

Adult Preventive Care Guidelines

MVP Health Care, as part of its continuing Quality Improvement Program, has adopted Adult Preventive Care Guidelines. The adult guidelines reflect recommendations by the US Preventive Services Task Force that can be found at: <http://www.uspreventiveservicestaskforce.org/recommendations.htm>. These guidelines can also be found in a summarized format in the *Guide to Clinical Preventive Services* available at this link by clicking on *Tools for Primary Care Practice* on the left-hand side of the page. MVP has highlighted key recommendations in an easy to understand table format provided below.

For adult immunizations, MVP endorses the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) recommendations. A copy of their Immunization Schedule is available online at: <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>. Since MVP's last update in 2009, there have been some changes made to the adult immunization schedule. These recent changes can be viewed at the above link by clicking on *Changes in schedule since last version*.

*This guideline is not intended to replace the role of the physician's clinical judgment in the management of medical services, it is an educational guideline provided to assist in the delivery of good medical care. **All treatment decisions are ultimately based on the physician's clinical assessment and judgment.*** Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at 1 (800) 777-4793 extension 2602.

PROVIDER QUALITY IMPROVEMENT MANUAL

2011 Preventive Health Guidelines for Adult Men

= USPSTF recommendation for age group

	19 - 39 Years	40 - 49 Years	50 - 64 Years	65+ Years		<i>Additional tips</i> <i>(see asterisk for age-specific tips)</i>
Periodic Visit every 1 - 3 years						
Complete/update including family history, activity, tobacco, alcohol, drug use and sexual practices						
Exam to include height and weight (BMI), blood pressure						
Vision screening						
Hearing screening						
Counseling / Screening						
<ul style="list-style-type: none"> ● Diet and exercise ● Smoking cessation ● ETOH/substance abuse prevention 						<ul style="list-style-type: none"> ● Family planning ● Dental health ● Sun exposure ● Health Care proxy/Adv. Directives
STD/HIV/Sexual behavior						*Assess for potential medication side effects (sexual dysfunction) in older adults.
Life stage issues (family, child)						*Life stage issue discussion for 50+ years should include bereavement.
Depression Screening						*Consider using standard screening tool such as PHQ-2/ PHQ-9.
Injury prevention (including seat belt, helmet use)						*Assess for risk of falls in elderly including balance problems or dizziness. Implement fall risk interventions if applicable.
Tests / Exams / Other Prevention^{1 2}						
Screening for lipid disorders every 5 years ages 35+						*Men aged 20 to 35 should be screened if they are at increased risk for heart disease.
Screen for Type 2 diabetes if BP >135/80						
Colorectal cancer screening						*Screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years (insufficient evidence for screening beyond age 75). Testing frequency: Annual screening with high-sensitivity fecal occult blood testing or sigmoidoscopy every 5 years, or sigmoidoscopy with high-sensitivity fecal occult blood testing every 3 years or screening colonoscopy every 10 years. Follow up as recommended by physician.
Aspirin for prevention of CVD						Aspirin therapy recommended for ages 45-79 when benefits outweigh risks.
Ultrasound screening for AAA						One-time screening recommended for ages 65 to 75 if ever smoked.
Immunizations						
Influenza vaccine annually						
Pneumococcal vaccine						Recommended for ages <65 if other risk factors present.
For information on other recommended vaccines for adults please see the CDC's <i>Recommended Adult Immunization Schedule</i> at: http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm						

¹ Prostate cancer screening: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening in men less than 75 years of age. Older men, those with a family history of prostate cancer and African-American men are at increased risk for diagnosis of and death from prostate cancer.

² The USPSTF recognizes the importance of targeted screening for tuberculosis. However, the USPSTF does not wish to duplicate the work of the CDC in this area. For the CDC's current recommendations on screening for tuberculosis, please refer to the website at <http://www.cdcnpi.org/scripts/tb/cdc.asp>.

Guidelines adapted from the U.S. Preventive Services Task Force. For complete recommendations please view *The Guide to Clinical Preventive Services* available at: <http://www.uspreventiveservicestaskforce.org/recommendations.htm>.

PROVIDER QUALITY IMPROVEMENT MANUAL

2011 Preventive Health Guidelines for Adult Women = USPSTF recommendation for age group

	19 - 39 Years	40 - 49 Years	50 - 64 Years	65+ Years	<i>Additional tips</i> <i>(see asterisk for age-specific tips)</i>	
Periodic Visit every 1 - 3 years						
Complete exam including family history, physical activity, tobacco, alcohol, drug use and sexual practices						
Height and weight (BMI), blood pressure						
Vision screening						
Hearing screening						
Counseling / Screening						
<ul style="list-style-type: none"> • Diet and exercise • Smoking cessation • ETOH/substance abuse prevention 	<ul style="list-style-type: none"> • Family planning • Dental health • Sun exposure • Health Care Proxy/Adv. Directives 				★	<ul style="list-style-type: none"> * Assess for urinary incontinence problems in elderly and discuss treatment options, if applicable. * Assess for and counsel on physical activity. * Assess for and counsel on mental health.
STD/HIV/Sexual behavior						
Life stage issues (family, child)			★	★	*Life stage issue discussion for 50+ years should include bereavement.	
Depression Screening	★	★	★	★	*Consider using standard screening tool such as PHQ-2/ PHQ-9.	
Injury prevention (including seat belt, helmet use)				★	*Assess for risk of falls in elderly including balance problems or dizziness. Implement fall risk interventions if applicable.	
Tests / Exams / Other Prevention³						
Screening for lipid disorders every 5 years ages 45+	★	★			* Women 20 to 45 should be screened if they are at increased risk for heart disease.	
Screen for Type 2 diabetes if BP >135/80						
Colorectal cancer screening			★	★	*Screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years (insufficient evidence for screening beyond age 75). Testing frequency: Annual screening with high-sensitivity fecal occult blood testing or sigmoidoscopy every 5 years, or sigmoidoscopy with high-sensitivity fecal occult blood testing every 3 years or screening colonoscopy every 10 years. Follow up as recommended by physician.	
Aspirin for prevention of CVD					Aspirin therapy recommended for ages 55-79 when benefits outweigh risks.	
Cervical cancer screening (Pap test)				★	The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix. Clinical considerations: begin screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and at least every 3 years. <i>*see footnotes for additional considerations.</i>	

³ The USPSTF recognizes the importance of targeted screening for tuberculosis. However, the USPSTF does not wish to duplicate the work of the CDC in this area. For the CDC's current recommendations on screening for tuberculosis, please refer to the website at <http://www.cdcnpi.org/scripts/tb/cdc.asp>.

Additional clinical considerations for cervical cancer screening: The optimal age to begin and discontinue screening is unknown. Data on HPV infection and incidence of high-grade lesions and cervical cancer indicate screening can safely be delayed until 3 years after onset of sexual activity or until age 21, whichever comes first. Discontinuation of screening in older women is appropriate, given they have had adequate recent screening with normal Pap results. Discontinuation is also appropriate for those who have had a total hysterectomy for benign disease (e.g., no evidence of cervical neoplasia or cancer) given the low yield of screening and the potential harms from false-positive results in this population. The USPSTF has found no direct evidence that annual cervical cancer screening achieves better outcomes than screening every 3 years.

Guidelines adapted from the U.S. Preventive Services Task Force. For complete recommendations please view *The Guide to Clinical Preventive Services* available at: <http://www.uspreventiveservicestaskforce.org/recommendations.htm>.

PROVIDER QUALITY IMPROVEMENT MANUAL

Breast cancer screening ⁴					*The Department of Health and Human Services, in implementing the Affordable Care Act under the standard it sets out in revised Section 2713(a)(5) of the Public Health Service Act, utilizes the 2002 recommendation on breast cancer screening of the USPSTF: screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older is recommended.
Chlamydia test	*	*	*		Screen for Chlamydia in sexually active women ages 24 and under annually and in older women at risk.
Osteoporosis screening			*		The USPSTF recommends screening for osteoporosis in women aged 65 years or older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors. *Consider screening beginning at age 50 in post-menopausal women if at increased risk ⁵ .
Immunizations					
Influenza vaccine annually					
Pneumococcal vaccine					Recommended for ages <65 if other risk factors present.
<p>For information on other recommended vaccines for adults please see the CDC's <i>Recommended Adult Immunization Schedule</i> at: http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm</p>					

⁴ The USPSTF concludes that the evidence is insufficient to recommend for or against routine CBE alone to screen for breast cancer and to recommend for or against teaching or performing routine breast self-examination (BSE).

⁵ Based on NOF recommendation for screening found at: <http://www.nof.org/professionals/clinical-guidelines>

Guidelines adapted from the U.S. Preventive Services Task Force. For complete recommendations please view *The Guide to Clinical Preventive Services* available at: <http://www.uspreventiveservicestaskforce.org/recommendations.htm>.