Piedmont WellStar HealthPlans, Inc. | **Adult Preventive Guidelines**

	Clinical Indicator	Ages 19-29	Ages 30-39	Ages 40-49	Ages 50-64	Ages 65+
EXAMINATION & COUNSELING	Physical Exam and Counseling[1]	Frequency of visit as recommended by PCP	Frequency of visit as recommended by PCP	Frequency of visit as recommended by PCP	Frequency of visit as recommended by PCP	Annually
	Blood Pressure[2]	At each visit. At least once every two years. Annually for individuals with hypertension.				
	Clinical Breast Exam (CBE)[3]	Every three years	Every three years	Annually	Annually	Annually
	Screen/Counsel for Tobacco, Alcohol and Substance Abuse	Each visit as appropriate				
SCREENING	Blood Cholesterol (full fasting lipid profile)[4]	Every five years beginning at age 20	Every five years	Every five years	Every five years	Every five years
	Fecal Occult Blood[5]				Annually	Annually
	Sigmoidoscopy[6]				Every five years	Every five years
	Colonoscopy[7]				Every ten years	Every ten years until age 75; not routinely recommended in patients ages 76-85
					Or as recommended by physician in patients at high risk*	
	Chlamydia Screen[8]	Annually < 25 yrs. if sexually active or pregnant	Screen pregnant or nonpregnant women aged > 25 years only if they are at increased risk for infection (new/multiple sexual partner(s), history of STDs, inconsistent/lack of use of barrier contraception).			
	Mammography[9]			Annually*	Annually*	Annually until age 74. Not recommended in women ≥ 75*
	Pelvic Exam/Pap Test[10]	Aged 21-29, cytology only every three years based on history Aged 30-65, cytology + HPV testing co-testing every 5 years is preferred; cytology only every 3 years is an acceptable alternative; HPV Testing alone is not recommended.				Do not screen (if at low risk): • ≥ 3 neg Pap or • ≥ 2 neg HPV tests past 10 yrs Screen every 5 years (if at high risk): • ≥ CIN2 (con't at
	Human Papilloma Virus (HPV) testing[11]		Every 5 years beginning at age 30	Every 5 years	Every 5 years	

						least 20 yrs)
	Osteoporosis Screening[12]	Screen women younger than age 65 whose 10 year fracture risk is equal to or greater than that of a 65 year old white woman with no additional risk factors.				Screen all women ages 65 and older.
	Prostate Cancer Screening[13]			Men 40-49 years – Discuss benefits vs. harms in high/very high risk men. Not recommended in average risk men.[13]	Men ages 50-69 – Discussion of benefits vs. harms of screening in average risk men. Not recommended in average risk men under age 50 and over age 69 years or in men with a life expectancy of less than 10-15 years.[13]	
	Obesity Screening [14]	Height and weight/body mass index (BMI) at each visit.				
	Abdominal Aortic Aneurysm Screening[16]					One ultrasound screening for men aged 65 to 75 who have ever smoked.
	Vision, Hearing					Periodically

* High risk includes African Americans (begin screening at age 45), individuals with a history of familial polyposis or hereditary nonpolyposis colorectal cancer (begin screening at age 40), or a personal history of inflammatory bowel disease. Screening colonoscopy should be performed in patients with ulcerative colitis or Crohn's disease 8-10 years after the onset of symptoms. If negative, surveillance colonoscopy should be performed in 1-2 years then repeated at recommended intervals by a gastroenterology specialist. (See footnote.)

IMMUIZATIONS

Piedmont WellStar HealthPlans, Inc. follows the Recommended Adult Immunization Schedule approved February 2013 by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP).

The current Recommended Adult Immunization Schedule – United States - 2013 is available at:

http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/adult-schedule.pdf

Scientific Evidence Sources:

1. U.S. Preventive Services Task Force. The Guide to Clinical Preventive Services 2012. Recommendations of the U.S. Preventive Services Task Force.
2. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure. JAMA 2003; 289:2560-71.
3. American Academy of Family Physicians (AAFP). Summary of recommendations for clinical preventive services. Leawood (KS): AAFP; October 2012.
4. American Cancer Society Guidelines for the Early Detection of Cancer, March 5, 2012 (Revised January 11, 2013)
5. American Cancer Society Colorectal Cancer Early Detection June 5, 2012 (Revised January 24, 2013)
6. American Cancer Society Prostate Cancer: Early Detection February 27, 2012 (Revised February 27, 2012)
7. U.S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute, May 2001 (Revised June 2005).
8. Gastroenterology February 2003, Volume 124; Number 2.
9. Consensus Conference: Colorectal Cancer Screening and Surveillance in Inflammatory Bowel Disease, *Inflamm Bowel Dis* 2005; 11:314-321.
10. Centers for Disease Control and Prevention. Recommended Adult Immunization Schedule - United States, 2013. MMWR February 2013; 62(01)1-19

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Adult Preventive Guidelines
2013

Physical Exam and Counseling. Per PA Medicaid EPSDT Periodicity Schedule, annual physical exam is required for adolescents < 21 years of age. Per Medicare, an annual physical exam should be performed beginning at age 65.

1. **Blood Pressure.** At least once every 2 years if readings are under 120/80 mmHg; annually with systolic blood pressure of 120 to 139 mmHg or diastolic pressure of 80 to 90 mmHg. Refer to PWHP Health Plan Algorithm for Management of Hypertension. (Source: USPSTF Screening for High Blood Pressure, 2012, JNC VII, 2003. AAFP Summary of Recommendations for Clinical Preventive Services, October 2012)
2. **Clinical Breast Exam (CBE).** Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 and over. (Source: *CA Cancer J Clin*. 2013;68:87-105. American Cancer Society Guidelines for the Early Detection of Cancer, March 5, 2012 [Revised January 11,2013])
3. **Blood Cholesterol.** Beginning at age 20, perform a full fasting lipid profile with routine follow-up in 5 years; otherwise, refer to PWHP Health Plan Management of General Population Cholesterol Screening. (Source: U.S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute, May 2001 [Revised 2005])

Colorectal cancer screening - Men and women at average risk should be offered screening with one of the following options beginning at age 50 years (Source: Gastroenterology February 2003, Volume 124; Number 2 and Consensus Conference: Colorectal Cancer Screening and Surveillance in Inflammatory Bowel Disease, *Inflamm Bowel Dis* 2005; 11:314-321. American Cancer Society Guidelines for the Early Detection of Cancer, March 5, 2012 [Revised January 11, 2013])

4. **Fecal Occult Blood.** Offer FOBT or fecal immunochemical (FIT) test annually. May be offered alone or in conjunction with a flexible sigmoidoscopy every 5 years.
5. **Sigmoidoscopy.** Offer every 5 years. May be offered alone or in conjunction with annual FOBT or FIT.
6. **Colonoscopy.** Offer every 10 years. For those with a single first degree relative with colon cancer or adenomatous polyps diagnosed at age < 60 years or 2 first degree relatives diagnosed with colorectal cancer at any age, should be advised to have screening colonoscopy starting at age 40 or 10 years younger than the earliest diagnosis in their family — whichever comes first — and repeat it every 5 years. People with a first degree relative with colon cancer or adenomatous polyp diagnosed at age ≥ 60, or 2 second degree relatives with colorectal cancer should be advised to be screened as average risk persons but beginning at age 40 years. People with 1 second degree relative or third degree relative with colorectal cancer should be advised to be screened as average risk persons. *High risk includes African Americans (begin screening at age 45), individuals with history of familial polyposis or hereditary nonpolyposis colorectal cancer (begin screening at age 40), or a personal history of inflammatory bowel disease. Screening colonoscopy should be performed in patients with ulcerative colitis or Crohn's disease 8-10 years after the onset of symptoms. If negative, surveillance colonoscopy should be performed in 1-2 years then repeated at recommended intervals by a gastroenterology specialist. Routine screening is not recommended in adults age 76-85. In adults older than age 85, screening is not recommended. (USPSTF Screening for Colon Cancer, 2012. AAFP Summary of Recommendations for Clinical Preventive Services, October 2012).
7. **Chlamydia Screen.** Routine chlamydia screening for all sexually active women < age 25 and asymptomatic women > age 25 at increased risk for infection (new or multiple sexual partner(s), previous history of STDs, inconsistent or lack of use of barrier contraception). Routine screening for all pregnant women < age 25 and pregnant women > age 25 at increased risk for infection. (Source: USPSTF Screening for Chlamydial Infection, 2012. AAFP Summary of Recommendations for Clinical Preventive Services, October 2012)
8. **Mammogram.** Women with a history of breast cancer in a first degree relative should begin screening 10 years before the index case. (Source: *CA Cancer J Clin*. 2013;68:87-105. American Cancer Society Guidelines for the Early Detection of Cancer, March 5, 2012 [Revised January 11, 2013].). The USPSTF recommends biennial screening for women aged 50-74 and concludes the current evidence is insufficient to assess the additional benefits and harms in screening women 75 years or older. (USPSTF Screening for Breast Cancer. AAFP Summary of Recommendations for Clinical Preventive Services, October 2012).
9. **Pelvic exam/Pap Test.** The guidelines apply to healthy women who don't have abnormal Pap tests. They do not apply to women who have a history of cervical cancer or other high risk factors. Women under 21 should not be screened. Women 21-29 should be screened with the Pap test alone every 3 years. HPV testing should not be used for screening in this age group due to the high prevalence of HPV infection that spontaneously resolves in young women. Women 30-65: the preferred approach is the Pap test plus HPV testing (co-testing) every 5 years. Continued screening with the Pap test alone (without HPV testing) every 3 years is an acceptable alternative. HPV testing alone is not recommended. Women over 65: screening is not recommended in women without history of pre-cancer CIN2 or greater with at least 3 consecutive negative Pap tests or at least 2 negative HPV tests the last 10 years, with the most recent test in the last 5 years. Women with a history of CIN2 or greater, screening, should continue for at least 20 years, even if after age 65. Women after hysterectomy (with removal of the cervix) for reasons not related to cervical cancer should not be screened. (Source: American Cancer Society Guidelines for the Early Detection of Cancer, March 5, 2012 [Revised January 11, 2013]). USPSTF Screening for Cervical Cancer, 2012)
10. **HPV Testing:** Every 5 years beginning at age 30 up to age 65. Women who have been vaccinated against HPV should follow the age-specific recommendations as unvaccinated women, since current vaccines do not cover all carcinogenic HPV types and because some women will receive the vaccine after they have already been exposed to HPV. (Source: USPSTF Screening for Cervical Cancer, 2012)
11. **Osteoporosis Screening.** Routine screening for women aged 65 and older. Routine screening should begin for women <65 whose 10-year fracture risk is equal to or greater than that of a 65-year-old white woman without additional risk factors such as lower body weight (weight < 70 kg). No studies have evaluated optimal intervals for repeated screening. Because of limitations in the precision of testing, a minimum of 2 years may be needed to reliably measure a change in bone mineral density; however, longer intervals may be adequate for repeated screening to identify new cases of osteoporosis. (Source: USPSTF Screening for Osteoporosis in Postmenopausal Women, 2012)
12. **Prostate Cancer screening.** The American College of Physicians recommends discussion of benefits vs. harms of PSA screening in average risk men ages 50-69 years. Screening is recommended only if the patient expresses a clear preference for screening. The ACP recommends against screening average risk men under age 50 and over age 69 or in men with a life expectancy of less than 10-15 years. The American Cancer Society recommends discussion about screening at 50 years and older for average risk men who have at least a 10-year life expectancy, at ages 40-45 years for African Americans and men who have a 1st degree relative diagnosed with prostate cancer before age 65 years, and at ages 40 years and older for men with several first degree relatives who had prostate cancer at an early age. .

Information should be provided about what is known and what is uncertain about the benefits, limitations, and harms of early detection and treatment so they can make an informed decision about testing (Source: American Cancer Society Guidelines for the Early Detection of Cancer, March 5, 2012 [Revised January 11, 2013]). The USPSTF recommends against PSA-based screening. The American College of Preventive Medicine (ACPM), and the American Urological Association (AUA) guidelines all recommend using a shared decision-making approach. (American College of Physicians: Guidance Statement from ACP Nixes Routine PSA Testing, April 08, 2013).

13. **Obesity Screening.** Screen all adult patients periodically utilizing height and weight to calculate Body Mass Index (BMI). (Source: USPSTF Screening for Obesity in Adults, 2012)
14. **Abdominal Aortic Aneurysm Screening.** One time screening for abdominal aortic aneurysm by ultrasonography in men aged 65 to 75 who have ever smoked. (Source: USPSTF Screening for Abdominal Aortic Aneurysm, 2012)