



**2011-2012 WESTERN HEALTH ADVANTAGE  
PROVIDER PREVENTIVE HEALTH GUIDELINES**

**Young Adult to Older Adult**

Service	19- 39 Years	40-64 Years	65+ Years
<b>Physical Exams</b>	Annually up to age 21; at least two visits for healthy young adults in their 20s. Thereafter, frequency of visits depends on patient's health history & recommended health screenings.	Ages 40-49: Every 1-3 years Ages 50+: Annually	Annually
<b>Physical Exams</b> <b>Special Populations</b>	Annual Women's Well Visits (6)		
<b>Health Education</b>	<ul style="list-style-type: none"> <li>• Alcohol/substance use [Grade B]               <ul style="list-style-type: none"> <li>• Immunizations*</li> </ul> </li> <li>• Injury and violence prevention (CDC) (AAP)               <ul style="list-style-type: none"> <li>• Nutrition: (18)</li> <li>• Physical activity</li> </ul> </li> <li>• Sexual behavior/STD (29) [Grade B]</li> <li>• Tobacco use/avoidance (31) [Grade A]</li> </ul>		
			• Aspirin therapy (7) [Grade A]
<b>Health Education</b> <b>Special Populations</b>	<b>Women</b> <ul style="list-style-type: none"> <li>• Breast health (9): Chemoprevention for breast cancer for high-risk women [Grade B]; self-breast exams (ACS)</li> <li>• Folic Acid (19) [Grade A]</li> </ul>		
	<b>Pregnant Women</b> <ul style="list-style-type: none"> <li>• Breast feeding (11) [Grade B]</li> <li>• Folic Acid (19) [Grade A]</li> <li>• Tobacco use/avoidance (31) [Grade A]</li> </ul>		
<b>Health Screenings</b>	<ul style="list-style-type: none"> <li>• Blood pressure: At each visit [Grade A]</li> <li>• Depression (17) [Grade B]</li> <li>• Height and weight: At each visit</li> <li>• HIV (23) [Grade A]</li> </ul>	<ul style="list-style-type: none"> <li>• Lipid Disorders in adults (24) [Grade A &amp; B]</li> <li>• Obesity/BMI (26)[Grade B]</li> <li>• Syphilis (30) [Grade A]</li> <li>• Type 2 Diabetes (32) [Grade B]</li> </ul>	
	• TB Skin Test age aged <21	• Colorectal cancer (14) [Grade A]: Starting at age 50	
<b>Health Screenings</b> <b>Special Populations</b>			<b>Men</b> <ul style="list-style-type: none"> <li>• Adbominal Aortic Aneurysm (1) [Grade B]</li> </ul>
	<b>Women</b> <ul style="list-style-type: none"> <li>• Anemia (3) [Grade B]</li> <li>• Chlamydial Infections (13) [Grade A]</li> </ul>	<b>Women</b> <ul style="list-style-type: none"> <li>• Breast Cancer (9) (10) [Grade B]: Annual clinical breast exam (ACS)</li> </ul>	
		• Cervical cancer (12) [Grade B]	
		<b>Women</b> <ul style="list-style-type: none"> <li>• Osteoporosis (27) [Grade B]</li> </ul>	



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<b>Health Screenings</b> <b>Special Populations</b> (continued)	<b>Women</b> <ul style="list-style-type: none"> <li>• Genetic risk assessment/BRCA (10) [Grade B]</li> </ul> <b>Pregnant Women</b> <ul style="list-style-type: none"> <li>• Asymptomatic Bacteriuria in Adults (8)[Grade A]</li> <li>• HepB (22) [Grade A]</li> <li>• HIV (23) [Grade A]</li> <li>• RH (D) Incompatibility (28) [Grade A]</li> </ul>	
<b>Immunizations</b>	*Visit our website at <a href="http://westernhealth.com">westernhealth.com</a> for current immunization recommendations (38)	

**Health Screening Footnotes:**

This document includes the evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force with respect to the individual involved (<http://www.ahrq.gov/clinic/pocketgd09/gcp09s1.htm>) and, with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources Services Administration. In order for an office visit to be considered "preventive," the service must have been provided or ordered by the PCP, or an OB/GYN who is a Participating Physician within the Medical Group or participating in Advantage Referral, and the primary purpose of the office visit must have been to obtain the preventive service. WHA and its Medical Groups may impose reasonable medical management techniques to determine the frequency, method, treatment or setting for a preventive service or item unless the particular guideline itself specifies otherwise. WHA does not cover any medications or supplements that are generally available over the counter, even if the member has received a prescription for the medications or supplements.

- (1) One-time screening by ultrasonography in men aged 65 to 75 who have ever smoked.
- (2) Counseling regarding routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia. Iron supplements are available over the counter and are not covered.
- (3) Routine screening in asymptomatic pregnant women.
- (4) Screening for anemia in children under age 18.
- (5) Children under age 18.
- (6) Women of all ages.
- (7) When the potential harm of an increase in gastrointestinal hemorrhage is outweighed by a potential benefit of a reduction in myocardial infarctions (men aged 45-79 years) or in ischemic strokes (women aged 55-79).
- (8) Pregnant women at 12-16 weeks gestation or at first prenatal visit, if later.
- (9) Mammography every 1-2 years for women 40 and older.
- (10) Referral for women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes for genetic counseling and evaluation for BRCA testing.
- (11) Interventions during pregnancy and after birth to promote and support breastfeeding.
- (12) Women 21-65 who have been sexually active and have a cervix.
- (13) Sexually active women 24 and younger and other asymptomatic women at increased risk for infection. Asymptomatic pregnant women 24 and younger and others at increased risk.
- (14) Adults 50-75; annual fecal occult blood testing, sigmoidoscopy every 5 years, or colonoscopy every 10 years. Procedures to treat any abnormalities requires a copay, even if performed at the same time as the screening.
- (15) Newborns.
- (16) Prescription of oral fluoride supplementation at currently recommended doses to preschool children older than 6 months whose primary water source is deficient in fluoride.
- (17) In clinical practices with systems to assure accurate diagnoses, effective treatment, and follow-up.
- (18) Adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease.
- (19) Recommendation that women pregnant or planning on pregnancy have folic acid supplement.
- (20) Sexually active women, including pregnant women 25 and younger, or at increased risk for infection.
- (21) Prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.
- (22) Pregnant women at first prenatal visit.



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- (23) All adolescents and adults at increased risk for HIV infection and all pregnant women.
- (24) Men aged 20-35 and women over age 20 who are at increased risk for coronary heart disease; all men aged 35 and older.
- (25) Adolescents (age 12-18) when systems are in place to ensure accurate diagnosis, psychotherapy, and follow-up.
- (26) Discussion/intensive counseling about behavioral interventions to promote sustained weight loss for obese adults.
- (27) Women 65 and older and women 60 and older at increased risk for osteoporotic fractures.
- (28) Blood typing and antibody testing at first pregnancy-related visit. Repeated antibody testing for unsensitized Rh (D)-negative women at 24-28 weeks gestation unless biological father is known to be Rh (D) negative.
- (29) All sexually active adolescents and adults at increased risk for sexually transmitted infections.
- (30) Persons at increased risk and all pregnant women.
- (31) Discussion/counseling about tobacco cessation interventions for those who use tobacco. Augmented pregnancy-tailored counseling to pregnant women who smoke. Generic prescription medications are covered.
- (32) Asymptomatic adults with sustained blood pressure greater than 135/80 mg Hg.
- (33) To detect amblyopia, strabismus, and defects in visual acuity.
- (34) Screening for high blood pressure in adults aged 18 and older without known hypertension.
- (35) Discussion/counseling about chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.
- (36) Children aged 1-5 at increased risk for lead poisoning.
- (37) Refer to recommendations made by the CDC and ACIP for immunization of children and adults.
- (38) Refer to CDC guidelines.

### Sources:

CDC=Center for Disease Control & Prevention  
AAP=American Academy of Pediatrics  
AAPD=American Academy of Pediatric Dentistry  
AHA=American Heart Association  
ACA=American Cancer Society

ACOG=American College of Obstetrics & Gynecology  
CDPH=California Department of Public Health, Childhood Lead Poisoning Prevention Branch  
AHRQ=Agency for Healthcare Research & Quality  
USPSTF=U.S. Preventive Services Task Force  
NIHCM=National Institute for Health Care Management - Children's Safety Network



## Appendix A

### How the U.S. Preventive Services Task Force Grades Its Recommendations

The U.S. Preventive Services Task Force (USPSTF) assigns one of five letter grades to each of its recommendations (A, B, C, D, or I). The USPSTF changed its grade definitions based on a change in methods in May 2007.

### Grade Definitions After May 2007

#### What the Grades Mean and Suggestions for Practice

The USPSTF updated its definitions of the grades it assigns to recommendations and now includes “suggestions for practice” associated with each grade. The USPSTF has also defined levels of certainty regarding net benefit. These definitions apply to USPSTF recommendations voted on after May 2007.

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is certainty that the net benefit is moderate or substantial.	Offer or provide this service.
C	The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is a least moderate certainty that the net benefit is small.	Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that harm outweighs the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendations Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.