### 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.

- Female PE:
  - Discuss preconception guidelines as appropriate
  - Annual pelvic/breast exam

#### References
1. USPSTF (1996) Updated 2004
2. The expert consensus opinion of the 2004 PH Committee.
3. ACOG (2006)

### Pelvic/Breast Exam

Annually for females

#### References
1. ACOG (2006)

### Regular Weight, Height and BMI percentile and BMI Monitoring

Annually

- Adults with a BMI 25-39.9 (overweight and obese) would be allowed 4 preventive health office visits and unlimited nutritional counseling visits specifically for obesity per year and one (1) set of recommended laboratory studies (lipid profile, hemoglobin A1c, AST, ALT and fasting glucose).

#### References
2. CDC (2004)
3. USPSTF 2014

### Blood Pressure Screening

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

#### References
2. NIH (1997) Updated 2004

### 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

Depression screening every year from ages 11 through 21 (Bright Futures).

Different tests can be used for screenings (This list is not all-inclusive).
- PHQ-19
- PHQ-A

#### References
2. Bright Futures (2014)
<table>
<thead>
<tr>
<th>History and Physical</th>
<th>Description</th>
<th>References</th>
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<tbody>
<tr>
<td>Hearing Screening</td>
<td>Bright Futures recommends screening once between the ages of 18-21 years.</td>
<td>Bright Futures 2018</td>
</tr>
</tbody>
</table>
2. NCEP (2004)  
3. The expert consensus opinion of the 2004 PH Committee.  
4. Bright Futures 2018 |
|                      | 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.  
The U.S. Preventive Services Task Force (USPSTF) recommends screening;  
Men aged 35 and older for lipid disorders. A Recommendation;  
Men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease. B Recommendation;  
Women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. A Recommendation; and  
Women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease. B Recommendation. | |
| Mammography          | 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.  
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.  
ACS  
Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health. | 1. USPSTF (1996) Updated 2002, 2009, 2016  
3. ACOG (2009)  
4. PA State Law 2015 3 D Mammograms |
<table>
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<tr>
<th>History and Physical</th>
<th>Description</th>
<th>References</th>
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<td></td>
<td>Includes 3-D Mammograms (Digital Breast Tomosynthesis)</td>
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| Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility | The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with 1 of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing. B Recommendation. Different tests can be used for screenings (This list is not all-inclusive).  
- B-REST  
- FHS-7  
Highmark Delaware covers a one-time genetic assessment for breast and ovarian cancer susceptibility as recommended by your doctor.  
Any one of the following indicates a risk of having a BRCA mutation:  
- Personal and/or family history of breast cancer diagnosed under the age of 50.  
- Personal and/or family history of ovarian cancer at any age.  
- Women of Ashkenazi Jewish ancestry diagnosed with breast cancer or ovarian cancer at any age, regardless of family history.  
- Personal and/or family history of male breast cancer.  
- Affected relatives with a known BRCA1 or BRCA2 mutation.  
- Bilateral breast cancer, especially if diagnosed at an early age.  
- Breast cancer and ovarian cancer in the same person.  
Note: Recommend annual breast MRI screening as an adjunct to mammography.  
- BRCA mutation  
2. AMA (2006)  
3. ACS (2007) |
| Chemoprevention of Breast Cancer | The USPSTF recommends that clinicians engage in shared, informed decision-making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene. B Recommendation. | USPSTF (2002) (2014) |
| 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 factors.  
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 | 1. ADA (2004)  
### History and Physical

**Description**

- Intensive behavioral counseling interventions to promote a healthful diet and physical activity.

**Papanicolaou Test (Pap smear)**

- The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years – USPSTF A Recommendation

- The USPSTF recommends against screening for cervical cancer in women younger than age 21 years.

- The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

- The USPSTF recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years.

- Current evidence indicates that there are no clinically important differences between liquid-based cytology and conventional cytology.

- ACOG/ACS/ASCCP/ASCPS all mirror USPSTF recommendations.

- HHS Women’s Health Care Mandate recommends screening for HPV every three years.

- Screen for cervical dysplasia beginning at 21 years (Bright Futures).

**References**

2. AAFP (1996) Updated 2002
4. USPSTF Updated 2012
5. HHS – Health and Human Services Women’s Health Care Mandate 2012
6. ACS – American Cancer Society (2012)
7. ASCCP – American Society for Colposcopy (2012)
8. ASCPS – American Society for Clinical Pathology (2012)

### Testing

**Description**

- Risk assessments for STIs should continue at each visit between ages 11 and 21 (Bright Futures)

- **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

**References**

2. CDC (2006)
3. Bright Futures (2014)
<table>
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<tr>
<th>Testing</th>
<th>Description</th>
<th>References</th>
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<tbody>
<tr>
<td>Testing</td>
<td>years or younger and in older women who are at increased risk for infection. USPSTF – B Recommendation</td>
<td>USPSTF 2014</td>
</tr>
<tr>
<td>Human immunodeficiency virus (HIV):</td>
<td>The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen adolescents and adults ages 15 to 65 years for HIV infection. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends clinicians screen all pregnant women for HIV, including those who present in labor whose HIV status is unknown. USPSTF A Recommendation.</td>
<td>AAFP (1996) Updated 2002, American Cancer Society (2004), ACOG (2007)</td>
</tr>
<tr>
<td>Hepatitis C:</td>
<td>The U.S. Preventive Services Task Force (USPSTF) recommends screening for hepatitis C virus (HCV) infection in adults at high risk, including those with any history of intravenous drug use or blood transfusions prior to 1992. USPSTF B Recommendation.</td>
<td></td>
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<tr>
<td>Hepatitis B:</td>
<td>The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection. B recommendation for non-pregnant adolescents and adults</td>
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<tr>
<td>STI Counseling</td>
<td>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</td>
<td>USPSTF 2014</td>
</tr>
<tr>
<td>Bone Mineral Density Screening</td>
<td>Postmenopausal women under 65 yr of age who have had a fracture or have one or</td>
<td>USPSTF (1996) Updated 2003</td>
</tr>
<tr>
<td>Testing</td>
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<tr>
<td>Testing</td>
<td>more risk factors for osteoporosis. Recommended only once every two 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 (2011)</td>
<td>(2011) 2. National Osteoporosis Foundation (1998) Updated 2009</td>
</tr>
<tr>
<td>Prostate Cancer Screening</td>
<td>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 covered preventive benefits. Delaware state mandates coverage of prostate cancer screening or prostatic specific antigen (PSA) test</td>
<td>1. AAFP (2002) 2. USPSTF (1996) Updated 2004, 2012, 2018 3. NEJM (2009)</td>
</tr>
<tr>
<td>Lung Cancer Screening</td>
<td>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 problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. B Recommendation</td>
<td>USPSTF (2014)</td>
</tr>
<tr>
<td>Behavioral Counseling for Prevention of CVD</td>
<td>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</td>
<td>(USPSTF 2014)</td>
</tr>
<tr>
<td>Statin Use</td>
<td>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.</td>
<td>USPSTF 2016</td>
</tr>
<tr>
<td>Latent TB Screening</td>
<td>The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations that are at increased risk.</td>
<td>USPSTF 2016</td>
</tr>
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</table>
### Anticipatory Guidance/Safety Issues

#### Anticipatory Guidance/Psychosocial Screening

- **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**
- **Pregnant women:** The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. **A Recommendation**
- **Substance abuse**
- **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**
- 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**
- **Exercise**
- At least 800-1,000 units of vitamin D daily and 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.
- Folic acid (0.4mg to 0.8 mg/day for females of reproductive age) **(USPSTF – A Recommendation)** The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. **A Recommendation**

- **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**

- Discussion of risks and benefits of hormone replacement prophylaxis and alternative therapies in women

### References

4. NOF (2009)
5. USPSTF (2008) Behavioral Counseling for STIs
### Anticipatory Guidance/Safety Issues

<table>
<thead>
<tr>
<th>Polypharmacy</th>
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<tr>
<td>Safe sex/STD High-intensity behavioral counseling to prevent sexually transmitted infections for all adults at increased risk for STIs. &quot;High-intensity&quot; 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</td>
</tr>
<tr>
<td>HIV</td>
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<td>Sun exposure: The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. B Recommendation.</td>
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<td>Oral health</td>
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### Safety Issues

Safety Issues – to include:

- 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

- 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

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<tr>
<td>1. AAFP (2001)</td>
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<td>2. USPSTF (1996), 2012</td>
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<td>3. ACOG (2000)</td>
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Anticipatory Guidance/Safety Issues

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<th>Anticipatory Guidance/Safety Issues</th>
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<tr>
<td>The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and</td>
<td>2. AAFP (1996) Updated 2003</td>
</tr>
<tr>
<td>provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. USPSTF –B Recommendation</td>
<td></td>
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<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

References

3. Revised USPSTF Guidelines Support Screening for Alcohol Use in Adults, April 8, 2004


