



2008 Adult Preventive Schedule Comparison: Ages 19 through 64 Years

History and Physical Age Range	Comments	References <i>Note: The specific references are listed in their entirety last page 6 of this guideline.</i>
History and Physical Exam	A physical should be performed every one to two years for adults ages 19-49, and every year for adults ages 50 and older.	<ol style="list-style-type: none"> 1. USPSTF (1996) Updated 2004 2. The expert consensus opinion of the 2004 PH Committee
Pelvic/Breast Exam Annually for females		<ol style="list-style-type: none"> 1. ACOG (2006)
Regular Weight, Height and BMI Monitoring		<ol style="list-style-type: none"> 1. AAFP (1996) Updated 2003 2. CDC (2004)
Blood Pressure Screening At every provider visit beginning at age 18 years, with a minimum of once every 2 years or annually if diastolic > 85 or systolic > 130 mmHg.		<ol style="list-style-type: none"> 1. USPSTF (1996) Updated 2004 2. NIH (1997) Updated 2004
Depression Screening	<p>Periodic screening at the time of a focused exam, screen all patients with a depression screening tool such as the two-question depression screen recommended by the US Preventive Services Task Force.</p> <p>“Over the past two weeks, have you felt down, depressed, irritable or hopeless?” “Over the past two weeks, have you felt little interest</p>	<ol style="list-style-type: none"> 1. USPSTF (1996) Updated 2002

	or pleasure in doing things?	
Testing/ Age Range	Comments	References
<p>Lipid Panel Routine screening every five years beginning at age 20 and more frequent testing of those 20 years of age and older at risk for cardiovascular disease.</p>		<ol style="list-style-type: none"> 1. USPSTF (1996) Updated 2004 2. NCEP (2004) 3. The expert consensus opinion of the 2004 PH Committee
<p>Mammography Recommend screening mammography, with or without clinical breast exam, every 1-2 years for women age 40 and older.</p>	<p>West Virginia state law mandates payment associated with a mammogram every year for women 50 years of age or older and with any mammogram based on physician's recommendations for women under 40 years of age. Baseline screening should occur between the age of 35-39, and every two years between the ages of 40-49. Even though most Mountain State products pay for mammograms, some employer groups (such as employer groups outside of West Virginia) and/or plans administered by Mountain State will not pay for part or all of the recommended West Virginia state mandated mammograms.</p> <p>The USPSTF recommends women should be informed of potential benefits, limitations, and possible harms of mammography in making decisions about when to begin screening.</p>	<ol style="list-style-type: none"> 1. USPSTF (1996) Updated 2002
<p>Fasting Plasma Glucose Screening of high-risk patients should be considered by their physician beginning at age 45 at 3-year intervals or at a frequency that is clinically indicated. Testing for diabetes should be considered at a younger age or carried out more frequently in individuals who have additional risk factor (s).</p>		<ol style="list-style-type: none"> 1. ADA (2004)
<p>Papanicolaou Test (Pap smear) Pap test every 1 to 3 years based on history, beginning approximately 3 years after</p>	<p>Pelvic exam done yearly for clinical factors, and pap smear done for all those who are or have been sexually active.</p> <p>Women who have undergone hysterectomy with removal of the cervix for benign indications and who have no prior history of CIN 2</p>	<ol style="list-style-type: none"> 1. USPSTF (1996) Updated 2003 2. AAFP (1996) Updated 2002 3. ACOG (2003)

<p>initiation of sexual intercourse or at age 21, whichever comes first.</p>	<p>of CIN 3 or worse may discontinue routine cytology testing.</p> <p>* Women age 30 and older - There are two acceptable screening options for women in this age group</p> <ol style="list-style-type: none"> 1. Testing using cervical cytology alone: If a woman age 30 or older has negative results on three consecutive annual cervical cytology tests, then she may re-screen with cervical cytology alone every 2-3 years. 2. The combined use of cervical cytology test and an FDA-approved test for high-risk types of HPV: Under this option women receive both a cervical cytology test and a genetic test that looks for certain high-risk types of the human papillomavirus (HPV) known to cause cancer (HPV DNA test). Once women test negative on both tests they should be re-screened with the combined tests no more frequently than every 3 years. If only one of the tests is negative, however, more frequent screening will be necessary. (The combined testing is not appropriate for women under age 30, since they frequently test positive for HPV that will clear up on its own.) <p>The USPSTF concludes that the evidence is insufficient to recommend for or against new technologies (such as liquid-based technologies) in place of conventional Pap tests.</p>	
Testing/ Age Range	Comments	References
<p>Chlamydia / Gonorrhea and other STD Screening <u>Chlamydia:</u> Routine screening for all sexually active females age 25 years and younger Other asymptomatic females at increased risk for chlamydial infection. <u>Gonorrhea:</u> Screening females at high risk of infection</p> <p><u>Human immunodeficiency virus (HIV)</u> Screen all patients at increased risk for HIV infection., also consider blood-borne exposure, such</p>	<p>Options for Chlamydia Screening:</p> <ul style="list-style-type: none"> • Amplified DNA • Cervical probe • Leukocyte Esterase 	<ol style="list-style-type: none"> 1. USPSTF (1996) Updated 2005

<p>as blood transfusion.</p> <p><u>Other STD screening:</u> Risk-based screening recommended for all sexually active males and females.</p>		
<p>Colorectal Cancer Screening Screen men and women 50 years of age or older for colorectal cancer</p>	<p>Regular screening for colorectal cancer with:</p> <ul style="list-style-type: none"> • Colonoscopy every 10 years or, • Fecal occult blood test annually (home 3-pack FOBT test or fecal immunochemical test) or, • Flexible sigmoidoscopy every 5 years or, • Annual fecal occult blood test (home 3 pack FOBT test or fecal immunochemical test) plus flexible sigmoidoscopy every 5 years or, • Double contrast barium enema every 5 years or, <p>Note: Currently, flexible sigmoidoscopy together with FOBT is preferred when compared to FOBT or flexible sigmoidoscopy alone. All positive tests should be followed up with colonoscopy. People with a family or personal history of colon cancer or polyps, or history of chronic inflammatory bowel disease should be tested earlier, and may need to undergo testing more often. FOBT done in a physician office with the single negative stool sample collected during the rectal examination is not an adequate substitute for any of the screening options listed above.</p>	<ol style="list-style-type: none"> 1. AAFP (1996) Updated 2002 2. USPSTF (1996) Updated 2002 3. American Cancer Society (2004)
<p>Bone Mineral Density Screening Routine screening of all women age 65 and older and younger postmenopausal women who have had a fracture or have one or more risk factors for osteoporosis. Recommended only once every two years.</p>	<p>Bone mineral density studies for asymptomatic patients are considered screening.</p> <p>Refer to NOF Table 1: Risk Assessment www.nof.org/physguide/risk_assessment.htm</p> <p>Refer to NOF Table 2A: Medical Conditions That May Be Associated With An Increased Risk Of Osteoporosis & Table 2B: Drugs That May Be Associated With Reduced Bone Mass In Adults www.nof.org/physguide/diagnosis.htm</p>	<ol style="list-style-type: none"> 1. USPSTF (1996) Updated 2003 2. National Osteoporosis Foundation (1998)

Anticipatory Guidance/Safety Issues	Comments	References
Anticipatory Guidance/ Psychosocial Screening	Anticipatory Guidance/Psychosocial Screening – to include: <ul style="list-style-type: none"> • Second hand smoke • Smoking cessation • Substance abuse • Nutrition • Exercise • Adequate intake of calcium & Vitamin D • Women of childbearing age should have a daily consumption of Folic Acid 0.4 mg • Aspirin use for at risk candidates • Discussion of risks and benefits of hormone replacement prophylaxis and alternative therapies in women • Polypharmacy • Safe sex/STD • HIV • Sun exposure • Oral health 	<ol style="list-style-type: none"> 1. AAFP (2001) Updated 2003 2. USPSTF (1996) Updated 2004 3. ACOG (2000) Updated 2003
Safety Issues	Safety Issues – to include: <ul style="list-style-type: none"> • Domestic Violence • Smoke and carbon monoxide detectors • Firearms use and safe storage of • Appropriate protective/safety equipment for such activities as biking, skating and skiing • Seat belt use 	<ol style="list-style-type: none"> 1. AAFP (2001) 2. USPSTF (1996) 3. ACOG (2000)
Screening for Alcohol Use in Adults	<p>The USPSTF recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women.</p> <p>The AAFP recommends counseling adults who are problem drinkers regarding the dangers of driving while intoxicated and the risk of automobile accidents.</p>	<ol style="list-style-type: none"> 1. USPSTF (1996) Updated 2004 2. AAFP (1996) Updated 2003



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References:

1. www.cdc.gov CDC (2005)
2. www.cdc.gov/nip/recs/adult-schedule.htm#print CDC (2005)
3. American Academy of Family Physicians. *Summary of Policy Recommendations for Periodic Health Examination*. Kansas City, MO: American Academy of Family Physicians; 2004
4. <http://www.ahrq.gov/clinic/uspstfix.htm> Revised USPSTF Guidelines Support Screening for Alcohol Use in Adults, April 8, 2004
5. www.accessexcellence.org/WN/SUA05/dna_test_chlamydia.html DNA Test For Chlamydia, January 28, 1995
6. www.cdc.gov/nccdphp/dnpa/bmi/, BMI: Body Mass Index. April 17, 2003
7. US Preventive Services Task Force. (1996). *Guide to Clinical Preventive Services*, 2nd Ed. Baltimore: Williams & Wilkins.
8. <http://www.ahrq.gov/clinic/uspstfix.htm> US Preventive Services Task Force. Washington, DC: US Department of Health and Human Services; 2004/2005.
9. American College of Obstetricians and Gynecologists. *Primary and Preventive Care: Periodic Assessments*. Washington, DC: 2000.
10. www.nhlbi.nih.gov National Institutes of Health (1999).
11. www.diabetes.org. American Diabetes Association (ADA), (2005). Clinical Practice Recommendations for Screening for Diabetes.
12. National Institutes of Health. (1997) The Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (NIH Publication No. 98-4080). Bethesda, Maryland: National Heart, Lung & Blood Institute Information Center.
13. www.cancer.org American Cancer Society (2004) *American Cancer Society Guidelines on Screening and Surveillance for the Early Detection of Adenomatous Polyps and Colorectal Cancer*.
14. www.nof.org National Osteoporosis Foundation (1998) *The Physicians Guide to Prevention and Treatment of Osteoporosis*.



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Resource Page

Some flexibility in specific cases will require deviations from guideline recommendations. All providers are responsible for individualizing recommendations to the specific clinical characteristics of each patient.

Resources for Your Mountain State Patients

- Blues On CallSM nurse Health Coaches are available 24/7 to provide one-on-one telephonic support for patients regarding chest pain and many other health topics. Your Highmark patients can reach Blues On Call at 1-888-258-3428 (1-888-BLUE 428) toll free.
- The Dr. Dean Ornish Program for Reversing Heart Disease[®] is a 12 month program currently available at five West Virginia hospitals. Participants in this lifestyle improvement program have experienced improved lipid panels, weight loss, decreased blood pressure, and better blood glucose control. (Applicants with Diabetes, CHD or risk factors may qualify)
- Ornish Advantage, a six-week program, is designed as a Diabetes and Heart Disease preventative program. Each 2-hour session is delivered by Ornish Advantage Program Staff and includes lectures and interactive lifestyle improvement activities. For more information about The Dr. Dean Ornish Program for Reversing Heart Disease[®] or Ornish Advantage call 1-800-879-2217.
- *HealthMedia[®] BalanceTM* – A weight management program
- *HealthMedia[®] NourishTM* – A nutrition program
- *HealthMedia[®] BreatheTM* – A smoking cessation program
- *HealthMedia[®] RelaxTM* – A stress management program
- *HealthMedia[®] CareTM For Your Health* – A self management program for chronic conditions
- *HealthMedia[®] CareTM For Your Back* – A self management program for back pain

To access Mountain State's Lifestyle Improvement Programs:

- Direct your Mountain State patients to go to Mountain State's member portal at www.mybenefitshome.com.
- Log in to the member website. Not registered? Select "click here to get a password"
- HealthMedia programs can be found under the heading "Your Health" and then the link "Improve Your Health"

As with any insurance, members are eligible for services only as long as they are active members of the plan and the services are covered benefits of their group or direct pay contract.