ADULT PREVENTIVE HEALTH SCREENING GUIDELINES

These guidelines for adult health screening and preventive services are derived from the most recent United States Preventive Services Task Force (USPSTF) and other nationally recognized standards of practice from organizations such as: American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS), American College of Physicians (ACP), and others. Age, sex and risk factor specific USPSTF recommendations can be found using the ePSS app found on the USPSTF website.

Required interventions are italicized and considered to be an integral component of primary care. Consequently, Partnership HealthPlan of California (PHC) audits the compliance of each PCP performing these services at least once every three years during the Medical Record Review (MRR).

*The U.S. Preventive Services Task Force (USPSTF) recommends clinicians discuss these preventive services with eligible patients and offer them as a priority. All these Services have received an “A” (strongly recommended) or a “B” (recommended) grade from the Task Force

PREVENTIVE CARE	FREQUENCY/DETAILS
Aspirin for the Primary Prevention of Cardiovascular Events*	A meta-analysis in the Jan 22, 2019 issue of JAMA concluded that there was no net benefit for use of aspirin for primary prevention of cardiovascular disease. The USPSTF (April 2022) recommends for adults aged 40 to 59 years with a 10% or greater 10-year cardiovascular disease (CVD) risk, the decision to initiate low-dose aspirin for the primary prevention of CVD should be an individual one. Evidence indicates that the net benefit of aspirin use in this group is small. Persons who are not at increased risk for bleeding and are willing to take low-dose aspirin daily are more likely to benefit. (Grade C). For adults 60 years or older, the USPSTF recommends against initiating low-dose aspirin use for the primary prevention of CVD (Grade D). Cardiovascular risk can be calculated by the heart risk calculator found at www.cvriskcalculator.com or the ASCVD Risk Calculator Plus for mobile devices.
Assessment for Hearing Impairment	Age 65+ at the time of the periodic health examination. To best screen for individuals likely to take action based on abnormal results, consider a three-question screening: 1. Do you have difficulty with your hearing? 2. How bothered are you by your hearing loss? 3. How motivated are you to do something about it? (Affirmative responses to all three warrants referral for diagnostic evaluation and possible treatment). Reference: *JAMA March 23/30, 2021, pages 1162-1163.*
High Blood Pressure Screening*	Upon initial entry into PCP practice, then at least every 2 years. If elevated, the USPSTF (April 2021) recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment, when feasible.
Hypertensive Disorders of Pregnancy : Screening	The USPSTF (September 2023) recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements at each prenatal visit. This includes all pregnant people without a known diagnosis of a hypertensive disorder of pregnancy or chronic hypertension. (Grade B)
Colorectal Cancer Screening*	The USPSTF (May 2021) recommends performing screening for colorectal cancer in adults ages 50 to 75 (Grade A) and ages 45 to 49 (Grade B). Modalities include, Fecal occult blood test (FOBT) or Fecal Immunochemical Test (FIT) annually, OR Colonoscopy every 10 years, OR Flexible Sigmoidoscopy every 5 years OR FIT-DNA test every 3 years (See USPSTF for other variations). CT colonography is technically difficult and PHC requires a Treatment Authorization Request (TAR).

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	• Recommendations for adults ages 50 to 75 (Grade A) differs from those aged 76 to 85. For adults aged 76 to 85 years, the decision to screen for colorectal cancer is an individual one, taking into account the patient's overall health and prior screening history (Grade C). Adults in this age group who have never been screened for colorectal cancer are more likely to benefit. • The USPSTF does not comment on screening for colorectal cancer in adults older than age 85 years.
Height & Weight	• Initial entry into PCP practice. • Age 18 to 64: weight at least every 2 years. • Age 65+: weight at least annually.
HIV Screening and Pre-exposure Prophylaxis to Prevent Acquisition of HIV*	The USPSTF (June 2019) recommends that each adolescent and adult ages 15 to 65 without risk factors be tested for HIV once in their lifetime. In addition, all individuals at increased risk for HIV, regardless of age, should be tested every year. Pregnant persons should be tested with each pregnancy, including those presenting in labor or at delivery whose HIV status is unknown. The Centers for Disease Control and Prevention (CDC) recommends prenatal testing for syphilis and HIV during a pregnant person's first prenatal visit and repeat testing for "high-risk" pregnant persons during the third trimester (preferably 28-32 weeks). (CDC- April 19, 2022) The USPSTF (August 2023) also recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV.
Hepatitis C screening*	The USPSTF (June 2019) recommends a 1 time screening for average risk adults ages 18 to 79. In addition, adults at increased risk of contracting Hepatitis C (for example those using injectable drugs of abuse), should be screened periodically (ungraded recommendation). There is limited evidence to determine how often to screen persons at increased risk.
Lung Cancer Screening*	The USPSTF (March 2021) recommends annual screening for lung cancer with low-dose computed tomography (LDCT; CPT code 71271) in adults ages 50 to 80 years who have a 20+ pack-year smoking history and IN ADDITION currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery (Grade B). Full dose CT scans are not approved for screening.
Syphilis Infection, Screening – non-pregnant and pregnant persons*	The USPSTF (September 2022) recommends screening persons at increased risk for syphilis. (Grade A). At highest risk are men who have sex with men and persons living with HIV. Other risk factors are history of incarceration, history of commercial sex work, male younger than 29 years old, and (in Partnership regions) current homelessness and current use of methamphetamines. The USPSTF (September 2018) recommends early screening for syphilis infection in all pregnant persons. Those presenting in labor or at delivery whose syphilis status is unknown should be tested at that time (Grade A).

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	The Centers for Disease Control and Prevention (CDC) recommends prenatal testing for syphilis and HIV during a pregnant person’s first prenatal visit and repeat testing for “high-risk” pregnant persons during the third trimester (preferably 28-32 weeks). (CDC- April 19, 2022) Screen and confirm**-** Options for testing include:Traditional screening algorithm: Screen with an initial nontreponemal test (e.g., Venereal Disease Research Laboratory [VDRL] or rapid plasma reagin [RPR] test). If positive, confirm with a treponemal antibody detection test (e.g., *T pallidum* particle agglutination [TP-PA] test) andReverse sequence algorithm: Screen with an initial automated treponemal test (e.g., enzyme-linked or chemiluminescence immunoassay). If positive, confirm with a nontreponemal test.
Latent Tuberculosis Infection (LTBI) Screening	The USPSTF (May 2023) recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk (Grade B). See MCQG1005 Attachment B – TB Screening Overview for more specifics.
Glaucoma Screening	AAFP and USPSTF (May 2022) find insufficient evidence for or against (Grade I). Medicare recommends screening for those in these high-risk categories: 1. Persons with diabetes, 2. Family history of glaucoma, 3. African American and age 50 or older, or 4. Hispanic and age 65 or older.
Hyperlipidemia Screening (needed for full cardiovascular risk factor evaluation)	The USPSTF recommendations covering lipid screening in adults are archived. UpToDate® (“Screening for lipid disorders in adults” August 2, 2021) recommends obtaining a fasting or non-fasting lipid profile when an adult enters care at a new practice to screen for familial hypercholesterolemia and for cardiovascular risk assessment, with rescreening as part of a cardiovascular risk analysis every 5 years. Earlier re-screening may be indicated depending on patient-specific factors.
Statin Use for Primary Prevention of Cardiovascular Disease(CVD)	The USPSTF (August 2022) recommends prescribing statins for the primary prevention of CVD for adults aged 40 to 75 years with 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension or smoking), AND a 10-year cardiovascular risk of ≥10% (Grade B) or 7.5% to <10% (Grade C). Current evidence is insufficient to assess benefits versus harms in adults >75 years (Grade I). Cardiovascular risk can be calculated by the heart risk calculator found at www.cvriskcalculator.com or the ASCVD Risk Calculator Plus for mobile devices.
Vaccination	Based on age and risk factors. For updated schedule, reference the CDC guidelines. https://www.cdc.gov/vaccines/schedules/
Diabetes Mellitus in Adults, Screening for Type 2 and Prediabetes*	The USPSTF (August 2021) recommends screening all adults aged 35 to 70 years who have overweight or obesity (Grade B). The screening interval is uncertain, but every 3 years “may be reasonable”. 2023 Standards of the American Diabetes Association

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	1. Testing for prediabetes and DM2 in asymptomatic people should be considered in any overweight adult (BMI > 25) [1] with one or more risk factor. Risk factors include a first-degree relative with diabetes, high-risk race/ ethnicity (e.g., African American, Latino, Native American, Asian American, Pacific Islander), history of CVD, hypertension, HDL cholesterol level <35 mg/dL (0.90 mmol/L) and triglyceride level >250 mg/dL (2.82mmol/L), polycystic ovary syndrome, physical inactivity, and/ or other clinical conditions associated with insulin resistance (e.g., severe obesity, acanthosis nigricans). 2. Screen all adults beginning at age 35 years. 3. If test results are normal, screen every 3 years. 4. Acceptable screening tests include fasting plasma glucose, 2-h plasma glucose during a 75-g GTT, and HgbA1c. 5. People with HIV should be screened using a fasting glucose test before starting antiretroviral therapy, when switching therapies, and 3-6 months after starting therapy, and then annually, if screening results are normal. [1] *The ADA suggests different BMI parameters for Asian Americans; however, PHC does not endorse this differentiation.*
Dental disease and referral to dental provider	The USPSTF (November 2023) concludes that the current evidence is insufficient to assess the balance of benefits and harms of routine screening performed by primary care clinicians for oral health conditions, including dental caries or periodontal-related disease, in adults. The AAFP recognizes the PCP may act as a first line of defense, by promoting good oral health during patient visits. Their recommendation is to assess for and promote oral health. Ask about brushing and flossing, use of tobacco and other smoked products, consumption of sugary drinks and advocating and assisting with identifying a primary dental office. Frequency includes initial entry into PCP practice, then yearly or as indicated by the PCP and/or dental care provider.

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BEHAVIORAL CONDITIONS	
Alcohol and Drug Misuse and Behavioral counseling Interventions*	The USPSTF (November 2018) recommends screening for unhealthy alcohol use in primary care settings in adults 18 years and older, including pregnant persons. Screen all adults annually; if present, offer behavioral interventions to reduce un healthy alcohol use. (Grade B) The USPSTF (June 2020) recommends asking about unhealthy drug use in adults age 18 years or older. When screening is positive, offer or refer for appropriate treatment. California Department of Health Care Services (DHCS) All Plan Letter (APL) 21-014 – Alcohol and Drug Screening, assessment, Brief Intervention and Referral to Treatment – Oct. 11, 2021)
Diet, Behavioral Counseling in Primary Care to Promote a Healthy Lifestyle – recommendations for adults with and without known CVD risks*	The USPSTF (July 2022) recommends for adults without known CVD risk factors individualizing the decision to offer to refer to behavioral counseling interventions to promote a healthy diet and physical activity. The USPSTF (November 2020) recommends offering or referring adults with one of the following: 1. Hypertension 2. Dyslipidemia 3. Mixed multiple risk factors such as metabolic syndrome or a >7.5% estimated 10-year CVD risk to intensive behavioral/counseling interventions to promote a healthful diet and physical activity for CVD prevention. This recommendation no longer includes adults with other known modifiable CVD risk factors such as abnormal blood glucose levels, obesity and smoking, as these populations are covered by other USPSTF recommendations. Individuals with a diagnosis of prediabetes should be referred to participate in a Diabetes Prevention Program, if available.
Depression and Suicide*	The USPSTF (June 2023) recommends screening for depression in the general adult population, including pregnant persons and post-partum persons (Grade B). Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow up. There is little evidence regarding optimal timing for screening. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for suicide risk in the adult population, including pregnant and postpartum persons, as well as older adults. (Grade I) The USPSTF (February 2019) also recommends that pregnant persons at risk of depression should be referred for counselling even if not currently depressed (Grade B). Risk factors include

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	low socio-economic status. Consequently, all pregnant PHC members should be referred for at least one counselling session. The California Perinatal Services Program (CPSP) includes provision of counseling services. If a CPSP program is available, all PHC members should be referred to a CPSP program, for counselling and other services.
Anxiety*	• The USPSTF recommends screening for anxiety disorders in adults 64 years or younger, including pregnant and post-partum persons who have no recognized signs or symptoms of anxiety. (Grade B) • The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for anxiety disorders in older adults 65 years or older. (Grade I)
Obesity*	• The AAFP recommends screening all adults for obesity (using BMI >30). This is a 2012 statement based on what were the current, but since retired USPSTF recommendations. The current USPSTF (September 2018) recommendation is clinicians should offer or refer patients with a BMI of 30 or greater to intensive, multicomponent behavioral interventions. (Grade B). $BMI = \left(\frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703$
Tobacco Use and Tobacco Caused Disease Counseling to Prevent*	• For all adults who are not pregnant, the USPSTF (January 2021) recommends that clinicians ask about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and USDA (FDA) approved pharmacotherapy for cessation. (Grade A) • For all pregnant persons, the USPSTF recommends that clinicians ask about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco. (Grade A)

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Unintended pregnancy	Screen all reproductive aged persons at risk for unintended pregnancy (and males who may cause unintended pregnancy); offer counseling and access to contraceptives, including emergency contraception. Recommended screening question: "modified one key question": "Do you, or any of your sensual or sexual partners, want to become pregnant in the coming year?"

Abdominal Aortic Aneurysm Screening*	The USPSTF (December 2019) recommends one-time screening for abdominal aortic aneurysm by ultrasound in persons assigned as male at birth 65-75 who have ever smoked (Grade B).
Prostate Cancer screening (Prostate Specific Antigen blood test*)	USPSTF recommendations (May 2018) • Asymptomatic average risk persons with a prostate ages 55 to 69 years should have shared decision making with their clinician about the pros and cons of screening (Grade C) • Persons with a prostate age 70 years and older should not be screened (Grade D). • Persons with a prostate with prostate symptoms may have a PSA as part of their diagnostic evaluation

Screening for Intimate Partner Violence*	Adapted* from USPSTF (October 2018) recommendations: Screen all patients of childbearing age for intimate partner violence when a routine health maintenance exam is performed (Grade B). Providers should refer patients who screen positive to ongoing support services. *language updated to be non-gender specific
Breast Cancer Screening by Mammography*	The USPSTF (January 2016) recommends biennial screening mammography for persons with breasts and assigned as female at birth ages 50 to 74 years (Grade B). Persons with breasts and assigned as female at birth ages 40 to 49 should be counseled on risks and benefits of mammography; mammography is covered if the person chooses it (Grade C). NOTE – this recommendation is currently under review by the USPSTF. Transgender and Gender Diverse persons: The "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8" from the World Professional Association for Transgender Health (WPATH) recommends, "…health care professionals follow local breast cancer screening guidelines developed for cisgender women in their care of transgender and gender diverse people who have received estrogens, taking into consideration length of

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	time of hormone use, dosing, current age, and the age at which hormones were initiated". Shared decision making is recommended.
Breast cancer, Chemoprevention*	The USPSTF (September 2019) recommends clinicians offer to prescribe risk reducing medications, such as tamoxifen, raloxifene or aromatase inhibitors, to persons at high risk for breast cancer and at low risk for adverse effects of chemoprevention (Grade B) A breast cancer risk assessment tool is available at www.cancer.gov/bcrisktool
Breast and Ovarian Cancer Susceptibility, genetic risk Assessment and BRCA Mutation Testing*	The USPSTF (August 2019) recommends assessment with an appropriate brief family risk assessment tool for persons at high risk of breast and ovarian cancer. Persons with a positive result should be offered genetic counseling and, if indicated after counseling, genetic testing (Grade B). See policy on Genetic Testing (MCUP3131) for details.
Breastfeeding, Behavioral Interventions to Promote*	The USPSTF (October 2016) recommends interventions during pregnancy and after birth to promote and support breastfeeding (Grade B).
Cervical Cancer Screening*	USPSTF Recommendations (August 2018) • Persons with a cervix ages 21to 29 should have cytology screening every 3 years. Persons with a cervix ages 30 to 65 may have cytology screening every 3 years or may have high-risk HPV testing every 5 years (Grade A) • Persons with a cervix under age 21 should not be screened (Grade D). • Persons with a cervix over age 65 should only be screened if they have never been screened previously, or if one of their last three screenings had any type of cervical atypia (Grade D). • Routine cervical cytology testing should be discontinued (regardless of age) in persons with a history of a total hysterectomy (removal of the cervix along with the uterus) for noncancerous reasons, as long as they have no history of high-grade CIN (Grade D). • Note: although the American Cancer Society changed its recommendations in 2020 to recommend later initiation of screening, less frequent screening, and use of HPV screening only under age 30, PHC continues to recommend following the recommendations of USPSTF/ACOG.
Chlamydia Screening* Gonorrhea Screening*	USPSTF Recommendations (September 2021) Annual screening recommended for sexually active women 24 years or younger and for women age 25 years or older at increased risk for infection. Risks include previous or current STI, a new or >1 sex partner, a sex partner who has other sex partners, a sex partner with an STI, inconsistent condom

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	use when indicated, a history of exchanging sex for money or drugs, and a history of incarceration (Grade B). Transgender and gender-diverse persons — Gonorrhea and chlamydia screening recommendations should be adapted based on anatomy (i.e., screening recommendations for cisgender females should be extended to all transgender males and gender-diverse people with a cervix). Screening at the pharyngeal and rectal site for gonorrhea and chlamydia should be considered based on reported sexual behaviors and exposure. (UpToDate®, March 2024)
Osteoporosis in Postmenopausal Persons Assigned as Female at Birth , Screening	USPSTF Recommendation (June 2018) Screen persons assigned as female at birth age 65 years and older with bone measurement testing to prevent osteoporotic fractures (Grade D). For postmenopausal persons assigned as female at birth younger than 65 years, apply a formal clinical risk assessment tool such as the FRAX tool, found at: https://www.sheffield.ac.uk/FRAX/tool.aspx?country=9 to determine the appropriate need for bone measurement testing (Grade B). • The USPSTF does not speak to the frequency of or interval between testing. • ACOG (September 2021) recommends repeat testing no earlier than two years after initial screening in those with a borderline result or a change in risk factors. A one-year follow-up test is recommended for patients on chronic glucocorticoid treatment. The "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8" provides osteoporosis screening recommendations based on surgical and hormonal histories of transgender and gender diverse individuals.
Osteoporosis in Postmenopausal Persons Assigned as Female at Birth , Prevention	The USPSTF (April 2018) recommends against daily supplementation with 400 IU or less of Vitamin D and 1000 mg or less of Calcium for the primary prevention of fractures in postmenopausal persons assigned as female at birth . The USPSTF (April 2018) finds inconclusive evidence that the benefits outweigh the risks for daily Calcium doses greater than 1000 mg or Vitamin D supplementation greater than 400 IU to prevent fractures (Grade I). • The "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8" provides osteoporosis prevention recommendations based on surgical and hormonal histories of transgender and gender diverse individuals.

Resources: United States Preventive Services-Task Force recommendations, American Academy of Family Physicians (AAFP), American College of Obstetricians & Gynecologists (ACOG), American College of Physicians (ACP), UpToDate®, The American Diabetes Association, Standards of Care for the

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Health of Transgender and Gender Diverse People, Version 8. Centers for Disease Control and Prevention (CDC)

Distribution: Provider Manual, Department Heads

Last Revision Date: April 2024