DENVER HEALTH MEDICAID CHOICE

DENVER HEALTH MEDICAL PLAN INC.™

CLINICAL PRACTICE GUIDELINE

Guideline Number: DHMP_DHMC_PG1007	**Effective Date: 11/1/2022**
Guideline Subject: Clinical Preventive Health Recommendations for Adults	**Next Review: 11/1/2024**
Pages: 1 of 7	

Christine Seals Messersmith MD

Quality Management Committee Chair — **Date** 11/1/22

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, and 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 Most recent 2022 US Preventive Services Task Force (USPSTF) statements regarding Grade Definitions and Levels of Certainty regarding Net Benefit for services https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes/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.
3. Blood Pressure Measurement: 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

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6. Sexually transmitted infection prevention
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. Sunscreen use is encouraged.
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 emergency contraception and contraceptive use, refer to https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html CDC added a new recommendation on the self-administration of subcutaneous depot medroxyprogesterone acetate (DMPA-SC) in May 2021 in the MMWR and here.
   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:

Cholesterol:

Screen for lipid disorders with total cholesterol and HDL, or Lipid Panel. If total cholesterol is >200mg/dl or HDL is <40 mg/dl, recommend follow-up lipoprotein.		
Men	• 20-35 years if at increased risk for coronary heart disease • 35 years and older	Screening recommended every 5 years < 5 year intervals: If lipid levels are close to warranting therapy > 5 year intervals: If low-risk and have repeatedly low or normal lipid levels
Women	• 20-45 years if at increased risk for coronary heart disease • 45 years and older	
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:

Women < 21 years	Women, age 21-29	Women, age 30-65	Women with total hysterectomy

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No need for screening	Cervical cytology every 3 years	Cytology and human papillomavirus (HPV) co-test every 5 years OR cytology alone every 3 years	Not necessary as long as the cervix is not present. Also, treatment guidelines are based on CV risk, not on absolute LDL guidelines. Treatment is recommended if risk > 7.5%. Would leave this out or use updated guidelines *women who have had total hysterectomy due to dysplasia require screening per DHMP Cervical Cancer Screening Guideline

Refer to DHMP Cervical Cancer Screening Guideline for further discussion and details

Breast Cancer Screening:

Females <50 years	Females 50-74 years HEDIS (BCS) specification: ages 52-74	Females over 75 years
• 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	• Biennial mammography • Yearly mammography at provider discretion when indicated	Determine need of further mammography based on shared decision making

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.

Recommended Screening Tools:

National Cancer Institute - The risk calculator is imbedded in the Breast Cancer Risk Assessment Tool
https://bcrisktool.cancer.gov/calculator.html

This tool is also endorsed by the CDC
https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/health_care_provider_education/risk-assessment-management-strategies/risk-assessment.htm

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Breast Cancer Surveillance Consortium Rick Calculator (BCSC)
https://tools.bcsc-scc.org/BC5yearRisk/calculator.htm

https://tools.bcsc-scc.org/BC5yearRisk/intro.htm

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:

Men, age 18-54 years	Men, age 55-69 years	Men, age 70+ years
• 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	• Shared decision making with those of moderate risk, including clear explanation and understanding of the benefits and harms (2022 update) • Only offer PSA screening for men who express a clear preference for screening after shared decision making and have a life expectancy of >10 years • For men who have chosen PSA screening, screening will be completed every 2 years	PSA screening and routine discussion of screening is not recommended
Risk Factors: African-American ancestry, and either a brother or father diagnosed with prostate cancer before age 65 https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/acs-recommendations.html		

Colorectal Cancer Screening:

Men and Women age 45-75 years					75+ years
ONE of the tests listed within the specified timeframe					
Fecal occult blood test (gFOBT) ANNUALLY	FIT-DNA test (immunochemical FIT) ANNUALLY	CT colonography Every FIVE years	Flexible Sigmoidoscopy Every FIVE years	Colonoscopy Every TEN Years	• Screening is not recommended, but individuals may use shared decision making to determine the need for further screening • Screening is NOT recommended after age 86
Risk Factors: diagnosis of colorectal cancer in a first-degree relative, specific genetic syndromes, inflammatory bowel disease, and precancerous polyps.					

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Other Screenings:

Screening	Age	Description/Action
Alcohol/Substance Misuse/Abuse HEDIS measure: IAD	Adults 18+	• Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered. • 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
Depression HEDIS measure: DMS; COA; MPT	All adults, annually including pregnant and post-partum women	• Utilize screening tools such as the PHQ-2 or PHQ-9 • Ensure accurate diagnosis, effective treatment, and appropriate follow-up
Tobacco Use HEDIS Measure IAD	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 • Provide behavioral interventions and US FDA approved pharmacotherapy to nonpregnant adults who use tobacco.
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
HIV	15-65 years	• Screen all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown • Counsel about risk factor reduction • Routine serology screening for adults ages 15-65 • 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

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Screening	Age	Description/Action
Hepatitis C	18- 79	• Counsel about risk factor reduction Screen persons younger than 18 or older than 79 who are at higher risk for infection (eg: those w/ history of or current IV drug use) • • Periodic testing of high risk members
Lung Cancer	50-80 years of age with a 20 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 all skin lesions • 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 everyone 26 and under if not previously vaccinated. Vaccination is recommended at 11 or 12 years old and can begin as early as 9.

IV. REFERENCES:

A and B Recommendations: United States Preventive Services Taskforce. (n.d.). Retrieved September 2022, from https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/

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The COVID-19 pandemic has resulted in many elective procedures being put on hold, and this has led to a substantial decline in cancer screening. Health care facilities are providing cancer screening during the pandemic with many safety precautions in place. Cancer Screening During the COVID-19 Pandemic

Signature: Christine Seals Messersmith MD
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Clinical Preventive Health Recommendations for Adults Guideline_2022 - Needs Signature

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