2016

Adult Preventive Care Guidelines

About the MHQP Adult Preventive Care Guidelines

MHQP’s 2016 guidelines were developed by a collaborative group of Massachusetts healthcare organizations. These are recommendations for providing preventive care to adult patients from the general population. The guidelines should not replace clinical judgment or the needs of individual patients. They are intended as quality-practice recommendations and are not intended as a description of benefits, conditions of payment, or any other legal requirements of any particular health plan or payor. Each health plan or payor makes its own determination of coverage and benefits. If these practice recommendations are inconsistent with any applicable laws or regulations, such laws or regulations take precedence.

Periodic Health Evaluation* – At Every Age

- Obtain initial/interval medical and family history.
- Perform age-appropriate physical exam.
- Provide preventive screenings and counseling as outlined below.
- Assess needs and record current immunizations. For immunization schedules, refer to the U.S. Centers for Disease Control and Prevention (CDC) 2015 Adult Immunization Guidelines.

Periodic Health Evaluation – Frequency

<table>
<thead>
<tr>
<th>18–29 Years</th>
<th>30–39 Years</th>
<th>40–49 Years</th>
<th>50+ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Annually for ages 18–21</td>
<td>• Every 1–3 years, depending on risk factors, for ages 22–29</td>
<td>• Every 1–3 years, depending on risk factors</td>
<td>• Annually</td>
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<tr>
<td>• Every 1–3 years, depending on risk factors</td>
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DEFINITION OF PERIODIC HEALTH EVALUATION FOR MHQP’S GUIDELINES PROGRAM:
“The periodic health evaluation (PHE) consists of one or more visits with a health care provider to assess patients’ overall health and risk factors for preventable disease, and it is distinguished from the annual physical exam by its incorporation of tailored clinical preventive services and laboratory testing as part of health risk assessment.” Source: ARHQ
Cancer Screening and Counseling

**Breast Cancer**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>20–39 Years</th>
<th>40–49 Years</th>
<th>50–74 Years</th>
<th>75+ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>•</strong></td>
<td>Perform clinical breast exam at all periodic health evaluations.</td>
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<tr>
<td><strong>•</strong></td>
<td>Counsel on the risks, benefits, and limitations of self-exams.</td>
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<tr>
<td><strong>•</strong></td>
<td>Only with patients at high risk, use shared decision making** to discuss the risks and benefits of initiating mammography or other screening exams.</td>
<td><strong>•</strong> Using shared decision making, including patient risk factors, discuss the risks and benefits of biennial mammography.</td>
<td><strong>•</strong> Conduct mammography every two years, or more frequently based on risk factors and shared decision making.</td>
<td><strong>•</strong> Determine need of further mammography based on shared decision making.</td>
</tr>
</tbody>
</table>

**RISK FACTORS**
- Age, first degree relative (parent, sibling, or child) with breast cancer
- Genetic predisposition
- Personal history of ovarian cancer
- High risk breast biopsy result
- History of chest radiation therapy at a young age

**Cervical Cancer** *(Pelvic Exam & Pap Test)*

<table>
<thead>
<tr>
<th>Age Range</th>
<th>21–29 Years</th>
<th>30–65 Years</th>
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<tbody>
<tr>
<td><strong>•</strong></td>
<td>Perform Pap test every three years through age 29.</td>
<td>Screen with Pap test every three years, or with combination of Pap and HPV tests every five years.</td>
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<tr>
<td><strong>•</strong></td>
<td>Discontinue Pap test after age 65 if there is documented evidence of consistently negative results.</td>
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<tr>
<td><strong>•</strong></td>
<td>Omit Pap test if a woman has had a hysterectomy for benign disease</td>
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</tbody>
</table>

**RISK FACTORS**
- Infection with HPV (human papillomavirus)
- Personal history of cervical dysplasia
- History of other sexually transmitted diseases (including HIV/AIDS)
- Compromised immune system
- Diethylstilbestrol (DES) exposure

**Colorectal Cancer**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>18–49 Years</th>
<th>50–75 Years</th>
<th>75–85 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>•</strong></td>
<td>Screen for colon cancer, and use shared decision making to select one of the following methods/screening intervals:</td>
<td>Screenings are not routine except for patients at high risk.</td>
<td>Screening is not recommended, but individual patients may use shared decision making to determine need of further screening.</td>
</tr>
<tr>
<td>• Colonoscopy every 10 years</td>
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<td>• After age 86, screening is not recommended.</td>
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<tr>
<td>• Sigmoidoscopy every five years, plus fecal occult blood test (FOBT) every three years</td>
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<tr>
<td>• Annual FOBT</td>
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**RISK FACTORS**
- Diagnosis of colorectal cancer in a first-degree relative
- Specific genetic syndromes
- Inflammatory bowel disease
- Precancerous polyps

**DEFINITION OF SHARED DECISION MAKING FOR MHQP’S GUIDELINES PROGRAM:**

Shared decision making is an approach to care in which clinicians share educational resources with patients, and patients are encouraged to ask questions and to share their personal values and opinions about their condition and treatment options with the clinician. Factors to be considered during this process include the patient’s risk factors, co-morbidities and health status; patient’s values and culture; as well as risks and benefits of screening or procedure. The final result of this process is a joint decision between the patient and the clinician about the patient’s health care.

*Adapted from definitions from AHRQ and Journal of General Internal Medicine*
Lung Cancer

55–80 Years

- **Counsel current smokers to stop smoking**, and counsel that lung cancer screening does not replace the need to quit smoking.
- Use shared decision making to discuss the risks and benefits of low dose computed tomography (LDCT) screenings for patients meeting following criteria:
  - 30 pack year smoking history and
  - either currently smoke or have quit within the past 15 years
- If the decision is made to pursue screening, screen annually at a facility equipped to perform screening and evaluate results.
- Discontinue screening when the length of time from quitting exceeds 15 years, or when life expectancy is limited or ability to undergo surgery is compromised.

**RISK FACTORS** Current smokers with a 30 pack-year smoking history, and patients who quit within the last 15 years who have a 30 pack-year smoking history.

Resource:
- Is Lung Cancer Screening Right for Me?
- Massachusetts Lung Cancer Screening Guideline Panel

Prostate Cancer

<table>
<thead>
<tr>
<th>18–49 Years</th>
<th>50–69 Years</th>
<th>70+ Years</th>
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<tbody>
<tr>
<td>For high-risk patients only, use shared decision making to discuss prostate specific antigen (PSA) screening. High-risk men should be provided with the same screening education and options as men age 50–69, but starting at age 40 for men of African American descent and 45 for all other men.</td>
<td>Screening for prostate cancer with PSA test should not be performed or offered routinely without shared decision making, including a clear explanation and understanding of the harms and benefits. Only offer PSA screening for men who express a clear preference for screening after shared decision making and have a life expectancy of &gt;10 years. Screen with PSA every 2 years. For confirmed PSA&gt;4.0 assess/refer for possible prostate biopsy.</td>
<td>PSA screening and routine discussion of screening are not recommended.</td>
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**RISK FACTORS** African-American ancestry, and either a brother or father diagnosed with prostate cancer before age 65.

Resource:
- Massachusetts Prostate Cancer Screening Guideline Panel

Skin Cancer

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<thead>
<tr>
<th>18+ Years</th>
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<tbody>
<tr>
<td>Inspect skin for abnormalities when performing physical exam. Educate patients at-risk about skin cancer, including use of the ABCDE guidelines to check moles. Counsel to limit exposure to the sun (especially between 10 a.m. and 4 p.m.), to fully cover skin with clothing and hats, and to use sun block (SPF 15 or greater). Discourage use of indoor tanning.</td>
</tr>
</tbody>
</table>

**RISK FACTORS** Age (65 and older), personal history of skin cancer or repeated sunburns early in life, family history of skin cancer, certain types and a large number of moles, fair skin, sun-sensitive skin, and chronic exposure to sun.
General Screening, Counseling, and Guidance

Cardiovascular Health (including Screening for Hypertension, Lipid Disorders/High Cholesterol, and Abdominal Aortic Aneurysms)

18+ Years

- Review and assess known cardiovascular risks, and counsel on mitigating any risks. See sections on diet and nutrition, obesity and overweight, and physical activity for additional counseling and guidance.
- Screen every five years for lipid disorder (high cholesterol) with a total cholesterol and HDL. Recommend follow-up lipoprotein profile if total cholesterol is >200 mg/dl or HDL is <40 mg/dl.
- Check blood pressure at every medical encounter.
- Perform blood pressure screening for hypertension once every two years.
- Screen for abdominal aortic aneurysm once in men aged 65–75 who have ever smoked, and consider using shared decision making for others at risk.

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>Cardiovascular Disease: Family history of premature heart disease or hyperlipidemia, hypertension, low HDL, age, diabetes, tobacco use, and obesity (BMI&gt;30).</th>
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<tbody>
<tr>
<td></td>
<td>Abdominal Aortic Aneurysm: Male gender, tobacco use, family history of any aneurysm, atherosclerotic disease, hypertension.</td>
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</table>

Diabetes (Type 2) and Pre-Diabetes

18+ Years

- Counsel on the benefits of physical activity and a healthy diet. See sections on diet and nutrition and physical activity for further guidance.
- Screen every three years beginning at age 45 with fasting blood sugar, two-hour oral glucose tolerance, or HbA1C test. Screen more often and begin at a younger age for those who have risk factors.
- If test results in diagnosis of pre-diabetes, recommend screening again in 6 months to 1 year, and counsel on further diet and lifestyle changes to prevent the onset of Type 2 diabetes.

| RISK FACTORS | Age (>45 years old), first-degree relative with diabetes, physical inactivity, overweight/obesity, race/ethnicity (African-American, Hispanic, Native American, Asian), high blood pressure (above 135/80mm Hg), history of vascular disease, elevated cholesterol/lipid levels, history of gestational diabetes or birth of a baby >9 lbs, impaired glucose tolerance, and polycystic ovary syndrome. |

Obesity and Overweight

18+ Years

- Counsel on the benefits of physical activity and a healthy diet to maintain a desirable weight. See sections on diet and nutrition and physical activity for further guidance.
- Screen for obesity at every periodic health evaluation visit using the CDC’s growth and BMI charts as a guide.
- Offer more focused evaluation and intensive counseling for obese adults (BMI>30), or overweight adults (BMI>25), with co-morbidities to promote sustained weight loss.
### Physical Activity

**18+ Years**

- Counsel on the importance of regular physical activity including aerobic, strength, and flexibility training.
- Advise that the CDC recommends 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic activity/week, and muscle-strengthening activities two days/week.

**Resources:**
- Physical Activity for Adults
- Physical Activity for Older Adults

### Diet/Nutrition

**18+ Years**

- Counsel on the importance of a healthy diet in the prevention of disease. A healthy diet:
  - Emphasizes fruits and vegetables; whole grains; low-fat dairy and lean proteins, nuts, and legumes.
  - Limits red meat, saturated and trans fat, foods and beverages with added sugar.
  - Follows appropriate portion size.
- Screen for eating disorders by asking about body image and dieting patterns.

**Resources:**
- CDC MyPlate
- Women, Infants, and Children (WIC) Nutrition Program

### Tobacco

**18+ Years**

Consider the 5-A’s framework when discussing smoking cessation.

- Ask about tobacco use at every visit.
- Advise all tobacco users to quit, especially pregnant women.
- Assess readiness to quit.
- Assist tobacco users in quitting, by providing brief counseling, and recommending the use of pharmacotherapy.
- Arrange follow-up.

**Resource:**
- Quitworks

### Depression

**18+ Years**

- Screen for depression based on risk factors and presentation of disease in general adult population using the PHQ-2 or PHQ-9 screening tools.

**RISK FACTORS** Family/personal history of depression or other psychiatric disorders, female gender, being in the postpartum period, older adults, other chronic illnesses or medical issues, stressful life events or recent traumatic experiences, and substance abuse.
Alcohol/Substance Use

18+ Years

- Assess history of alcohol misuse and substance abuse, including prescription or over-the-counter drugs.
  - Brief questionnaires (e.g., CAGE, AUDIT) may help clinicians assess likelihood of alcohol dependence and abuse.
- Counsel about the effects of alcohol misuse and/or substance abuse.
- Provide brief behavioral counseling to people engaged in risky or hazardous behavior.
- Recommend that prescription medications are stored in a secure place and that any unused prescription medication is properly disposed of.
- Counsel not to drive when under the influence of alcohol/substances, or ride with someone who is under the influence.
- Advise pregnant women to stop drinking alcohol and using harmful substances, and advise them about the harmful effects on fetal development.

Resources:
Massachusetts Substance Abuse Information and Education Helpline
MA Prescription Dropbox Locations

Safety and Injury Prevention

18+ Years

- Counsel about ways to prevent household and recreational injuries. For example:
  - Safe-keeping of prescription drugs and household chemicals;
  - Motor-vehicle safety/seatbelt use;
  - Helmet and other protective gear use for sports and motorcycles;
  - Alcohol and substance use:
    - Intimate partner violence/abuse in the home;
    - Carbon monoxide risks and detectors;
    - Fall prevention measures in the frail or elderly.
- Advise about the dangers of firearms possession, particularly handguns, in the home. Recommend the removal of guns from the home or secure home storage with safety locks on.
- Advise to keep guns away from children, discuss other ways to reduce accidental injury or death from guns.

Resources:
Surgeon General Priorities around safety/injury prevention
Fall Prevention Checklist

Violence/Abuse in the Home

18+ Years

- Assess and screen for physical and behavioral signs of abuse and neglect.
- Screen all women of child-bearing age for intimate partner violence.

Resources:
Understanding Intimate Partner Violence
National Domestic Violence Hotline — 1-800-799-SAFE
National Child Abuse Hotline — 1-800-4-A-CHILD
Sensory Screening (Hearing and Vision Assessment)

<table>
<thead>
<tr>
<th>18+ Years</th>
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<tbody>
<tr>
<td>• Ask about hearing and vision impairment, and counsel or refer for further diagnosis around any issues.</td>
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<tr>
<td>• Recommend eye exams at the following intervals:</td>
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<tr>
<td>40-54: 2-4 years</td>
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<tr>
<td>55-64: 1-3 years</td>
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<tr>
<td>65+: 1-2 years</td>
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</table>

Infectious Disease Screening

Sexually Transmitted Infections (Chlamydia, Gonorrhea, Syphilis, and HPV)

<table>
<thead>
<tr>
<th>18+ Years</th>
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<tbody>
<tr>
<td>• Obtain sexual history.</td>
<td></td>
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<tr>
<td>• Counsel on effective ways to reduce the risk of infection based on patient’s sexual history and risk factors.</td>
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</tbody>
</table>

Chlamydia and gonorrhea
• Screen all sexually active female patients age 24 and younger annually.
• Starting at age 25, annually screen those with risk factors.

RISK FACTORS Inconsistent condom use, new or multiple sex partners, history of and/or current sexually transmitted infection, current partner has other sexual partner(s), and exchanging sex for money or drugs.

Syphilis
• Screen if at risk.

RISK FACTORS History of and/or current infection with another sexually transmitted infection, having more than one sexual partner within the past 6 months, exchanging sex for money or drugs, and men who have sex with men.

HPV
• See cervical cancer screening section for screening recommendations.
• Counsel regarding schedule for HPV vaccine.
  ♦ Recommend HPV vaccination for females age 26 and younger and males age 21 and younger, if not previously vaccinated.
  ♦ Recommend vaccination for men engaging in sex with other men and for immunocompromised patients through age 26, if not previously vaccinated.

Resources:
HPV Vaccine Resources for Clinicians
Sexually Transmitted Infections (STI) Fact Sheets
### Hepatitis B

**18+ Years**

- Counsel about risk factor reduction.
- Screen those at risk for hepatitis B who have not been vaccinated.
- Counsel on vaccination for patients not vaccinated and at high risk.

**RISK FACTORS** Immigration or parents emigrating from high-risk areas, positive HIV infection status, injection drug users, men who have sex with men, persons receiving hemodialysis or cytotoxic immunosuppressive therapy, household contacts of persons with chronic HBV infection, health care and public safety workers at risk for occupational exposure to blood or blood-contaminated body fluids. See [MHQP’s Perinatal Guidelines](#) for guidance for screening pregnant women.

### Hepatitis C

**18+ Years**

- Counsel about risk factor reduction.
- CDC recommends a one-time screening for all adults born between 1945-1965, regardless of risk factors.
- Periodic testing of all patients at high risk.

**RISK FACTORS** Illicit injection drug use, receipt of blood product for clotting problems before 1990 and/or receipt of a blood transfusion or solid organ transplant before July 1992 (if not previously tested), long-term kidney dialysis, evidence of liver disease, a tattoo or body piercing by nonsterile needle, intravenous drug use, and high-risk sex practices (inconsistent condom use, multiple sex partners).

### HIV

**18+ Years**

- Counsel about risk factor reduction.
- CDC recommends routine HIV screening for all individuals 18 years of age and older and annual testing for those at increased risk.

**RISK FACTORS** Injection-drug users and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, men who have had sex with men, and heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test.

### Tuberculosis (TB)

**18+ Years**

- Conduct tuberculin skin testing for all patients at high risk.
- Determine the need for repeat skin testing by the likelihood of continuing exposure to infectious TB.

**RISK FACTORS** HIV infection, recent exposure to known active tuberculosis, immigrants (within 5 years) from high-prevalence countries, injection drug use, living in U.S. communities where TB is more common (e.g., shelters, migrant farm camps, prisons), health care worker.
## Screening and Guidance for Age-Specific Conditions

### Preconception Counseling

<table>
<thead>
<tr>
<th>18–49 Years</th>
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<tbody>
<tr>
<td>• Advise all women of child-bearing age to take a daily multivitamin containing at least 0.4 mg folate.</td>
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<tr>
<td>• Encourage scheduling a visit for preconception counseling.</td>
</tr>
<tr>
<td>• Inform patients on the impact of alcohol, drug, tobacco, and environmental exposures in early pregnancy, often before pregnancy is diagnosed.</td>
</tr>
<tr>
<td>• If patient has BMI &gt;30, recommend weight loss before becoming pregnant.</td>
</tr>
<tr>
<td>• Counsel pregnant women on the importance of oral health and routine dental care before pregnancy.</td>
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*Note: See [MHQP's Perinatal Guidelines](#) for complete recommendations on prenatal care.*

### Osteoporosis

<table>
<thead>
<tr>
<th>50+ Years</th>
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<tbody>
<tr>
<td>• Counsel about preventive measures, including dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation.</td>
</tr>
<tr>
<td>• Counsel frail patients on specific measures to prevent falls.</td>
</tr>
<tr>
<td>• Offer BMD testing if 10-year fracture risk is equal to or greater than that of a 65-year-old white woman with no additional risk factors.</td>
</tr>
<tr>
<td>• After age 65, provide BMD testing if not previously tested.</td>
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</tbody>
</table>

**RISK FACTORS** Age, female gender, family/personal history of fractures as an adult, race (Caucasian or Asian), small bone structure and low body weight (under 127 lbs.), certain menopause or menstrual histories, lifestyle (tobacco use, little physical activity), and certain medications or chronic diseases.

**Resources:**
- [WHO Fracture Risk Assessment Tool (FRAX)](#)
- [Fall Prevention Checklist](#)

### Menopause Management

<table>
<thead>
<tr>
<th>40+ Years</th>
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<tr>
<td>• Counsel symptomatic women on the management of menopause, including the risks and benefits of hormonal and non-hormonal therapies.</td>
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### Dementia/Cognitive Impairment

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<tr>
<td>• Observe for possible signs of declining cognitive function in older patients.</td>
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<tr>
<td>• Evaluate mental status in patients who have problems performing daily activities.</td>
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</table>