2008 Preventive Schedule for Members 65 years of Age and Older Comparison

General Guidelines on Preventive Care in Elderly Patients

Patient preferences regarding particular preventive interventions, as well as treatments potentially entailed by results of screening, should be respected. If a patient would refuse treatment of a condition discovered by screening, the screening may be inappropriate for that patient.

Each preventive intervention should be assessed for the benefit(s) and harm(s) it may confer upon a particular patient; among such considerations is the likelihood that a given preventive intervention will confer benefit within the patient's life expectancy and consideration of patients' wishes. A patient with end-stage disease/terminal illness may benefit from screening for depression, but will not likely benefit from cholesterol screening, prostate cancer screening, etc.

Each preventive intervention should be assessed from the point of view of the patient's capacity to comply with the intervention(s) or treatments mandated by the results of screens. This assessment must take into account not only the cognitive, psychological and functional status of the patient, but also the presence of an adequate environment and support system. Interventions, which are highly dependent on patient capacity and motivation, should especially be employed selectively; example might include home glucose monitoring.

Decisions to intervene may be conditioned by assessment of risk, e.g., the decision to treat a single risk factor for cardiovascular disease (cholesterol) may be conditioned by the presence or absence of other risk factors (hypertension, diabetes).

Screening Age/Frequency	**Comments**	**References** *Note: The specific references are listed in their entirety on page 8 of this guideline.*
History and Physical Exam Annually		1. USPSTF (1996) Updated 2004 2. Expert consensus opinion of the 2004 Preventive Health QI Committee
Pelvic/Breast Exam With annual history and physical based on risk factors		1. ACOG 2006
Regular Weight, Height and BMI Monitoring Annually		1. AAFP (1996) Updated 2003 2. CDC (2004)
Blood pressure screening At every provider visit or every 1-2 years in all elderly persons who are candidates for active medical treatment.		1. USPSTF (1996) Updated 2004 2. NIH (1997) 3. Geriatric Review Syllabus 1999/2001
Depression Screening	As part of the routine physical exam, screen all patients with a depression-screening tool such as the two-question depression screen recommended by the US Preventive Services Task Force. "Over the past two weeks, have you felt down, depressed, irritable or hopeless?" "Over the past two weeks, have you felt little interest or pleasure in doing things?	1. USPSTF (1996) Updated 2004
Lipid Panel Every 5 years or as clinically indicated.		1. USPSTF (1996) Updated 2004 2. AAFP (1996) Updated 2003 3. NIH (1999) 4. Geriatric Review Syllabus 1999/2001
Fasting Plasma Glucose Screening of high-risk patients should be considered by their physician at 3-year intervals or at a frequency that is clinically indicated.		1. ADA (2001) Updated 2004 2. Geriatric Review Syllabus 1999/2001

Mammography Recommend screening mammography every 1-2 years in patients whose general health and life expectancy merit screening.	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. The USPSTF concludes that there is insufficient evidence to recommend for or against routine clinical breast examination alone to screen for breast cancer. The USPSTF notes the precise age at which to discontinue screening mammography is uncertain. Older women face a higher probability of developing and dying from breast cancer but also have a greater chance of dying from other causes. Women with comorbid conditions that limit their life expectancy are unlikely to benefit from screening. The American College of Physicians discourages screening after age 75 yr. The American Geriatrics Society recommends possible discontinuation at age 85 yr. The American Cancer Society recommends annual mammogram with no upper age limit.	1. USPSTF (1996) Updated 2004 2. AAFP (1996) Updated 2003 3. AGS 1999 Updated 2005 4. ACS (2006)
Screening	**Comments**	**References**
Papanicolaou test (Pap smear)	If previous pap smears have been abnormal, repeat as indicated. Women who have undergone hysterectomy with removal of the cervix for benign indications and who have no prior history of CIN 2 of CIN 3 or worse may discontinue routine cytology testing. **USPSTF:** *recommends against routinely	1. USPSTF (1996) Updated 2003 2. ACOG (2000) Updated 2003 3. AGS 2000

	screening women older than 65 if they have had adequate recent screening with normal Pap smears and are not otherwise at increased risk for cervical cancer. *Recommends against routine Pap screening for women who have had a total hysterectomy for benign disease. 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.	
Screening	**Comments**	**References**
Gonorrhea, HIV and other STD Screening	STD Screening : Risk-based screening recommended for all sexually active males and females. Human immunodeficiency virus (HIV) Screen all adults at increased risk for HIV infection; also consider blood-borne exposure such as blood transfusion.	1. AAP (2000) Updated 2003 2. USPSTF (1996) Updated 2005 3. AAFP (1996) Updated 2003
Colorectal Cancer Screening	Each preventive intervention should be assessed from the point of view of the patient's capacity to comply with the intervention(s) or treatments mandated by the results of screens. Regular screening for colorectal cancer with: • 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 **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	1. USPSTF (1996) Updated 2004 2. AAFP (1996) Updated 2004 3. ACS (2004)

	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.	
Bone Mineral Density Screening Routine screening for all women starting at age 65, no more often than every 2 years.	Bone mineral density studies for asymptomatic patients are considered screening.	1. USPSTF (1996) Updated 2003 2. National Osteoporosis Foundation (1998)
Prostate Cancer Screening If screening is deemed appropriate, discuss risks/benefits of prostate cancer screening. Testing may include PSA (Prostate Specific Antigen) testing and/or digital rectal exam.		1. AAFP (2002) 2. USPSTF (1996) Updated 2004

Anticipatory Guidance/Safety Issues	Comments	References

Anticipatory Guidance/Psychosocial Screening	**Anticipatory Guidance/Psychosocial Screening**
	Anticipatory Guidance/Psychosocial Screening – may include when appropriate:
	• Second hand smoke
	• Tobacco cessation
	• Substance abuse
	• Nutrition
	• Exercise
	• Adequate intake of calcium & vitamin D
	• Aspirin use for at risk candidates
	• Discussion of risks and benefits of hormone use and alternative therapies
	• Medication Management
	  o Polypharmacy
	  o Drugs to avoid in the elderly
	• Social support
	• Encourage advance directive/living will/durable power of attorney/copy for MD record
	• HIV
	• Sun exposure
	• Oral health
		1. AAFP (2001) Updated 2003
		2. USPSTF (1996) Updated 2004
		3. ACOG (2000) Updated 2003
		4. AMA (2003) Beers Criteria

Safety Issues	**Safety Issues** Safety Issues – may include: • Seat belt use • Driving impairment • Smoke and carbon monoxide detectors • Rails on stairs • Avoid fall hazards in the home (ex. throw rugs and cords) • Elder Abuse • Domestic Violence • Hot water temperature • Appropriate protective/safety equipment for such activities as biking, skating and skiing • Firearms use and safe storage	1. AAFP (2001) Updated 2003 2. USPSTF (1996) Updated 2004 3. ACOG (2000) Updated 2003

Medical Risk Evaluation	Comments	References
Cognitive Impairment	History and Cognition Screening History should include asking patient and/or family member if there have been any changes in cognitive or behavioral issues. If positive, consider testing; i.e., Folstein Mini-Mental Exam.	1. USPSTF (1996) Update 2004 2. AGS (2002)
Visual Impairment	Measure visual acuity, integral to the annual exam or eye care professional referral Referral to eye care specialist every 2 years for comprehensive eye examinations to evaluate for glaucoma	1. AAFP (2002) Updated 2003 2. AAO (2000)
Hearing Impairment	Audiometry testing, rule out cerumen impaction The AAFP recommends screening for hearing difficulties by questioning elderly adults about hearing impairments and counsel regarding the availability of treatment when appropriate.	1. AAFP (1996) Updated 2003
Urinary Incontinence	Question patients regularly about the occurrence of urinary incontinence. Sample questions include the following: "Do you have trouble with your bladder?" "Do you ever lose your urine or get wet?" "Do you have trouble holding your urine?"	1. AHRQ (1999) 2. AGS (2005)
Falls Risk	Question patients regularly about the occurrence of falls. Observe gait and balance, consider Get-Up-And-Go Test.	1. AAFP (2002) Updated 2003 2. ACOG (2001) Updated 2003 3. USPSTF (1996) Updated 2004 4. AGS (2002)
Screening for Alcohol Use in Adults	The USPSTF recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults in primary care settings. The AAFP recommends counseling adults who are problem drinkers regarding the dangers of driving while intoxicated and the risk of automobile accidents.	1. USPSTF (2004) 2. AAFP (2004) 3. AGS (2003)
Screening for Abdominal Aortic Aneurysm	• Men aged 65 to 75 yr who have ever smoked. One-time screening for abdominal aortic aneurysm	1. USPSTF (2005)

	(AAA) by ultrasonography	

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Reference Page

References:

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3. www.cdc.gov/nip/recs/adult-schedule.htm#print CDC (2005)
4. www.nhlbi.nih.gov/guidelines/cholesterol/index.htm
5. www.aafp.org/afp/990401ap/1835.html, American Academy of Family Physicians, *Health Screening in Older Women*, April 1, 1999
6. American Academy of Family Physicians. *Summary of Policy Recommendations for Periodic Health Examination.* Kansas City, MO: American Academy of Family Physicians; 2004.
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: American College of Physicians; 2000.
10. Geriatric Review Syllabus, (1999-2001). (4th ed.)
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*.
15. http://www.ahrq.gov/clinic/uspstfix.htm USPSTF Updates Guidelines for Screening for Abdominal Aortic Aneurysm Jan. 31, 2005
16. http://www.americangeriatrics.org The American Geriatrics Society (2006)

2007 Highmark Preventive Schedule for Members 65 Years of Age and Older

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 Call[SM] 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® Balance*™ – A weight management program
- *HealthMedia® Nourish*™ – A nutrition program
- *HealthMedia® Breathe*™ – A smoking cessation program
- *HealthMedia® Relax*™ – A stress management program
- HealthMedia® Care™ For Your Health – A self management program for chronic conditions

- HealthMedia® Care™ 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 website at www.mybenefitshome.com and select the web address for the plan that serves them.
- 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" tab and the "Improve Your Health" link.

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.