I. PURPOSE:
- To improve physician/practitioner awareness and compliance with effective clinical preventive care
- To improve patient education and to increase the percentage of members who receive recommended clinical preventive care services
- Focused on primary preventive services (immunization, education and counseling, and screening tests) and strategies that have been shown to reduce the likelihood of future adverse outcomes in individuals prior to the onset of symptomatic disease

II. POPULATION:
The guidelines do not cover all possible circumstances, but are a summary of basic preventive services for an average risk, asymptomatic and otherwise healthy adult, age 18 years and over.
- Preventive care interventions appropriate for those with other levels of risk will vary by individual circumstance and provider judgment will take precedence
- These guidelines are designed to assist the clinician by providing a guide to clinical preventive care, not to replace clinician judgment. Final decisions regarding medical treatment, including preventive care, are made by the physician and the patient
- Interventions listed represent a minimum set of recommended preventive health services
- Physicians/practitioners are encouraged to review the US Preventive Services Task Force (USPSTF) statements regarding Grade Definitions and Levels of Certainty regarding Net Benefit for services https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions. The USPSTF discourages the use of services graded D (moderate to high certainly that there is no net benefit or that harms outweigh benefits) and services graded I (current evidence is insufficient to assess the balance of benefits and harms)

III. GUIDELINE:
A. History and Physical Examination: at least annually, at every age
   1. Height and weight measurement: baseline height at initial visit and weight at every visit. Consider height at each visit for those >65 years of age.
   2. Calculation of Body Mass Index: at every visit.
   4. 65+ and older individuals assessed annually to confirm if up to date with, or recommended for, osteoporosis screening
B. Counseling/Education:
   Provide health counseling regarding the following:
   1. Avoidance of tobacco and/or tobacco cessation
   2. Weight loss for obese adults
   3. Promotion of a healthy diet
   4. Benefits of physical activity
   5. Safe Alcohol use
   6. Sexually transmitted infection prevention

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CLINICAL PRACTICE GUIDELINE

Guideline Number: DHMP_DHMC_PG1007  Effective Date: 4/2019
Guideline Subject: Clinical Preventive Health Recommendations for Adults  Revision Date: 4/2020

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7. Risks and symptoms of endometrial cancer to women of average risk at the time of menopause
   - Strongly encourage women to report any unexpected bleeding or spotting to their physicians
8. Minimizing exposure to ultraviolet radiation to reduce risk for skin cancer and skin protection
9. Conduct history and utilize screening tools for the following conditions not covered elsewhere as necessary:
   a. Birth control/sexual behavior
      For full recommendations and updates regarding contraceptive use, refer to
      https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html
      For recommendations regarding emergency contraception refer to
      https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/emergency.html
   b. Dental health
   c. Smoking
   d. Alcohol use
   e. Injury prevention
10. For women of childbearing age:
    a. Screen for intimate partner violence and provide or refer to intervention services if indicated
    b. Advise women planning or capable of pregnancy to take 0.4-0.8mg daily folic acid supplement

C. Screening Tests:

<table>
<thead>
<tr>
<th>Cholesterol:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen for lipid disorders with total cholesterol and HDL, or Lipid Panel. If total cholesterol is &gt;200mg/dl or HDL is &lt;40 mg/dl, recommend follow-up lipoprotein.</td>
</tr>
<tr>
<td>Men</td>
</tr>
<tr>
<td>20-35 years if at increased risk for coronary heart disease</td>
</tr>
<tr>
<td>35 years and older</td>
</tr>
<tr>
<td>Screening recommended every 5 years</td>
</tr>
<tr>
<td>&lt;5 year intervals: If lipid levels are close to warranting therapy</td>
</tr>
</tbody>
</table>

Risk Factors: family history of premature heart disease, hypertension, hyperlipidemia, low HDL, diabetes, tobacco use, obesity (BMI>30), age, male gender. For treatment using statins, follow 2017 ACC/AHA guidelines, check full panel. Statins for 1. LDL ≥ 190, 2. T2DM with ≥ 70, 3. Global risk score ≥ 10% (versus 7.5%).

Cervical Cancer Screening:

<table>
<thead>
<tr>
<th>Women &lt; 21 years</th>
<th>Women, age 21-29</th>
<th>Women, age 30-65</th>
<th>Women with total hysterectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>No need for screening</td>
<td>Cervical cytology every 3 years</td>
<td>Cytology and human papillomavirus (HPV) co-test every 5 years OR cytology alone every 3 years</td>
<td>Not necessary as long as the cervix is not present</td>
</tr>
</tbody>
</table>

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**Clinical Practice Guideline**

**Guideline Number:** DHMP_DHMC_PKG007  
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Refer to DHMP Cervical Cancer Screening Guideline for further discussion and details.

<table>
<thead>
<tr>
<th>Females &lt;50 years</th>
<th>Females 50-74 years HEDIS (BCS) specification: ages 52-74</th>
<th>Females over 75 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening prior to age 50 should utilize shared decision making between the provider and member. Special consideration should be given to patient context, risk, and values regarding benefit/harm.</td>
<td>Biennial mammography. Yearly mammography at provider discretion when indicated.</td>
<td>Determine need of further mammography based on shared decision making.</td>
</tr>
</tbody>
</table>

Providers should screen women at high risk with one of several screening tools designed to identify increased risk for potentially harmful mutations in breast cancer susceptibility genes. Members with a positive screening test should be referred for genetic counseling and potential BRCA testing if indicated.

**Risk Factors:** age, first degree relative (parent, sibling, or child) with breast, ovarian, tubal, or peritoneal cancer, genetic predisposition, personal history of ovarian cancer or high risk breast biopsy result, history of chest radiation therapy at a young age.

**Prostate Cancer Screening:**

<table>
<thead>
<tr>
<th>Men, age 18-49 years</th>
<th>Men, age 50-69 years</th>
<th>Men, age 70+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared decision making will be utilized only in high risk patients to discuss Prostate Specific antigen (PSA). High-risk men will be provided the same screening education and options as men age 50-69, but will start at age 40 for African Americans and age 45 for men not of African American descent.</td>
<td>Shared decision making with those of moderate risk, including clear explanation and understanding of the benefits and harms (2018 update). 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. For men who have chosen PSA screening, screening will be completed every 2 years.</td>
<td>PSA screening and routine discussion of screening is not recommended.</td>
</tr>
</tbody>
</table>

**Risk Factors:** African-American ancestry, and either a brother or father diagnosed with prostate cancer before age 65.

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CLINICAL PRACTICE GUIDELINE

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**Colorectal Cancer Screening:**

<table>
<thead>
<tr>
<th></th>
<th>Men and Women age 50-75 years</th>
<th>75+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fecal occult blood test (gFOBT)</td>
<td><strong>ANNUALLY</strong></td>
<td></td>
</tr>
<tr>
<td>FIT-DNA test (immunochemical FIT)</td>
<td><strong>ANNUALLY</strong></td>
<td></td>
</tr>
<tr>
<td>CT colonography</td>
<td>Every FOUR years</td>
<td></td>
</tr>
<tr>
<td>Flexible Sigmoidoscopy</td>
<td>Every FIVE years</td>
<td></td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>Every TEN Years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Screening is not recommended, but individuals may use shared decision making to determine the need for further screening</td>
<td></td>
</tr>
<tr>
<td>Risk Factors: diagnosis of colorectal cancer in a first-degree relative, specific genetic syndromes, inflammatory bowel disease, and precancerous polyps.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Screenings:**

<table>
<thead>
<tr>
<th>Screening</th>
<th>Age</th>
<th>Description/Action</th>
</tr>
</thead>
</table>
| Alcohol/Substance Misuse/Abuse   | Adults 18+          | • Assess history of alcohol and substance abuse  
• Counsel about the effects of alcohol/substance misuse/abuse  
• Recommend that prescription medications be stored in a secure place and that any unused prescription medication is properly disposed of  
• Provide those engaged in risky or hazardous drinking with brief counseling interventions to reduce alcohol misuse  
• Counsel not to drive when under the influence of alcohol/substances, or to ride with anyone under the influence |
| HEDIS measure: IAD               |                     |                                                                                                                                                  |
| Depression                       | All adults, annually | • Utilize screening tools such as the PHQ-2 or PHQ-9  
• Ensure accurate diagnosis, effective treatment, and appropriate follow-up |
| HEDIS measure: DMS; COA; MPT      |                     |                                                                                                                                                  |
| Tobacco Use                      | Ask all adults about tobacco use, at every visit | • Assess readiness to quit and counsel current smokers/tobacco users to stop smoking/using tobacco  
• Offer resources such as the quit line and education regarding tobacco/smoking cessation and risks associated with tobacco use |
| HEDIS Measure IAD                |                     |                                                                                                                                                  |
| Obesity                          | All adults, at every periodic health evaluation | • Members with a body mass index (BMI) of 30 kg/m² or higher (or BMI >25 with co-morbidities) to intensive, multicomponent behavioral interventions to promote sustained weight loss  
• Counsel on the benefits of physical activity and a healthy diet to maintain an appropriate weight for height |

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# CLINICAL PRACTICE GUIDELINE

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**Guideline Subject:** Clinical Preventive Health Recommendations for Adults  
**Revision Date:** 4/2020  
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<table>
<thead>
<tr>
<th>Screening</th>
<th>Age</th>
<th>Description/Action</th>
</tr>
</thead>
</table>
| HIV                           | 18-65 years              | • Counsel about risk factor reduction  
|                               |                          | • Routine serology screening for adults ages 18-65  
|                               |                          | • Screening for adults > 65 years who are at increased risk                         |
| Intimate Partner Violence     | 18+ years; special attention to women of childbearing age | • Assess and screen for physical and behavioral signs of abuse and neglect  
|                               |                          | • Provide or refer those who screen positive to intervention services               |
| Hepatitis C                   | 18+ years                | • Counsel about risk factor reduction  
|                               |                          | • CDC recommends one-time screening for adults born between 1945-1965, regardless of risk factors  
|                               |                          | • Periodic testing of high risk members                                             |
| Lung Cancer                   | 55-80 years of age with a 30 pack-year smoking history and currently smoke or have quit within the past 15 years | • Use shared decision making and explanation of risk/benefit to determine if screening will be done  
|                               |                          | • If member elects screening, complete annual screening with low-dose CT  
|                               |                          | • Discontinue screening once the member has not smoked for 15 years or develops a health problem that substantially limits life expectancy or ability/willingness to have curative lung surgery |
| Skin Cancer                   | 18+ years                | • Inspect skin for abnormalities when performing physical exam  
|                               |                          | • Educate patients at-risk about skin cancer, including the ABCDE guidelines to check moles  
|                               |                          | • Counsel to limit exposure to the sun, to fully cover skin with clothing and hats, and to use sun block  
|                               |                          | • Discourage indoor tanning bed use                                                |
| Immunizations                 | 18+ years                | • Administer immunizations in accordance with the ACIP recommended immunization schedule, refer to the DHMP immunization guideline for further details |
| Sexually Transmitted Infections | 18+ years              | • Assess sexual history and counsel on effective ways to reduce risk based on history and risk factors  
|                               |                          | • Chlamydia and Gonorrhea: screen all sexually active females ≤24 years annually, at age 24+ only screen if at risk  
|                               |                          | • Syphilis: screen if at risk  
|                               |                          | • HPV: Recommend HPV vaccination for females age 26 and under and males age 21 and under if not already vaccinated |

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IV. REFERENCES:


ePSS Electronic Preventive Services Selector. Tool to search and browse USPSTF recommendations. https://epss.ahrq.gov/PDA/index.jsp


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