



Adult Health Maintenance Guidelines

Guideline History

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Review/ Revise Dates	8/94, 8/96, 6/97, 7/97, 10/98, 10/99, 5/00, 2/01,6/03, 06/05, 12/07,01/09, 1/10, 1/11, 1/13, 11/13, 11/15
Next Review Date	11/17

Service	Ages 18- 39 yrs.	40-49 yrs.	50-64 yrs.	Age 65 yrs. and Older
Routine Health Exam ¹	Annually	Annually	Annually	Annually
BMI(Body Mass Index) ²	Annually or at every health encounter	Annually or at every health encounter	Annually or at every health encounter	Annually or at every health encounter
Blood Pressure ³	Every 2 years if normal	Every 2 years if normal	Every 2 years if normal	Every 2 years if normal
Cholesterol ⁴	Begin screening at age 20 then every 4-6 years with no diagnosis of coronary artery disease; more often based on age and risk factors.	Every 5 years for women over age 44 Annually with diagnosis of high cholesterol, diabetes and coronary artery disease	Every 5 years Annually with diagnosis of high cholesterol, diabetes and coronary artery disease	Every 5 years Annually with diagnosis of high cholesterol, diabetes and coronary artery disease
Fasting Plasma glucose or HbA1c Diabetes (type2) Screen⁵	As recommended if risk factors are present.	Every 3 Years beginning at 45, sooner if overweight w/risk factors	Every 3 years or sooner if risk factors are present	Every 3 years or sooner if risk factors are present
Smoking Cessation⁶	With every encounter	With every encounter	With every encounter	With every encounter
Alcohol Abuse⁷	With every encounter	With every encounter	With every encounter	With every encounter
Clinical Breast Exam (CBE)⁸ *Recommendations based on ACS 2015 guidelines for women considered to be at <u>average risk for breast cancer</u> *	Not recommended among average-risk women	Not recommended among average-risk women	Not recommended among average-risk women	Not recommended among average-risk women

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Service	Ages 18-39 yrs.	Ages 40-49 yrs.	Ages 50-64 yrs.	65 yrs. and Older
<p>Mammography⁹</p> <p>* Recommendations based on ACS 2015 guidelines for women considered to be at <u>average risk for breast cancer</u>*</p>	<p>Women still have the opportunity to begin annual mammography screening at age 40-44. <i>(Qualified Recommendation)</i></p>	<p>Women with an average risk of breast cancer age 45 to 54 begin screening annually. <i>(Strong Recommendation)</i></p>	<p>Women 55 years and older should transition to biennial screening or have the opportunity to continue screening annually. <i>(Qualified Recommendation)</i></p>	<p>Women should continue screening as long as their overall health is good and they have a life expectancy of 10 years or longer. <i>(Qualified Recommendation)</i></p>
<p>Cervical Cancer Screening Co-Testing (PAP test and HPV screen)¹⁰</p> <p>*Women of any age should NOT be screened every year by any screening method. *</p>	<p>All women should begin cervical cancer screening at age 21.</p> <p>Women aged 21-29 PAP test every 3 years.</p> <p>Beginning at age 30 Co-testing (PAP & HPV tests) every 5 years and continue until age 65.</p>	<p>PAP test every 3 years OR Co-test PAP & HPV every 5 years</p> <p>Women 30 to 65 have option to test every 3 years with PAP test only.</p>	<p>PAP test every 3 years OR Co-test PAP & HPV every 5 years</p> <p>Beginning at age 30 Co-testing (PAP & HPV tests) every 5 years and continue until age 65.</p>	<p>*Stop cervical cancer screening following regular screenings in previous 10 years and no serious pre-cancer (CIN2 or CIN3) findings in last 20 years.*</p>
Digital Rectal Exam (DRE) ¹¹	*Can be included as part of a routine physical exam for men*	Discussion about screening for men age 40-45.	Discussion about screening for men age 50 with average risk for prostate cancer.	
Prostate Cancer Screen¹²		Discussion about screening for men age 40-45.	Discussion about screening for men age 50 with average risk for prostate cancer.	<p>Men who choose to be tested:</p> <ul style="list-style-type: none"> PSA of less than 2.5 ng/mL every 2 years PSA level is 2.5 ng/mL or higher.
<p>Fecal Occult Blood (FOBT) or Fecal Immunochemical Test (FIT)¹³</p> <p>**Cologuard covered for Medicare & Medicaid only**</p>			Annually	Annually

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Service	Ages 18-39 yrs.	Ages 40-49 yrs.	Ages 50-64 yrs.	65 yrs. and Older
Colonoscopy¹⁴ or			Every 10 years	Every 10 years
Sigmoidoscopy¹⁵			Every 5 years	Every 5 years
Bone Mineral Density¹⁵			Postmenopausal women under age 65 with risk factors	Recommended for all women over age 65, all men over age 70
Skin Cancer screening¹⁶	Self-Exam and with routine health exam.	Self-Exam and with routine health exam.	Self-Exam and with routine health exam.	Self-Exam and with routine health exam.
Vision¹⁷	Adults with no signs or risk factors for eye disease :baseline comprehensive eye evaluation at age 40	Adults with no signs or risk factors for eye disease age 40-54: once every 2-4 years by an ophthalmologist. More frequently for patients with Diabetes	Adults with no signs or risk factors for eye disease: once every 2-4 years by an ophthalmologist through age 54. More frequently for patients with Diabetes	Adults with no signs or risk factors for eye disease after the age of 54 every 1-3 years by an ophthalmologist
Glaucoma¹⁸	Less than 40 with no risk factors, complete eye exam (which includes glaucoma check) every 2 years.	Age 40 to 54 every 1 to 3 years	55 to 64 with risk factors every 1 to 2 years	Every 6 to 12 months
Hearing¹⁹	Every 2-10 years	Every 2-10 years	Every 3 years	Every 3 years

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Screening for Sexually Transmitted Diseases (STD's)

Service	Ages 18-39 yrs.	Ages 40-49 yrs.	Age 50-64 yrs.	65 yrs. And older
Chlamydia Screening ²⁰	All non-pregnant sexually active women under 25 years of age and women 25 years of age and older with risk factors should be screened for chlamydia annually.			
HIV testing ²¹	Screen all patients 13-64 years of age. All patients should be notified HIV testing will be performed but patient retains option to decline or defer screening. (opt-out)			
Hepatitis C (HCV) Testing ²²	All adults born between 1945-1965 without prior ascertainment of HCV risk factors should be tested once. Any adult with present HCV risk factors should be tested for HCV.			

Immunizations

Service	Ages 18- 21	40-64 yrs.		Age 65 yrs. and Older
HPV Immunization ²³ Gardasil Vaccines	Recommended for both males and females and is routinely given at 11 or 12 years of age. Can be given beginning at age 9 years through age 26 years.			
Influenza (Flu) Vaccine ²⁴	one dose each flu season	one dose each flu season	one dose each flu season	one dose each flu season
Pneumococcal Vaccine ²⁵ (PCV13)Pevnar 13 (PPSV23) Pneumovax 23	<u>PPSV23</u> - Adults 19 through 64 years of age with weakened immune system, long-term health problems, and those who smoke cigarettes or have asthma.			<u>PPSV23</u> Age 65 and older should get a dose even if they have gotten one or more doses of the vaccine before they turned 65.
	<u>PCV13</u> - Adults 19 through 64 years of age with certain health conditions			<u>PCV13</u>) - all adults 65 years of age and older.
Tetanus/Diphtheria, pertussis (Td/Tdap) Vaccine ²⁶	Booster every 10 years		Booster every 10 years	Booster every 10 years
	Age 19 and older: One dose if not previously vaccinated. This dose may be given regardless of the interval since the last dose of tetanus or diphtheria toxoid containing vaccine.		The one lifetime dose of Tdap should be followed by routine 10-year doses of Td.	A dose of Tdap should be given to a pregnant woman during each pregnancy, regardless of the patient's previous history of receiving Tdap
Shingles (Herpes Zoster) Vaccine ²⁷			A single dose of shingles vaccine is recommended for adults 60 years of age and older.	

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Endnotes

- 1) A health maintenance evaluation includes a) identifying risk factors in one's personal and family health history, (b) performing a focused exam, as appropriate, (c) obtaining needed screening tests at the right intervals, and (d) encouraging people to choose health lifestyles to maximize their health. The initial evaluation should include present, past, family, social, work, drug, medication, allergy, and sexual history.
- 2) BMI is an inexpensive and easy-to-perform method of screening for weight category, for example underweight, normal or healthy weight, overweight, and obesity.
- 3) Blood pressure assessment should be performed at every medical encounter, but a minimum of every 2 years if blood pressure is less than 120/80; every year if 120- 139/80-89.
- 4) If you are age 20 or older and have not been diagnosed with cardiovascular disease, the American Heart Association recommends having your cholesterol levels checked every four to six years as part of a cardiovascular risk assessment.
- 5) Patients should be screened at 3-year intervals beginning at age 45; testing should be considered at an earlier age or be carried out more frequently if diabetes risk factors are present. The FPG is the recommended screening test. The OGTT may be necessary for the diagnosis of diabetes when the FPG is normal.
- 6) Providers should ask about tobacco use at every visit. Advise all tobacco users to quit. Assess readiness to quit. Provide brief counseling and recommend pharmacotherapy.
- 7) Alcohol screening and brief intervention (SBI) is a preventive service like hypertension or cholesterol screening that can occur as part of a patient's wellness visit. It identifies and helps individuals who are drinking too much.
- 8) The American Cancer Society reports breast exams, either from a medical provider or self-exams, are no longer recommended.
- 9) The American Cancer Society [new guidelines for breast cancer screening](#) recommendations say all women should begin having yearly mammograms at age 45, and can change to having mammograms every other year beginning at age 55.
- 10) Women who have had a total hysterectomy (removal of the uterus and cervix) should stop screening (such as Pap tests and HPV tests), unless the hysterectomy was done as a treatment for cervical pre-cancer (or cancer). Women who have had a hysterectomy without removal of the cervix (called a *supra-cervical hysterectomy*) should continue cervical cancer screening according to the guidelines for prevention and early detection of cervical cancer from the American Cancer Society.
- 11) A digital rectal exam (DRE) is a screening test for both men and women that allows a doctor to check for cancer and other health problems in the lower rectum, pelvis, and lower belly, including prostate cancer in men; rectal cancer or cancer in the lower colon of men and women; uterine or ovarian cancer in women (in association with a vaginal examination).
Cancer.net
- 12) The [American Cancer Society](#) recommends that men age 50 and older (as well as younger men with a high prostate cancer risk) should be offered the opportunity to have a screening procedure called the digital rectal exam (DRE) in conjunction with

a Prostate Specific Antigen test as part of their annual physical checkup. Men in high-risk groups, such as those with one or more affected first-degree relatives (father and a brother, or two brothers) or African Americans may begin screening at a younger age (40- 45).

- 13) The American Cancer Society (ACS) guidelines include Cologuard in a [recommended list of screening options for colorectal cancer](#). ACS guidelines also reflect the Centers for Medicare and Medicaid Services assessment that Cologuard be performed every three years for patients 50 and older who do not have symptoms of colorectal cancer and who do not have an increased risk of colorectal cancer. Medicare covers Cologuard for individuals age 50-85 fitting these criteria once every three years at no cost to patients.
- 14) The U.S. Preventive Services Task Force recommends colorectal cancer screening for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. (The decision to be screened after age 75 should be made on an individual basis. If you are older than 75, ask your doctor if you should be screened.) There are two types of FOBT. One uses the chemical guaiac to detect blood. The other, a fecal immunochemical test (FIT), uses antibodies to detect blood in the stool.
- 15) The National Osteoporosis Foundation recommends a bone density test for all women aged 65 and over, all men over age 70, individuals who experience a broken bone after age 50, or a man age 50-69 with risk factors. Risk factors for osteoporosis include age, female gender; family/personal history of fractures as an adult; race (Caucasian/Asian); small-bone structure and low body weight (under 127#); certain menopause or menstrual histories; lifestyle (smoking, little exercise) and certain medications/chronic diseases.
- 16) The Skin Cancer Foundation recommends that everyone practice monthly [head-to-toe self-examination](#) of their skin, so that they can find any new or changing lesions that might be cancerous or precancerous.
- 17) Recommended intervals for subsequent examinations depend upon the level of retinopathy. A routine comprehensive annual adult eye examination in individuals under the age of 40 unnecessarily escalates the cost of eye care and is not indicated except as described above.
- 18) The American Academy of Ophthalmology recommends Individuals who develop diabetes mellitus type 1 should be examined by an ophthalmologist 5 years after disease onset and at least yearly thereafter.^{13, 14} Individuals who develop diabetes mellitus type 2 should be examined at the time of diagnosis and at least yearly thereafter.¹⁵ Women with type 1 or type 2 diabetes should receive a comprehensive eye examination before conception and then early in the first trimester of pregnancy.
- 19) Subjective hearing screening followed by counseling on the availability of hearing devices and making referrals as appropriate should be provided for older adults once every 2-10 years.
- 20) CDC recommends screening at least once a year for syphilis, chlamydia, and gonorrhea for all sexually active gay, bisexual, and other men who have sex with men (MSM). MSM who have multiple or anonymous partners should be screened more frequently for STDs (i.e., at 3-to-6 month intervals).
- 21) USPSTF recommends high-intensity behavioral counseling for all sexually active adolescents and for adults at increased risk for STDs and HIV. CDC recommends all adults and adolescents from ages 13 to 64 should be tested once for HIV and all pregnant women in the United States should be screened for HIV infection at the first prenatal visit, even if they have been

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previously tested.

- 22) HCV screening is recommended by CDC and USPSTF for all persons born during 1945–1965 and others based on their risk for infection or on a recognized exposure, including past or current injection drug use, receiving a blood transfusion before 1992, long-term hemodialysis, being born to a mother with HCV infection, intranasal drug use, receipt of an unregulated tattoo, and other percutaneous exposures. CDC reports HCV is primarily transmitted parenterally, usually through shared drug-injection needles and paraphernalia.
- 23) HPV vaccination is recommended routinely for boys and girls aged 11 or 12 years and can be administered beginning at 9 years of age. Either bivalent, quadrivalent, or 9-valent HPV vaccine is recommended for females, whereas quadrivalent vaccine or 9-valent vaccine is recommended for males.
- 24) Annual vaccination against influenza is recommended for all persons aged 6 months or older.
- 25) Adults aged 65 years or older who have not received PCV13 or PPSV23: Administer PCV13 followed by PPSV23 in 6 to 12 months. When indicated, only a single dose of PCV13 is recommended for adults.
- 26) Persons aged 11 years or older who have not received Tdap vaccine or for whom vaccine status is unknown should receive a dose of Tdap followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter. Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-toxoid containing vaccine. Administer one dose of Tdap vaccine to pregnant women during each pregnancy (preferably during 27 to 36 weeks' gestation) regardless of interval since prior Td or Tdap vaccination.
- 27) A single dose of zoster vaccine is recommended for adults aged 60 years or older regardless of whether they report a prior episode of Herpes zoster. Although the vaccine is licensed by the U.S. Food and Drug Administration for use among and can be administered to persons aged 50 years or older, ACIP recommends that vaccination begin at age 60 years.