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2021 Preventive Health Guidelines for Members 65 Years of Age and Older

The Patient Protection and Affordable Care Act (PPACA, P.L. 111-148, March 23, 2010, as amended) requires, among other things, coverage of all A and B Recommendations as promulgated by the United States Preventive Services Task Force (USPSTF). Recommendations can be found at http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

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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.

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).

History and Physical	Description	References
History and Physical Exam	Annually Female PE: -Annual pelvic/breast exam	1. USPSTF (1996) Updated 2004 2. Expert consensus opinion of the 2004 Preventive Health QI Committee. 3. ACOG (2006)
Pelvic/Breast Exam	With annual history and physical based on risk factors	1. ACOG (2006)
Regular Weight, Height and BMI Monitoring	Annually – general population 4 office visits per year for obesity – overweight or obese diagnosis – with unlimited nutritional counseling for commercial product lines only. The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions. B Recommendation	1. AAFP (1996) Updated 2003 2. CDC (2004) 3. USPSTF 2012, 2013
Blood pressure screening	At every provider visit or every 1-2 years in all elderly persons who are candidates for active medical treatment. The USPSTF recommends screening for high blood pressure in adults aged 18 years or older with ambulatory blood pressure monitoring, or ABPM measurements outside of the clinical setting for diagnostic confirmation before starting treatment. A Recommendation	1. USPSTF (1996) Updated 2004, 2015 2. NIH (1997) 3. Geriatric Review Syllabus (1999/2001)
Depression Screening	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women (age 18 and older). Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. USPSTF – B Recommendation	1. USPSTF (1996) Updated 2004, 2009, 2016

Screening	Description	References
Lipid Panel	Every 5 years or as clinically indicated. The U.S. Preventive Services Task Force (USPSTF) recommends screening: men aged 35 and older for lipid disorders **-** A Recommendation; and women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. A Recommendation.	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. The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	1. ADA (2001) Updated 2004 2. Geriatric Review Syllabus (1999/2001) 3. USPSTF (2008) 2015
Mammography	The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older. 2002. B Recommendation The PPACA has a provision that defers to the USPSTF 2002 guidelines on breast cancer screening which states that women ages 40-49 should routinely be screened for breast cancer. The 2002 Recommendation reads as follows: The U.S. Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older. USPSTF — B Recommendation. Recommend screening mammography, with or without clinical breast exam, every 1-2 years for women age 40 and older. **Delaware state law mandates: A base line mammogram for asymptomatic women at least age 35, or as otherwise declared appropriate by the State Board of Health from time to time. A mammogram every one to two years for asymptomatic women age 40 to 50 but no sooner than two years after a woman's baseline mammogram, or as otherwise declared appropriate by the woman's attending physician or the Director of the Division of Public Health or the Director's designee from time to time**. The American College of Physicians discourages screening after age 75 yr. The American Geriatrics Society recommends possible discontinuation at age 85 yr.	1. USPSTF (1996) Updated 2002, 2009, 2016 2. AAFP (1996) Updated 2003 3. AGS (1999) Updated 2005 4. ACS (2006) 5. ACOG (2009) 6. PA State Law 2015 3D Mammograms

Screening	Description	References
Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility	The American Cancer Society recommends annual mammogram with no upper age limit. Includes 3-D Mammograms (Digital Breast Tomosynthesis) **Highmark Delaware covers a one-time genetic assessment for breast and ovarian cancer susceptibility as recommended by your doctor.** The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing. B recommendation updated August 2019. Different tests can be used for screenings (This list is not all-inclusive). • B-REST • FHS-7	USPSTF (2005) (2014)
Chemoprevention of Breast Cancer	The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects. B recommendation updated September 2019.	USPSTF (2002) (2014) 2019
Papanicolaou test (Pap smear)	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).USPSTF A Recommendation The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. D Recommendation The USPSTF recommends against screening for cervical cancer in women younger than 21 years. D Recommendation The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (ie, cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer. D Recommendation	1. USPSTF (1996) Updated 2003, 2012, 2013, 2014, 2018, 2. ACOG (2000) Updated 2003, 2012 3. AGS (2000) 4. American Cancer Society (ACS)(2012) 5. American Society for Colposcopy (ASCCP)(2012) 6. American Society for Clinical Pathology (ASCPS) (2012)

Screening	Description	References
	ACOG/ACS/ASCCP/ASCPS all mirror USPSTF recommendations. Screen for cervical dysplasia beginning at 21 years (Bright Futures).	
Gonorrhea, HIV and other STD Screening	STD Screening : Risk-based screening recommended for all sexually active males and females. Chlamydia: The USPSTF recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection. USPSTF – B Recommendation Gonorrhea: The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection. USPSTF – B Recommendation Syphilis: Screen all patients at increased risk for syphilis. USPSTF – A Recommendation. Human immunodeficiency virus (HIV): The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. A recommendation updated June 2019. Hepatitis C: The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years. B Recommendation. March 2020 Hepatitis B: The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection. B recommendation	1. AAP (2000) Updated 2003 2. USPSTF (1996) 2005, 2012, 2013, 2014, 2016, 2019, 2020 3. AAFP (1996) Updated 2003
STI Counseling	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections. B Recommendation	1. USPSTF 2014

Screening	Description	References
PrEP HIV Prevention	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. A recommendation Released June 2019.	USPSTF 2019
Colorectal Cancer Screening	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary. USPSTF – A Recommendation Regular screening for colorectal cancer with: • Colonoscopy every 10 years or, • Fecal occult blood test home 3-pack FOBT test or FIT fecal immunochemical test every year or, • Flexible sigmoidoscopy every 5 years or, • Flexible sigmoidoscopy every 10 years with with FIT every year or • CT Colonography every 5 years (Delaware state mandate also) or • Cologuard (DNA stool screening) every three years	USPSTF (1996) Updated 2008, 2016 2. AAFP (1996) Updated 2004 3. ACS (2004) 4. ACOG (2007)
Bone Mineral Density Screening	Assess risk factors for osteoporosis in older men. Bone mineral density in post menopausal women 65-69 years of age based on risk factor profile and men 70 years of age and older. (NOF) 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. The USPSTF recommends screening for osteoporosis in women ages 65 and older and in younger women whose fracture risk is equal to or greater than that of a 65 year-old woman who has no additional risk factors. USPSTF – B Recommendation	1. USPSTF (1996) Updated 2003 (2011) 2012 2. National Osteoporosis Foundation (1998) Updated 2008 3. American College of Physicians (2008)
Prostate Cancer Screening	For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)–based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision. C recommendation. Only A and B recommendations are preventive benefits. Highmark Delaware—state mandate for coverage of prostate cancer screening or prostatic specific antigen (PSA) test for men age 50 and older.	1. AAFP (2002) 2. USPSTF (1996) Updated 2008, 2012, 2018 3. NEJM (2009)
Lung Cancer Screening	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health	USPSTF (2014)

Screening	Description	References
	problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. B Recommendation	
Behavioral Counseling for Prevention of CVD	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. B Recommendation	(USPSTF 2014)
Statin Use	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.	USPSTF 2016

Anticipatory Guidance/Safety Issues	Description	References
Anticipatory Guidance/Psychosocial Screening	**Anticipatory Guidance/Psychosocial Screening** Anticipatory Guidance/Psychosocial Screening – may include when appropriate: • Second hand smoke • Adults who are not pregnant: The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco. A Recommendation • Substance abuse • The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults ages 40 to 70 years who are overweight or obese. Clinicians should offer or refer [these overweight or obese (BMI 25 to 39.9)] patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. B Recommendation Obesity – The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. USPSTF – B Recommendation • Exercise • Consideration of screening in persons with low sun exposure or other risk factors • 1,200 mg. of calcium daily in adults 50 years and older. • Aspirin use – The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years. B Recommendation 2016	1. AAFP (2001) Updated 2003 2. USPSTF (1996) Updated 2004, 2009, 2016 3. ACOG (2000) Updated 2003 4. AMA (2003) Beers Criteria 5. NOF (2009) 6. USPSTF (1996) Updated 2008, 2009, 2015 7. USPSTF (2008) Behavioral Counseling for STIs 8. USPSTF (1996) Updated 2003 Behavioral Counseling for Diet 2015 9. USPSTF (1996) Updated 2003 Screening for Obesity 10. CMS (2010) 11. Highmark Geriatric Advisory Board (2011)

Anticipatory Guidance/Safety Issues	Description	References

	• 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
	• High-intensity behavioral counseling to prevent sexually transmitted infections for all adults at increased risk for STIs. "High- intensity" behavior counseling is defined by USPSTF as multiple sessions of behavioral counseling providing some provision of education, skill training or support from changes in sexual behavior that promotes risk reduction and avoidance.
	USPSTF – B Recommendation	

Anticipatory Guidance/Safety Issues	Description	References
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: The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.USPSTF B Recommendation. Examples of IPV Screening Tools (not a comprehensive list) • Woman Abuse Screening Tool (WAST) • HITS: • Humiliation, Afraid, Rape, Kick (HARK) from: BMC Fam Pract. 2007; 8: 49 – Permission required • RADAR: • Personalized Safety Plan • 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, 2010, 2012 3. ACOG (2000) Updated 2003

Medical Risk Evaluation	Description	References
Cognitive Impairment .	History and Cognition Screening History includes asking patient and/or family member if there have been any changes in cognitive or behavioral issues. If positive, consider testing; e.g., the Mini-Cog	1. USPSTF (1996) Updated 2004 2. AGS (2002) 3. Expert consensus opinion of the 2010 Preventive Health QI Committee.
Visual Impairment	Consider measuring 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) 3. Expert consensus opinion of the 2010 Preventive Health QI Committee. 4. USPSTF (2009)
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) 3. Women's Health Initiative 2018
Falls Risk	The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls. B Recommendation.	1. AAFP (2002) Updated 2003 2. ACOG (2001) Updated 2003 3. USPSTF (1996) Updated 2004, 2010,2012,2018 4. AGS (2002)
Screening for Alcohol Use in Adults	The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. –B Recommendation The AAFP recommends counseling adults who are problem drinkers regarding the dangers of driving while intoxicated and the risk of automobile accidents. Assessment of substance abuse using the Alcohol Use Disorders Identification Test [AUDIT] or equivalent tool.	1. USPSTF (2004), 2013 2. AAFP (2004) 3. AGS (2003)

Medical Risk Evaluation	Description	References
Screening for Abdominal Aortic Aneurysm	The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked. B Recommendation updated December 2019.	1. USPSTF 2005, 2014, 2019

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