Adult Preventive Care

HEALTH PROMOTION SERVICE	RECOMMENDATION	SCREENING TEST
Health Assessment Screening, History and Counseling	A health maintenance visit every 1-3 yrs. for 19-49 yrs, according to risk status. Age 50-64 every 1-3 years based on need, then annually thereafter at age 65+ Each exam may include: • Height, weight and body mass index (BMI) • Risk evaluation and/or counseling Accidental Injury Prevention Alcohol/drug/opioid abuse screening Medication Reconciliation Blood pressure Obesity Calcium supplement as necessary Dental health Physical Activity Folic acid supplementation .4 mg/day during Childbearing yrs Nutrition Tobacco use Sexual health Intimate Partner Abuse/Elder Abuse • Assessment areas for those >65 yrs: Sodium restriction; social supports; polypharmacy including over the counter and herbal preparations; hypothyroidism; foot care; dental care; environment support; functional assessment like Activities of Daily Living (ADLs) i.e. feeding, dressing, grooming or Instrumental ADLs i.e. cooking, climbing stairs, etc. Encourage periodic eye exam by specialist and ask about hearing. Counsel as appropriate. • OTHER ITEMS AS LISTED BELOW	
Abdominal Aortic Aneurysm	At 65-75 yrs, one time screening by ultrasonography for men who have ever smoked.	Abdominal ultrasonography
Advance Care Planning/Health Care Proxy	Recommend completion of health care proxy >18 yrs; additional advance care directives (MOLST) as needed.	
Aspirin Prophylaxis	Counsel men 45-79 yrs, and women 55-79 yrs, based on assessment of risks and benefits.	
Breast Cancer Screening	Every 1-2 yrs for women 40-74 yrs and 40-49 yrs on different schedule based on discussion with patient. If women >74 yrs, make decision on a case-by-case basis.	
Cervical Cancer Screening	• Screen women 21 to 65 yrs with cytology every 3 yrs. • Screen women 30 to 65 yrs with a combination of cytology and HPV testing every 5 yrs (this method is for those who want to lengthen the screening interval to 5 yrs instead of 3 yrs). • >65 yrs, screen women who had CIN2 or greater in the previous 20 yrs (or without adequate documentation of prior negative screening.	• cytology or • combination of cytology and HPV
Colorectal Cancer Screening	Screen between 50–75 yrs. Screening after age 75 is made on an individual basis. Cost effectiveness is an important consideration in ordering these tests; in most situations, the first three modalities listed here are currently the most cost-effective.	Screen using any of the following modalities including:: • high-sensitivity FOBT or FIT every 1 yr • sigmoidoscopy every 5 yrs • colonoscopy every 10 yrs • CT colonography • Fecal DNA
Depression Screening	Screen for depression when staff assisted supports in place to assure accurate diagnosis, effective treatment, and follow up.	Refer to MCMS Community-wide Guideline for Major Depressive Disorder
Diabetes Screening for Type 2	• Testing to detect type 2 diabetes and prediabetes in asymptomatic people should be considered in adults of any age who are overweight or obese (BMI ≥25 kg/m2*) or Asian Americans with BMI ≥ 23 kg/m2 and who have one or more additional risk factors for diabetes. *At-risk BMI may be lower in some ethnic groups. • In those without risk factors, testing should begin at age 45 yrs.	• Three tests have been used to screen for diabetes: o Fasting plasma glucose (FPG) o 2-hour post load plasma o Hemoglobin A1c • Refer to the MCMS Community-wide Guideline for Adult Diabetes Care
Fall Prevention	Assess and counsel those at high risk.	

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Hepatitis C	• Offer a one-time screening for HCV infection to adults born between 1945 – 1965. • Screen for hepatitis C virus (HCV) infection in persons at high risk for infection.	Enzyme immunoassay (refer to Appendix A for recommended testing sequence)
Hypertension	Screen adults aged 40 years or older and those who are at increased risk for high blood pressure. Persons at increased risk include those who have high-normal blood pressure (130 to 139/85 to 89 mm Hg), those who are overweight or obese, and African Americans. Adults aged 18 to 39 years with normal blood pressure (<130/85 mm Hg) who do not have other risk factors should be rescreened every 3 to 5 years.	Refer to MCMS Community-wide Guideline for Management of Adult Hypertension.
Lipid Screening	• Screen men >35 yrs. If at increased risk for CHD, screen women and men > 20 yrs. Increased risk = diabetes; tobacco use, hypertension, obesity, previous personal hx; family hx (e.g. cardiovascular disease in male relative < 50 yrs or in female relative <60 yrs). • Once screening begins, screen every 5 yrs for low risk; more frequent for high risk. • The National Heart Lung, Blood Institute and AAP recommend universal cholesterol screening between 9-11 yrs and again between 18-21 years. The AAP and NHLBI recommend that cardiovascular risk be assessed at other ages between 2-21 and recommend risk-based cholesterol screening if one or more risk factors are present. The USPSTF concludes evidence is insufficient to recommend for or against routine screening for lipid disorders in infants, children, adolescents & young adults to age 20.	
Lung Cancer Screening	Pa Patient Eligibility: 1) Age 55-80 (55-77 for Medicare) 2) Current smokers and former smokers who quit within 15 years 3) ≥30 pack years of smoking	Refer to MCMS Community-wide Guideline for Lung Cancer Screening
Osteoporosis Screening	• Screen women aged 65 yrs or older. • Screen women under 65 whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.	Screen using dual-energy x-ray absorptiometry (DEXA) of the hip and lumbar spine
Prostate Cancer Screening	Discuss pros and cons of screening for 50-75 yrs. Offer PSA & DRE if patient requests.	PSA and DRE
STI Screenings		
Gonorrhea, Chlamydia	• Screen all sexually active women, including those who are pregnant, if they are at increased risk for infection. • Screen sexually active MSM at least annually.	• For females, self-collected vaginal swabs are the specimen of choice for NAAT • For males, first-catch urine is the specimen of choice for gonorrhea/chlamydia NAAT
Genital Herpes	• Type-specific HSV serologic testing should be considered for men/women presenting for an STD evaluation (especially for men/women with multiple sex partners) • Evidence does not support routine HSV-2 serologic screening among asymptomatic adolescents and adults, including those who are pregnant. However, type-specific serologic tests might be useful for identifying pregnant women at risk for HSV infection and guiding counseling regarding the risk for acquiring genital herpes during pregnancy.	• Type-specific serological tests
HIV	• Screening for patients <65 yrs. • Preexposure prophylaxis (PrEP) of HIV in high risk patients.	• First, enzyme immunoassay (EIA) or Rapid HIV antibody test • In both tests, you can use blood, oral fluid, or urine • Second, a confirmatory western blot or immunofluorescent assay
Syphilis, Hepatitis B	Screen for those at increased risk, and all pregnant women.	Two-step process involving initial nontreponmal test (VDRL) or RPR), followed by a confirmatory treponemal test (FTA-Abs or TPPA)

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Tobacco Use	• Screen for tobacco use and offer interventions (counseling, pharmacotherapy) for those who use tobacco products. • Advise electronic cigarette (e-cigarette) products are not yet regulated by the US Food and Drug Administration and no rigorous scientific studies have shown that they are safe for use or effective in helping to quit smoking.	• **Ask** (part of the 5 A's) every patient about tobacco use • Refer to the *MCMS Community-wide Guideline for Treating Tobacco Use and Dependence*
Tuberculosis	Screen those at increased risk.	Tuberculin skin test (if positive, do chest X-ray)
Vitamin D Deficiency	Do not screen for vitamin D deficiency in healthy adults or children. • On a case-by-case basis, consider selective testing for vitamin D deficiency in high-risk individuals such as patients with malabsorption syndromes	• Serum 25-hydroxyvitamin D test • Refer to the *MCMS Community-wide Guideline for Vitamin D Screening*
Other Things to Consider	Psychological trauma (associated with substance abuse, etc.), gun safety, seat belts, bike helmets, literacy	

IMMUNIZATIONS	FOR UP-TO-DATE RECOMMENDATIONS CONSULT ACIP WEBSITE - WWW.CDC.GOV/VACCINES/ACIP/INDEX.HTML

Measures Commonly Used by National Organizations

- Breast Cancer Screening: 1) Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer. (*CMS Meaningful Use);* 2) Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer within 27 months *(PQRS)*
- Colorectal Cancer Screening: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer. (*PQRS/CMS Meaningful Use)*
- Screening or Therapy for Osteoporosis for Women Aged 65-85: Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis (*PQRS)*
- Screening for Future Fall Risk Description: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period. (*CMS Meaningful Use)*

High Risk Populations/Disparities

- In Monroe County, the prevalence of being obese or overweight is highest in blacks (68%) followed by whites (61%) and Latino residents (61%) . (1)
- In Monroe County, in 2013-14, 30% of all adults have high blood pressure Rates are higher among Black (43%) compared to White (31%) residents.
- STD rates in Monroe County are higher than rates in NYS. Most STD cases occur among African American and Latino youth and young adults, who reside in the City.
  - In 2014, Chlamydia case rate per 100,000 women, ages 15-44 years was 1715 in Monroe County compared to 1536 in NYS.
  - In 2014, gonorrhea case rate per 100,000 women – Ages 15-44 years was 330 in Monroe County compared to 165 in NYS.
  - In 2014 gonorrhea case rate per 100,000 men ages 15-44 years was 368 in Monroe County compared to 303 in NYS.
  - The incidence rate of HIV in Monroe County (9.1%) is lower than NYS (17.9%). Rates in Monroe County are higher among Black (26.8%) and Latino (23.6%) residents compared to White residents (3.3).(3)
- In Monroe County, the percentage of Monroe County adults aged 18 years or older who are current cigarette smokers in 2013-14 is 15%. The rate is higher among Black (23%) (1) compared to White (15%) residents.