

Adult Preventive Care Guidelines

About the MHQP Adult Preventive Care Guidelines

MHQP's 2021 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 medical and family history.
- Perform age-appropriate physical exam.
- Provide preventive screenings and counseling as outlined below.
- Update immunizations. For current immunization schedules, refer to the [U.S. Centers for Disease Control and Prevention 2019 Adult Immunization Guidelines](#).
 - For pneumococcal vaccine refer to [Pneumococcal Vaccine Timing for Adults](#) resource.
 - For Zoster vaccine refer to [Zoster \(Shingles\) ACIP Vaccine Recommendations](#).
 - Recommend Tdap vaccine to any person who has not been previously vaccinated and who will have close contact with a baby \leq 12 months.
 - Refer to [CDC Influenza ACIP Vaccine Recommendations](#) for current influenza vaccine recommendations.

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](#)

Social Determinants of Health (SDoH)

- Review a completed [SDoH screening tool](#) and incorporate into the plan of care
- Develop [action plan](#) at each visit with information available
 - ♦ Make sure that social determinants that are being targeted for recommendations are modifiable, like food insecurity, homelessness, lack of transportation, or inaccessibility to quality education
 - ♦ Unmodifiable social determinants, like race, should be subject to increased screenings as indicated
- Refer patients to additional team members for education, resources, and referrals as needed
- Discuss access to healthcare by asking: “Do you have any concerns that prevent you from keeping your health care appointments?”
- Assess health literacy by asking: “How confident are you filling out medical forms by yourself?”

Screening Tools and Action Plans:

[Social Needs Screening Tool](#)

[Develop an Action Plan](#)

Community Resources:

[1 Degree](#)

[2-1-1](#)

[Aunt Bertha](#)

[HelpSteps](#)

General Resources:

[The EveryONE Project Toolkit](#)

[THRIVE](#)

[A Practitioner’s Guide for Advancing Health Equity](#)

[Cancer Health Disparities in the United States: Facts & Figures](#)

[Short Assessment of Health Literacy–Spanish and English \(SAHL-S&E\)](#)

DEFINITION OF THE SOCIAL DETERMINANTS OF HEALTH FOR MHQP’S GUIDELINES PROGRAM:

Social Determinants of Health (SDoH) are the conditions under which people are born, grow, live, work, and age. SDoH can either help a patient’s health (like living in a low crime neighborhood), or adversely affect it (such as living in a neighborhood with poor air quality and pollutants). Conditions can be modifiable, like food insecurity or homelessness, or unmodifiable, like race. ([AAFP](#), [WHO](#))

Labs and Cancer Screenings

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 BRCA gene mutations using appropriate screening tools. Offer genetic counseling for those with positive screening results. The tools evaluated by the USPSTF include the Ontario Family History Assessment Tool, Manchester Scoring System, Referral Screening Tool, Pedigree Assessment Tool, and FHS-7. Prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to those who are at increased risk for breast cancer and at low risk for adverse medication effects. <ul style="list-style-type: none"> Note that the USPSTF does not endorse any particular risk prediction tool. However, the NCI Breast Cancer Risk Assessment Tool and the Breast Cancer Surveillance Consortium Risk Calculator are based on models tested in US populations and are publicly available for clinicians and patients to use as part of the process of shared, informed decision-making about taking risk-reducing medications for breast cancer. 			
<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, including 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, race (Black, American Indian, Alaska Native), 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:</p> <p>B-RST (available in English and Spanish)</p> <p>Mammogram Shared Decision Making Tool (For Clinicians)</p> <p>Breast Cancer Screening Decision (For women 40-49)</p> <p>Should I Continue with Mammogram Screening? (For women 75-84)</p>			

Cervical Cancer (Pelvic Exam & Pap Test)

18–21 Years	21–29 Years	30–65 Years
<ul style="list-style-type: none"> Note that the USPSTF states these recommendations do not apply to those with high grade precancerous lesions or cervical cancer or in utero DES exposure or a compromised immune system, including those with HIV. Omit cervical cancer screening test if a person has had a hysterectomy for benign disease with removal of cervix and does not have a history of high-grade pre-cancerous lesion or cervical cancer. 		
<ul style="list-style-type: none"> No cervical cancer screening is indicated. 	<ul style="list-style-type: none"> Screen with cervical cytology alone every three years (pap or liquid cytology). 	<ul style="list-style-type: none"> Screen every three years with cytology alone; or Screen every five years with hrHPV testing or co-testing (hrHPV and cytology). Discontinue cervical cancer screening after age 65 if there is documented evidence of consistently negative results.
<p>RISK FACTORS Infection with HPV (human papillomavirus), personal history of cervical dysplasia, smoking, history of other sexually transmitted diseases (including HIV/AIDS), compromised immune system, and in utero diethylstilbestrol (DES) exposure, race (Black, American Indian, Alaska Native, Asian), and ethnicity (LatinX).</p>		
<p>Resource:</p> <p>Cervical Cancer Screening</p>		

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 – See screening schedules in Risk Factor section below. 	<ul style="list-style-type: none"> Starting at age 45 for Black adults without risk factors and at age 50 for non-Black adults without risk factors. Note the ACS recommends screening starting at age 45 in all adults , and, in October 2020, the USPSTF issued a draft recommendation to lower the starting age of colorectal cancer screening from 50 to 45 (grade B). Screen for colon cancer, and use shared decision making to select one of the following methods/screening intervals. Note that while colonoscopy is often considered to be the best test, annual FIT testing may be more accessible and acceptable to patients and is included in the top tier of tests per the US Multi-Society Task Force on Colorectal Cancer in 2017 <ul style="list-style-type: none"> ◆ Colonoscopy every 10 years or ◆ Annual FIT <ul style="list-style-type: none"> ▸ If patient is unable to follow either of these screening regimens then select one of the following methods/ screening intervals: <ul style="list-style-type: none"> ▸ Computed tomographic colonography every 5 years or ▸ FIT– fecal DNA every 3 years or ▸ Flexible sigmoidoscopy every 5–10 years <ul style="list-style-type: none"> ▸ If patient cannot follow any of these recommendations: 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 for further screening. After age 86, screening is not recommended.

RISK FACTORS

- Patients with these 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 ten years less than age at diagnosis of 1st degree relative or at age 40, whichever is earlier, repeating every 5 years.
- Patients with these 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.
- Race (Black, American Indian, Alaska Native)

[Colorectal Cancer: Catching it Early](#)

[Guide to Colorectal Cancer Screening](#)

[ePrognosis Colorectal Cancer Screening Survey](#)

[Clinician’s Reference: Stool-Based Tests for Colorectal Cancer Screening](#)

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 the 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.
- Note that Black people are twice as likely to develop lung cancer before age 50 than their White counterparts. Consider screening Black patients earlier, at age 50.

RISK FACTORS Current smokers with a 30 pack-year smoking history, race (Black, Alaska Native, American Indian), and patients who have quit within the last 15 years who had a 30 pack-year smoking history, tobacco use within the past 15 years; exposure to other chemicals including radon, asbestos, diesel fumes; personal history of specific other cancers: small cell lung cancer, lymphoma including Hodgkins, tobacco associated cancers like bladder and head and neck, cancers that required radiation treatment to the chest; family history of lung cancer; history of COPD or pulmonary fibrosis.

Resources:

- [Is Lung Cancer Screening Right for Me? \(Spanish\)](#)
- [Massachusetts Lung Cancer Screening Guideline Panel](#)

Prostate Cancer

18–54 Years	55–69 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 patients should be provided with the same screening education and options as patients age 55-69, but starting at age 40 for Black patients and 45 for all other patients. 	<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 patients 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 patients who have chosen PSA screening, screen every 2 years • PSA screening is not recommended for patients with a life expectancy of < 10 years. 	<ul style="list-style-type: none"> • PSA screening and routine discussion of screening are not recommended.
<p>RISK FACTORS Race (Black), first degree relative diagnosed with prostate cancer before age 65.</p>		
<p>Resources:</p> <ul style="list-style-type: none"> Massachusetts Prostate Cancer Screening Guideline Panel Prostate Cancer Screening: Should I Have a PSA Test? 		

Skin Cancer

18+ Years

- Inspect skin for abnormalities when performing physical exam.
- Educate at-risk patients 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), especially those over 24 with fair skin types.
- Discourage use of indoor tanning.

RISK FACTORS Age (65 and older), race (White), ethnicity (LatinX), 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.

Resources:

[Skin Cancer in People of Color](#)

[Skin Cancer in People of Color Image Gallery - American Society for Dermatologic Surgery](#)

General Screening, Counseling, and Guidance

Cardiovascular Health (incl. screening for hypertension, lipid disorder/high cholesterol and abdominal aortic aneurysm)

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. Consider using ASCVD Risk Estimator Plus to evaluate 30 year or lifetime risk in patients with low risk aged 18-39. Use a risk estimator for patients aged 40-79. For US White or Black non-LatinX use ASCVD Risk Estimator Plus. For other groups this may over or under-estimate risk. In those patients consider other tools including the general Framingham CVD risk score, Reynolds risk score, and QRISK/JBS3 tools. Consider CAC scoring in patients with borderline to intermediate risk. 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 males aged 65-75 who have ever smoked, and consider using shared decision making for others at risk. Consider 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, sex (male), race (Black), low socioeconomic status, hypertension, hyperlipidemia, low HDL, diabetes, tobacco use, obesity (BMI>30), and history of preeclampsia, family history of premature heart disease.</p>	<p><i>Abdominal Aortic Aneurysm:</i> Sex (male), tobacco use, family history of any aneurysm, atherosclerotic disease, and hypertension.</p>
<p>Resources: ACC/AHA Pooled Cohort Equations Aspirin Guide 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease Statin Choice Decision Aid</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

- 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, 2-hour oral glucose tolerance, or HbA1C 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 the [CDC training program](#) recommendation for diabetic and pre-diabetic patients.
- Emphasize that lifestyle changes that result in lower weight and increased physical activity are critical in managing Type-2 diabetes and pre-diabetes, including the potential for remission.
- Refer for consideration of [metabolic surgery](#) if BMI is ≥ 40 (≥ 37.5 in Asian Americans).
- Refer for consideration of [metabolic surgery](#) if BMI is 35–39.9 (32.5–37.4 in Asian Americans) who do not achieve durable weight loss and improvement in comorbidities (including hyperglycemia) with reasonable nonsurgical methods.

RISK FACTORS Age (>45 years old), first-degree relative with diabetes, physical inactivity, overweight/obesity, ethnicity (LatinX), race (Black, Alaska Native, American Indian, 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.

Resources:

[National Diabetes Prevention Program](#)

[CDC: Diabetes Prevention Recognition Program](#)

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.
 - ◆ Note that the BMI should be used in conjunction with other clinical assessments before making a diagnosis of obesity and overweight. The correlation between BMI and percentage body fat is fairly strong; however, two people with the same BMI may have different percentages of body fat based on differences in skeletal and muscle mass.
 - ◆ In general:
 - Females tend to have more body fat than males.
 - Blacks have less body fat than Whites, and Asians have more body fat than Whites.
 - Older people, on average, tend to have more body fat than younger.
 - Athletes have less body fat than do non-athletes.
- 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. The USPSTF recommends that clinicians offer or refer patients with a BMI ≥ 30 to intensive, multicomponent behavioral interventions.
- Consider the [CDC training program](#) recommendation for diabetic and pre-diabetic patients. See diabetes section for diabetes-specific recommendations.

RISK FACTORS Race (Black, American Indian, Alaska Native), ethnicity (LatinX), low socioeconomic status, living in an area where it is difficult to access healthy, affordable, and culturally appropriate food.

Physical Activity

18+ Years	65+ Years
<ul style="list-style-type: none"> • 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. • Advise that any increase in physical activity can be beneficial in chronic disease prevention, even if not to the level of the CDC recommendation. 	<ul style="list-style-type: none"> • Emphasize the importance of balance training for older adults at risk for falling.
<p>RISK FACTORS Lack of access to safe and walkable neighborhoods, lack of access to physical activity options/equipment, gender (woman), low socioeconomic status, time limitations, sedentary occupation.</p>	
<p>Resources: Physical Activity for Adults Physical Activity for Older Adults A Matter of Balance</p>	

Diet and Nutrition

18+ Years
<ul style="list-style-type: none"> • Ask about access to healthy, affordable, and culturally appropriate food options • Counsel on the importance of a healthy diet in the prevention of disease. A healthy diet: <ul style="list-style-type: none"> ♦ Emphasizes fruits and vegetables, whole grains, low-fat dairy, lean proteins, nuts and legumes. ♦ Limits red and processed meat, saturated and trans fats, refined carbohydrates, and food and beverages with added sugar. ♦ Follows appropriate portion size. • Screen for eating disorders by asking about body image and dieting patterns.
<p>Resources: Choose My Plate CDC: Healthy Weight SNAP SNAP Benefits Healthy Incentives Program (HIP) for Clients Farmers Market Nutrition Program 1Degree Commodity Supplemental Food Program: Find your local program Find Meals when Schools are Closed Heart Healthy Recipes</p>
<p>RISK FACTORS FOR POOR NUTRITION Race (Black, Alaska Native, American Indian), ethnicity (LatinX), low socioeconomic status, living in an area where it is difficult to get healthy and affordable food.</p>

Sexual Health and Identity

18+ Years
<p>General counseling regarding safe and healthy sexual behaviors:</p> <ul style="list-style-type: none"> • Obtain sexual history and ask about involvement in sexual behaviors with sensitivity to sexual orientation and gender identity. • Counsel about responsible sexual behaviors, including definition of consent. • Discuss contraception with patients whose sexual practice might lead to pregnancy. • Ask about use/motivation/access to use contraceptive methods to prevent STIs and unintended pregnancy. • Consider preconception counseling. • Offer PreP if appropriate
<p>Resources:</p> <p>Medical Eligibility Criteria for Contraceptive Use</p> <p>Sexual Consent</p> <p>CDC: Sexual Violence is Preventable</p>

Sleep Habits

18-60 Years	61-64 Years	65+
<ul style="list-style-type: none"> • Recommend consistent sleep and wake times throughout the week. • Discourage exposure to blue light (including LED bulbs and electronic screens) for at least one hour before sleep onset. • Recommend regular exercise to help promote sleep. • Discourage alcohol, caffeine, and large meals before sleep. • Discourage excess alcohol consumption throughout the day. 		
<ul style="list-style-type: none"> • Recommend 7 or more hours of sleep per night. 	<ul style="list-style-type: none"> • Recommend 7 to 9 hours of sleep per night. 	<ul style="list-style-type: none"> • Recommend 7 to 8 hours of sleep per night.
<p>Resource:</p> <p>Harvard Health Letter: Blue light has a dark side</p>		

Tobacco, Smoking, and Vaping

18+ Years
<ul style="list-style-type: none"> • Ask about tobacco, smoking, and vaping use at every visit. • Advise all tobacco and nicotine users to quit, especially people who are pregnant • Assess readiness to quit. • Assist tobacco and nicotine users in quitting by providing brief counseling and recommending the use of pharmacotherapy. • Arrange follow-up. • Discuss lung illnesses associated with use of vaping products and urge people who vape to stop.
<p>Resources:</p> <p>5-A's Framework</p> <p>How to Quit Smoking: CDC</p> <p>Smokefree.gov</p>

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, sex (female), gender (woman), LGBTQIA+ individuals, race (Black), ethnicity (LatinX), 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 or attack when you suddenly felt frightened, anxious or uneasy? (Panic Disorder)
 2. Have you been bothered by feeling nervous, anxious or on edge over the last 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 Sex (female), gender (woman), low socioeconomic status, personal or family history of anxiety or other psychiatric disorders, traumatic or recent adverse life events, LGBTQIA+, men who have sex with men, 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 marijuana/THC, prescription drugs, or over-the-counter drugs.
 - ◆ Brief questionnaires (e.g. [AUDIT](#), [NIDA Quick Screen](#)) may help clinicians assess likelihood of alcohol dependence or abuse.
- More in depth screening for people who admit to misuse of alcohol or other substances: [NIDA](#), [ASSISTCounsel](#) 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.
- Treat or refer for treatment if there is evidence of addiction.
- Advise family and friends of persons with opioid use or misuse to obtain NARCAN for emergency use.
- Discuss lung illnesses associated with use of vaping products.
- 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 people who are pregnant to stop drinking alcohol and using harmful substances during pregnancy, and advise them of the harmful effects of substance use on fetal development.

RISK FACTORS Early onset of usage, binge drinking, family history of alcohol or substance misuse, history of mental health issues, history of trauma, history of tobacco or alcohol dependence, history of using more addictive substance like stimulants and opioids, history of physical or sexual abuse, history of childhood neglect or trauma, LGBTQIA+ individuals, especially under age 25, age 18-25, sex (male), gender (man), race (White, American Indian, Alaska Native).

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
 - ◆ Concussion and traumatic brain injury
 - ◆ Alcohol and substance use
 - ◆ Carbon monoxide risks and detectors
 - ◆ Fall prevention measures in the elderly. For more information on fracture prevention refer to section on Osteoporosis.
- 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, and discuss other ways to reduce accidental injury or death from guns.

Resources:

[Fall Prevention Checklist](#)

[A Matter of Balance](#)

[CDC: Injury Prevention & Control](#)

Violence/Abuse in the Home

18+ Years

- Assess and screen for physical and behavioral signs of abuse and neglect.
- Screen for intimate partner violence using the WAST-SF or HARK tools, with particular attention to those of child-bearing age
- 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?

RISK FACTORS Individuals who are mentally or physically incapacitated or disabled, elders, people who are pregnant, individuals who are socially isolated, history of mental illness.

Resources:

[Understanding Intimate Partner Violence](#)

[National Domestic Violence Hotline](#) – 1-800-799-SAFE

[HITS](#)

[WAST-SF](#)

[HARK](#)

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:

- Black patients ages 40 and over
- Everyone ages 60 and over

RISK FACTORS Race (Black), ethnicity (LatinX), and family history.

End of Life Planning

18+ Years

- Discuss establishing advance directives for medical and end-of-life decisions, including a living will, designation of a proxy with durable power-of-attorney, or a medical directive established with a physician.

Resource:

[Making Decisions with Families at the End of Life](#)

Infectious Disease Screening

[Traveler's Health](#) (Vaccines, Medicines, Advice)

COVID-19

18+ Years
<ul style="list-style-type: none"> • Advise patients on prevention measures including masks, social distancing, hand washing • Counsel patients at higher risk from developing severe disease from COVID-19 on disease prevention emphasizing risk of developing more severe disease and need for strict and consistent measures to avoid contact with potentially infected people
<p>RISK FACTORS Race (Black), ethnicity (Latinx), age (>65), serious heart disease (CAD, CHF, cardiomyopathy), obesity (BMI>30), type 2 diabetes, cancer, chronic renal disease, COPD, immunocompromised due to organ transplant, sickle cell disease</p>
<p>LIKELY RISK FACTORS Asthma, cerebrovascular disease, cystic fibrosis, hypertension, immunocompromised due to other causes, dementia, liver disease, pregnancy, pulmonary fibrosis, smoking, type 1 diabetes, thalassemia</p>

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

18+ Years
<ul style="list-style-type: none"> • Obtain sexual history. • Counsel on effective ways to reduce the risk of infection based on patient's sexual history, current practices, and risk factors. • Assess risk to identify people who need more frequent screening.
<p><i>Chlamydia and gonorrhea</i></p> <ul style="list-style-type: none"> • Screen all sexually active female patients age 24 and younger annually. • Starting at age 25, screen if at risk.
<p>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.</p>
<p><i>Syphilis</i></p> <ul style="list-style-type: none"> • Screen if at risk. <p>RISK FACTORS Men who have sex with men, HIV, living in an area with increased syphilis morbidity and history of and/or current infection of another sexually transmitted infection, having more than one sexual partner within the past 6 months, exchanging sex for money or drugs.</p>
<p>Resources:</p> <p>NCHHSTP Atlas Plus: HIV, Viral Hepatitis, STD, and TB</p> <p>Syphilis Strikes Back</p>
<p><i>HPV</i></p> <ul style="list-style-type: none"> • See cervical cancer screening section for screening recommendations. • Counsel regarding schedule for HPV vaccine. <ul style="list-style-type: none"> ♦ 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, including patients with HIV through age 26, if not previously vaccinated.
<p>Resources:</p> <p>HPV Vaccine Resources for Clinicians</p> <p>Sexually Transmitted Infections (STI) Fact Sheets</p> <p>NCHHSTP Atlas Plus: HIV, Viral Hepatitis, STD and TB</p>

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 (born in area with HBsAg prevalence >2% or born in US but not vaccinated with parents born in area with HBsAg prevalence >8%), positive HIV infection status, injection drug users, men who have sex with men, persons receiving hemodialysis or cytotoxic immunosuppressive therapy, household contacts or sexual 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 age 18 - 79
 - ♦ Screening with anti-HCV antibody testing followed by polymerase chain reaction testing for HCV RNA is accurate for identifying patients with chronic HCV infection.
- Periodic testing of all patients at high risk.

RISK FACTORS All people born between 1945 and 1965, injection drug use, receipt of blood product for clotting problems before 1987, receipt of a blood transfusion or solid organ transplant before July 1992 (if not previously tested), long-term kidney dialysis, HIV, and born to mother with Hepatitis C. The USPSTF also recommends testing the following: tattoo or body piercing by nonsterile needle, intranasal drug use, and incarceration.

Resource:

[Hepatitis C Questions & Answers for the Public](#)

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.
- Assess risk to identify people who need more frequent screening.
- CDC recommends pre-exposure prophylaxis for anyone who is currently HIV negative but is at significant risk for contracting HIV.

RISK FACTORS Injection-drug users and their sex partners, persons who exchange sex for money or drugs, sex partners of people with HIV, men who have 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, transgender and gender diverse people.

Indications for pre-exposure prophylaxis: Ongoing sexual contact with partner who is HIV +, men who have sex with men, having anal intercourse without condoms or have had any STD within 6 months and are not in monogamous relationship, heterosexual men or women who have sex without condoms with partner of unknown HIV status, IV drug users who have shared IV drugs or needles within past 6 months, IV drug users who have had treatment within past 6 months and are still using.

Resources:

[HIV Testing Guidelines](#)

[Pre-Exposure Prophylaxis \(PrEP\)](#)

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, and patients with silicosis.

Resource:

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

Mosquito- and Tick-Borne Illnesses

18+ Years

Zika

- Screen for Zika virus in patients of child-bearing age based on risk factors. Please see Preconception Counseling section below for more details.
- Advise partners who have been exposed to or have had Zika to avoid procreation for at least 3 months.

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, and patients with silicosis.

Other Mosquito and Tick-Borne Illnesses

- Counsel on prevention of other mosquito-borne illnesses, including [Eastern Equine Encephalitis \(EEE\)](#) and [West Nile Virus](#).
- Recommend that patients who are at risk of exposure to tick-borne diseases use insect repellents that provide protections for the amount of time they will be outdoors and to check skin and clothes for ticks every day.

Resources:

[CDC](#)

[Eastern Equine Encephalitis](#)

[West Nile Virus](#)

[Protecting Yourself from Ticks and Mosquitoes](#)

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 females of child-bearing age to take a daily multivitamin containing 0.4 – 0.8 mg folate.
- Encourage scheduling a visit for preconception counseling to include review of appropriate immunization status, chronic illnesses, current medications, whether there is need to make any changes based on teratogenicity, and consideration of genetic testing.
- 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.
- Recommend that patients with diabetes or pre-diabetes achieve optimal glycemic control prior to pregnancy.
- Counsel patients of child-bearing age on the importance of oral health and routine dental care before pregnancy.
- Recommend HIV testing for patient and partner.
- Counsel on HIV prevention and ways to reduce HIV transmission during conception and pregnancy, and offer pre-exposure prophylaxis if indicated.
- Review travel restrictions during pregnancy and the preconception period, including avoiding travel to an area with active Zika virus transmission.
- Advise patients who have been exposed to or have had Zika to avoid conception for 8 weeks from the last exposure or onset of symptoms.
- Advise partners who have been exposed to or have had Zika to avoid procreation for at least 3 months from the last exposure or onset of symptoms.

Resource:

[Preconception Counseling and Care of Women of Childbearing Age Living with HIV](#)

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 to females over 65.
- Recommend exercise interventions to prevent falls in community-dwelling adults ≥ 65 who are at increased risk for falls.
- Consider offering multifactorial interventions to prevent falls in community-dwelling adults ≥ 65 who are at increased risk for falls.
- Offer bone mineral density (BMD) testing to post-menopausal females who are at high risk.

RISK FACTORS Age, sex (female), family/personal history of fractures as an adult, race (White, Asian), small-bone structure and low body weight (under 127 lbs.), certain menopause or menstrual histories, lifestyle (tobacco use, little physical activity), persons with HIV, persons on anti-retroviral therapy, and certain medications or chronic diseases.

Resources:

[WHO Fracture Risk Assessment Tool \(FRAX\)](#)

[Fall Prevention Checklist](#)

Menopause Management

40+ Years

- Counsel symptomatic females on the management of menopause, including the risks and benefits of hormonal and non-hormonal therapies.
- USPSTF recommends against the use of combined estrogen and progestin or estrogen only in most females.

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.