

Adult Preventive Care Guidelines

About the MHQP Adult Preventive Care Guidelines

MHQP's 2018 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. These guidelines should not supplant clinical judgment or the needs of individual patients. These guidelines 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. In the event that 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 history, including family history of disease.
- Perform age-appropriate physical exam.
- Provide preventive screenings and counseling as below.
- Assess needs and record current immunizations. For current immunization schedules, refer to the [U.S. Centers for Disease Control and Prevention 2017 Adult Immunization Guidelines](#).

Periodic Health Evaluation – Frequency

18–29 Years	30–39 Years	40–49 Years	50+ Years
<ul style="list-style-type: none">• Annually for ages 18–21• Every 1–3 years, depending on risk factors, for ages 22–29	<ul style="list-style-type: none">• Every 1–3 years, depending on risk factors	<ul style="list-style-type: none">• Every 1–3 years, depending on risk factors	<ul style="list-style-type: none">• Annually

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

18–39 Years	40–49 Years	50–74 Years	75+ Years
<ul style="list-style-type: none"> Consider performing clinical breast exam at all periodic health evaluations. Screen for patients with an increased risk for potentially harmful BRCA gene mutations using the B-RST or other screening tool. Offer genetic counseling for women with positive screening results. 			
<ul style="list-style-type: none"> Only with patients at high risk, use shared decision making* to discuss the risks and benefits of initiating mammography or other screening exams. 	<ul style="list-style-type: none"> Using shared decision making, and emphasizing patient risk factors, discuss the risks and benefits of biennial mammography. 	<ul style="list-style-type: none"> Conduct mammography every two years, or more frequently based on risk factors and shared decision making.* 	<ul style="list-style-type: none"> Determine need of further mammography based on shared decision making.
<p>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, and history of chest radiation therapy at a young age.</p>			
<p>Resources: B-RST Know: BRCA</p>			

Cervical Cancer (Pelvic Exam & Pap Test)

21–29 Years	30–65 Years
<ul style="list-style-type: none"> Perform Pap test every three years through age 29. 	<ul style="list-style-type: none"> Screen with Pap test every three years, or combination of Pap and HPV tests every five years. Discontinue Pap test after age 65 if there is documented evidence of consistently negative results.
<ul style="list-style-type: none"> Omit Pap test if a woman has had a hysterectomy for benign disease. 	
<p>RISK FACTORS Infection with HPV (human papillomavirus); personal history of cervical dysplasia, history of other sexually transmitted diseases (including HIV/AIDS); compromised immune system; and diethylstilbestrol (DES) exposure.</p>	

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 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](#)

Colorectal Cancer

18–49 Years	45–75 Years	75–85 Years
<ul style="list-style-type: none"> Screenings are not routine except for patients at high risk. 	<ul style="list-style-type: none"> Starting at age 45 for African American adults without risk factors and at age 50 for non-African American adults without risk factors Screen for colon cancer, and use shared decision making to select one of the following methods/screening intervals. <ul style="list-style-type: none"> Colonoscopy every 10 years or Annual FIT If patient is unable to follow either of these screening regimens: <ul style="list-style-type: none"> Computed tomographic colonography every 5 years FIT–fecal DNA every 3 years Flexible sigmoidoscopy every 5–10 years If patient cannot follow any of these recommendations: <ul style="list-style-type: none"> Capsule colonoscopy every 5 years 	<ul style="list-style-type: none"> Screening is not recommended, but individual patients may use shared decision making to determine need of further screening. After age 86, screening is not recommended.
<p>RISK FACTORS Patients with risk factors (one first degree relative with colorectal cancer or advanced adenoma diagnosed before age 60 or patients with two first degree relatives with colorectal cancer or advanced adenoma at any age) should begin screening at age ten years less than age at diagnosis of 1st degree relative or at age 40, whichever is earlier, repeat every 5 years</p> <p>Patients with risk factors (one first degree relative with colorectal cancer, advanced adenoma or advanced serrated lesion over age 60) begin screening at age 40, with intervals same as average risk patients</p>		

Lung Cancer

55-80 Years
<ul style="list-style-type: none"> Counsel current smokers to stop smoking, and counsel that lung cancer does not replace the need to quit smoking. Use shared decision making to discuss the risks and benefits of low dose computer tomography (LDCT) screening for patients meeting the following criteria: <ul style="list-style-type: none"> 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.
<p>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.</p>
<p>Resources:</p> <p>Is Lung Cancer Screening Right for Me?</p> <p>Massachusetts Lung Cancer Screening Guideline Panel</p>

Prostate Cancer

18–49 Years	50–69 Years	70+ Years
<ul style="list-style-type: none"> 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 African American men and 45 for all other men. 	<ul style="list-style-type: none"> 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 benefits and harms. Only offer PSA screening for men who express a clear preference for screening after shared decision making and who have a life expectancy of >10 years. <ul style="list-style-type: none"> For men who have chosen PSA screening, screen every 2 years. 	<ul style="list-style-type: none"> PSA screening and routine discussion of screening are not recommended.
<p>RISK FACTORS African-American ancestry, and either a brother or father diagnosed with prostate cancer before age 65.</p>		
<p>Resource: Massachusetts Prostate Cancer Screening Guideline Panel</p>		

Skin Cancer

18+ Years
<ul style="list-style-type: none"> Inspect skin for abnormalities when performing physical exam. Educate patients at-risk about skin cancer, including using 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.
<p>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 the sun.</p>

General Screening and Counseling

Cardiovascular Health (including screening for hypertension, lipid disorder/high cholesterol, and abdominal aortic aneurysms)

18+ Years		
<ul style="list-style-type: none"> 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 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. Consider statin use in patients without CV disease aged 40–75 who have at least one risk factor for CVD and a 10 year risk of developing CVD of 10% or higher based on ACC/AHA Pooled Cohort Equation (USPSTF B recommendation). Consider statin use in similar patients whose risk is 7.5% or higher based on ACC/AHA Pooled Cohort Equation (USPTF C Recommendation). 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. Recommend low dose aspirin for adults aged 50 – 59 who have a 10% or greater 10 year risk of CVD, are not at risk for bleeding, have a life expectancy of 10 years or more and are willing to continue taking it for 10 years. Use shared decision making for adults with the same profile aged 60 and older. 		
RISK FACTORS	<p><i>Cardiovascular Disease:</i> Age, male gender, family history of premature heart disease, hypertension, hyperlipidemia, low HDL, diabetes, tobacco use, and obesity (BMI>30).</p>	<p><i>Abdominal Aortic Aneurysm:</i> Male gender, tobacco use, family history of any aneurysm, atherosclerotic disease, hypertension.</p>
<p>Resource: ACC/AHA Pooled Cohort Equations</p> <p>Note: If you use an application for risk calculation, make sure it is based on the ACC/AHA Pooled Cohort Equation.</p>		

Diabetes (Type-2) and Pre-Diabetes

18+ Years		
<ul style="list-style-type: none"> 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 3 years beginning at age 45 with fasting blood sugar, HbA1C test, or 2-hour oral glucose tolerance test. Screen more often and beginning 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 or refer for counseling on diet and lifestyle changes to prevent the onset of Type-2 diabetes. Consider CDC training program recommendation for diabetic and pre-diabetic patients. 		
RISK FACTORS	<p>Age (>45 years old), first-degree relative with diabetes, physical inactivity, overweight/obesity, race/ethnicity (African-American, Hispanic, Native American, Asian), high blood pressure (>135/80mmHg), 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.</p>	
<p>Resource: National Diabetes Prevention Program CDC: Diabetes Prevention Recognition Program</p>		

Obesity and Overweight

18–65+ Years

- Counsel on the benefits of physical activity and a healthy diet to maintain an appropriate weight for height. 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.
- Consider [CDC training program](#) recommendation for diabetic and pre-diabetic patients.

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 2 days/week.

65+ Years

- Emphasize the importance of balance training for older adults at risk for falls.

Resources:

[Physical Activity for Adults](#)

[Physical Activity for Older Adults](#)

[A Matter of Balance](#)

Diet and 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; lean proteins, nuts and legumes.
 - ♦ Limits red meat, saturated and trans fat, and food and beverages with added sugar.
 - ♦ Follows appropriate portion size.
- Screen for eating disorders by asking about body image and dieting patterns.

Resource:

[CDC MyPlate](#)

[CDC: Healthy Weight](#)

Tobacco

18+ Years

- 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, referring to [Quitworks](#), and recommending the use of pharmacotherapy.
- Arrange follow-up

Resource:

[Quitworks](#)

[5-A’s Framework](#)

Depression

18+ Years

- Screen for depression annually 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.

Anxiety

18+ Years

- Consider screening for anxiety based on risk factors and individual presentation using the [GAD-7](#) or other validated screening tool.
- Consider screening for other types of anxiety by asking these four questions:
 1. Have you had a spell attack where all of a sudden you felt frightened, anxious or uneasy? (*Panic Disorder*)
 2. Have you been bothered by nerves or feelings of anxious or on edge for 6 months? (*Generalized Anxiety Disorder*)
 3. Have you had a problem being anxious or uncomfortable around people? (*Social Anxiety Disorder*)
 4. Have you had recurrent dreams or nightmares of trauma or avoidance of trauma reminders? (*Post Traumatic Stress Disorder*)

RISK FACTORS Female gender, personal or family history of anxiety or other psychiatric disorders, traumatic or recent adverse life events, and chronic disease.

Resources:

[GAD-7](#)

[Brief Intervention for Anxiety in Primary Care Patients](#)

Alcohol/Substance Use

18+ Years

- Assess history of alcohol misuse and substance abuse, including prescription or over-the-counter drugs.
 - ♦ Brief questionnaires (e.g. [AUDIT](#), [NIDA Quick Screen](#)) may help clinicians assess likelihood of alcohol dependence or abuse.
- Counsel about the effects of alcohol misuse and/or substance abuse.
- Provide brief behavioral counseling to people engaged in or at risk of developing alcohol/substance abuse disorders.
- Recommend that prescription medications be 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 during pregnancy, and advise them of the harmful effects of substance use on fetal development.

Resources:

[Massachusetts Substance Abuse Information and Education Helpline](#)

[MA Prescription Dropbox Locations](#)

[SBIRT](#)

Safety and Injury Prevention

18+ Years

- Counsel about ways to prevent household and recreational injuries. For example:
 - ♦ Safe-keeping of prescription drugs or household chemicals;
 - ♦ Motor-vehicle safety/seatbelt use;
 - ♦ Helmet and other protective gear for cycling, skateboarding, scootering, and motorcycles;
 - ♦ [Alcohol and substance use](#);
 - ♦ Intimate partner [violence/abuse in the home](#);
 - ♦ Carbon monoxide risks and detectors;
 - ♦ Fall prevention measures in the 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.
- Consider asking the following questions:
 - ♦ Have you ever been hurt or threatened by your partner, or anyone else (e.g. ex-partner, other family member)?
 - ♦ Do you ever feel afraid, controlled, or isolated by your partner or anyone else?

Resources:

[Understanding Intimate Partner Violence](#)
[National Domestic Violence Hotline](#) – 1-800-799-SAFE
[HITS](#)
[WAST-SF](#)

Sensory Screening (Hearing and Vision Assessment)

18+ Years

- Ask about hearing and vision impairment, and counsel or refer for further diagnosis around any issues.
- Recommend eye exam at the following intervals:
 - ♦ 40-54: 2-4 years
 - ♦ 55-64: 1-3 years
 - ♦ 65+: 1-2 years
- Consider Glaucoma screening with a dilated eye exam every two years for:
 - ♦ African Americans age 40 and over
 - ♦ Everyone age 60 and over

RISK FACTORS African American descent, Latin American descent, and family history.

Infectious Disease Screening

[Traveler's Health](#)

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

18+ Years

- Obtain sexual history.
- Counsel on effective ways to reduce the risk of infection based on patient's sexual history and risk factors.

Chlamydia and gonorrhea

- Screen all sexually active female patients age 24 and younger annually.
- Starting at age 25, screen if at risk.

RISK FACTORS Inconsistent use of condoms, 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 Living in an area with increased syphilis morbidity, 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 males who have sex with males.

Resource:

[Syphilis in Your Area](#)

HPV

- See [cervical cancer screening](#) section for screening recommendations.
- Counsel regarding schedule for HPV vaccine.
 - ♦ Recommend HPV vaccination for females age 26 and under and males age 21 and under, if not previously vaccinated.
 - ♦ Recommend vaccination for men engaging in sex with other men and for immuno-compromised 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 on 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, males who have sex with males, 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 the years 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.
- CDC recommends that individuals get tested at least once in their lifetimes.

RISK FACTORS Injection-drug users and males who have sex with males, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, and men who have sex with men, 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

- Screen all patients at high risk. Determine the need for repeat testing by the likelihood of continuing exposure to infectious TB.
 - ◆ Administer tuberculin skin test (TST) for individuals with no past BCG vaccination.
 - ◆ Consider IGRA for individuals who have received BCG vaccination or who are at risk for not returning for reading of the TST.

RISK FACTORS Born in or resident of a country with high rates of TB, live in or have lived in communities where prevalence of TB is high (prisons, shelters, migrant farm settings), immunosuppressed (HIV +, immunosuppressing drugs), contacts of patients with active TB, workers exposed to high risk populations, patients with silicosis.

Resource:

[CDC: Tuberculosis \(TB\)](#)

Zika Virus

18+ Years

- Screen for Zika virus in women of child-bearing age based on risk factors. Please see [Preconception Counseling](#) section below for more details.
- Advise men who have been exposed to or have had Zika to avoid procreation for at least 6 months from the last exposure or onset of symptoms.

RISK FACTORS Symptoms of Zika virus (fever, rash, joint pain, red eyes), unprotected intercourse, and geographic locations (Africa, Southeast Asia, the Americas, the Caribbean, the Pacific).

Resource:

[CDC](#)

Screening and Guidance for Age-Specific Conditions

Preconception Counseling

Note: See [MHQP's Perinatal Guidelines](#) for complete recommendations on prenatal care.

18–49 Years

- Advise all women of child-bearing age to take a daily multivitamin containing 0.4-0.8 mg folate.
- Encourage scheduling a visit for preconception counseling.
- Inform patients on the impact of alcohol, drug, tobacco, and environmental exposures in early pregnancy, often before pregnancy is diagnosed.
- If patient has BMI >30, recommend weight loss before becoming pregnant.
- Counsel women of child-bearing age on the importance of oral health and routine dental care before pregnancy.
- Review travel restrictions during pregnancy and the preconception period, including avoiding travel to an area with active Zika virus transmission.
- Advise women who have been exposed to or have had Zika to avoid conception for 8 weeks from the last exposure or onset of symptoms. Advise men who have been exposed to or have had Zika to avoid procreation for at least 6 months from the last exposure or onset of symptoms.

Zika Resource:

[CDC](#)

Osteoporosis

50+ Years

- Counsel about preventive measures, including dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation.
- Counsel frail patients on specific measures to prevent falls.
- Offer bone mineral density (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.
- After age 65, provide BMD testing if not previously tested.

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

40+ Years

- Counsel symptomatic women on the management of menopausal symptoms, including the risks and benefits of hormonal and nonhormonal therapies.
- USPSTF recommends against the use of combined estrogen and progestin or estrogen only in most women.

Cognitive Impairment

50+ Years

- Observe for possible signs of declining cognitive function in older patients. If signs/symptoms are present, conduct structured assessment using validated screening tool (e.g. [GPCOG](#), [MIS](#), [Mini-Cog](#)).
- Evaluate mental status in patients who have problems performing daily activities.