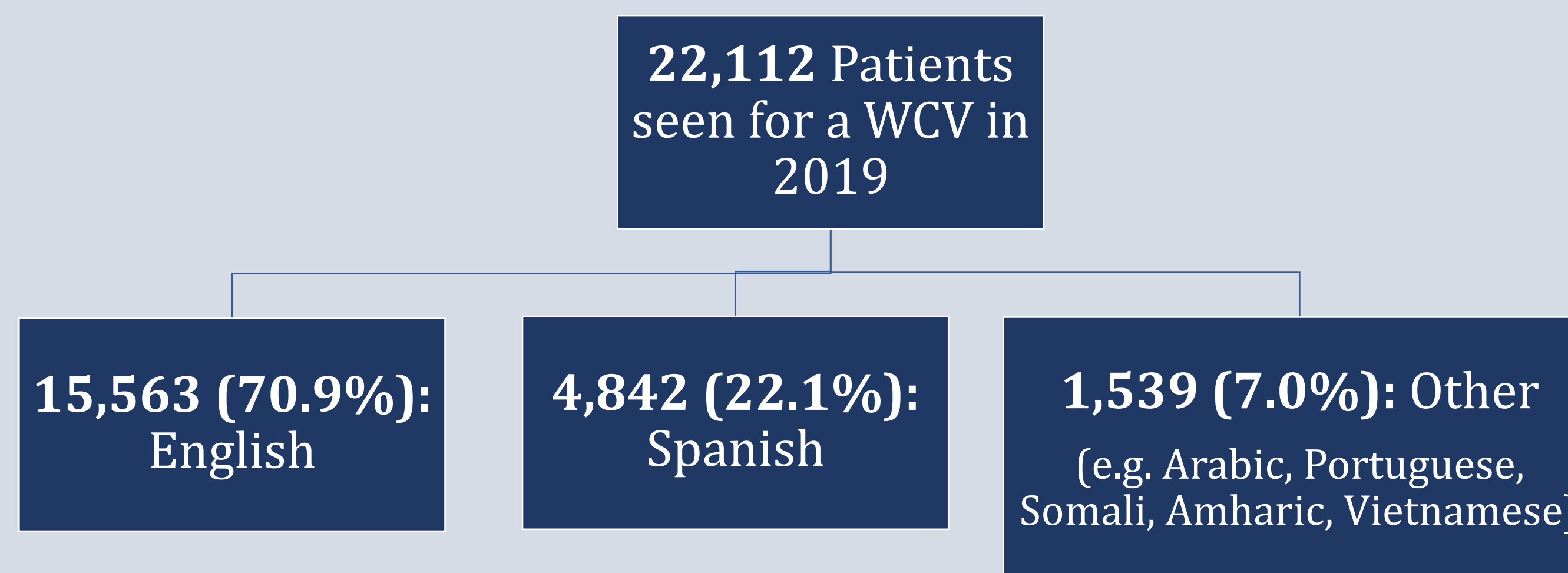


Table 1. Screening Rates by Language Group

Full Sample (N=22,112)	Overall Screening Rate (74.6%)
English-Speaking Families	69.8%
Spanish-Speaking Families	89.4%
Families Speaking Other Languages	76.0% ¹
BPSC (N=3,443)	Overall Screening Rate (69.4%)
English-Speaking Families	72.8%
Spanish-Speaking Families	55.2%
Families Speaking Other Languages	66.3% ²
PPSC (N=4,344)	Overall Screening Rate (72.0%)
English-Speaking Families	66.9%
Spanish-Speaking Families	90.2%
Families Speaking Other Languages	75.3% ³
PSC-17 (N=14,325)	Overall Screening Rate (76.6%)
English-Speaking Families	70.0%
Spanish-Speaking Families	94.9%
Families Speaking Other Languages	78.8% ⁴

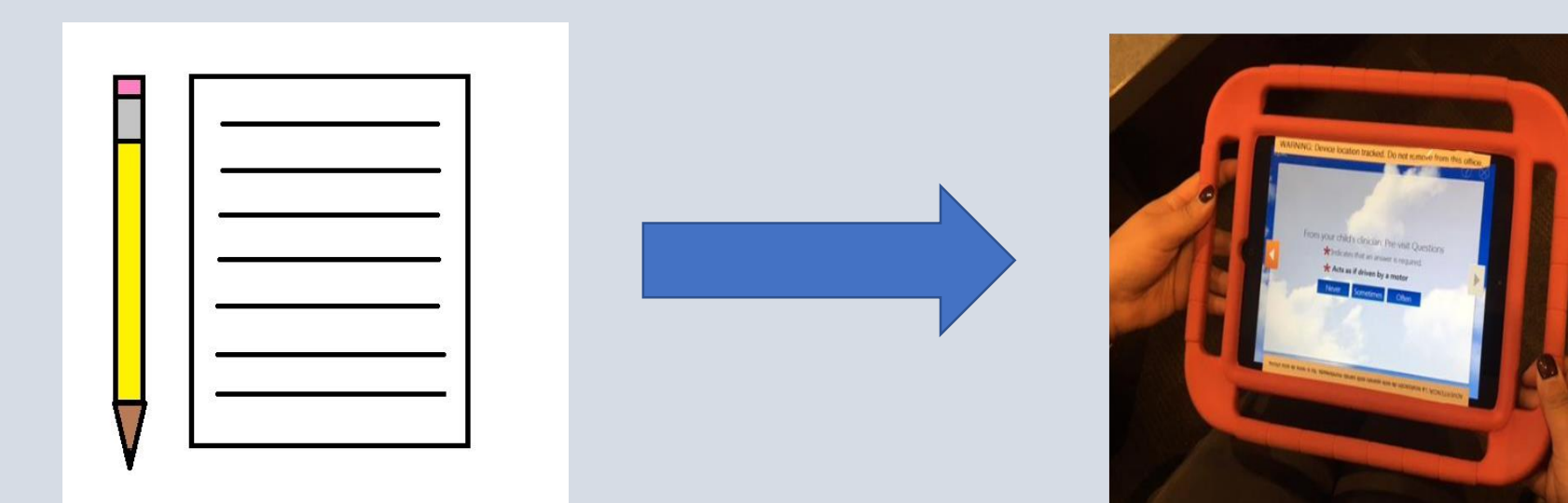
1. $\chi^2(2)=751.66, p<.001$
2. $\chi^2(2)=69.17, p<.001$
3. $\chi^2(2)=177.11, p<.001$
4. $\chi^2(2)=888.84, p<.001$

CONCLUSION

- Overall, **about 3/4** of patients in a large, linguistically diverse sample were screened for psychosocial problems, **a new measure of quality of care**
- In two of the three age groups and in the overall sample, children from **linguistic minority families** had **higher overall screening rates** (suggesting comparable quality of care among groups) compared to children from English-speaking families.

FUTURE DIRECTIONS

- Forms in the EMR were available in English and Spanish only. Forms for other languages were completed on paper. **Forms in some other languages may be programmed into the EMR.**



- Ongoing research is investigating the extent to which children from linguistic minority groups had **equitable access to behavioral health services** following a positive screen.

REFERENCES

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