



Preventive Care Guideline for Asymptomatic Elderly Patients Age 65 and Over

1. **BMI** - Documented in patients' medical record on an annual basis up to age 74. Patients with a body mass index of 30 kg/m² or higher should be offered or referred to intensive, multicomponent behavioral interventions.
2. **Blood Pressure** - Quarterly (*if scheduled for a visit*), or any health maintenance visit-all ages.
3. **Cholesterol** – Screen every five years for those with normal lipids, and shorter intervals for people who have lipid levels close to those warranting therapy. An age to stop screening has not been established, although screening in older people may be appropriate if they have never been screened, or if risk factors are present. Recommend behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet related chronic disease.
4. **A. Cervical Pap Smear** - Screening women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer, is not recommended.
B. Vaginal Pap Smear - Women who have had a total hysterectomy (removal of the uterus and cervix), routine cytology screening should be discontinued, unless the surgery was done as a treatment for cervical cancer or high grade (2 or 3) CIN.
C. Pelvic exam - Regardless of the frequency of cervical cytology, health care providers should also inform their patients that annual gynecologic examination may still be appropriate bi-annually (or annually if high risk) even if cervical cytology is not performed at each visit.
5. **HIV / STI's Screening** - USPSTF recommends screening for HIV infection in persons over age 65 who are at increased risk. Risk factors include having received blood or blood products before 1985; men having sex with other men; drug abuse; history of prior sexually transmitted infections; new or multiple sex partners; and inconsistent use of condoms. Advise about risk factors for HIV and sexually transmitted infections. Testing may be done at the practitioner/patient discretion. A written consent is needed for some tests. Check state laws where test is ordered to determine if it is necessary.
6. **Colorectal Cancer Screening** – Colonoscopy or annual immunohistochemical stool (iFOB) testing are the preferred colorectal cancer screening methods. An iFOB test or colonoscopy is recommended in adults beginning at age 50 and continue until the age of 75 years. The general consensus is that average risk individuals should be screened either with an annual iFOB test or once every 10 years with colonoscopy. If the patient has a normal colonoscopy, a repeat colonoscopy will be recommended in ten years (or earlier if patient has symptoms that warrant additional screening). Also, in the event of a normal colonoscopy an annual iFOB is not necessary, unless the patient becomes symptomatic. (Colonoscopy is required to confirm any positive findings from any other tests). U.S. Preventive Services Task Force (USPSTF) recommends against routine screening in adults age 76-85 (although there may be considerations that support screening at the practitioner/patient discretion). Additionally, USPSTF recommends against screening for colorectal cancer in adults older than age 85

years. Please see Clinical Practice Guideline # 28 Colorectal Cancer Screening for more detailed information and recommendations on follow-up management.

7. **Breast Cancer Screening** – In response to the U.S. Preventive Services Task Force recommendations on Breast Cancer Screening, the American College of Obstetricians and Gynecologists (ACOG) maintains its current advice that screening mammography should be offered every 1-2 years for women age 50 and older. The USPSTF does not recommend screening mammography in women 75 years or older as its balance of benefits and harms cannot be determined. In addition, a clinical breast exam (CBE) may be part of an annual health exam. The USPSTF and ACOG recommend that practitioners encourage breast self-awareness (defined as women’s awareness of the normal appearance and feel of their breasts), and to engage in shared decision making discussion that enables patients to make an informed choice on the benefits and potential harms of breast self-exam.
8. **Lung Cancer Screening** – The U.S. Preventive Services Task Force (USPSTF) recommends annual screening for lung cancer with low-dose computed tomography in adults aged 55 to 80 years who have a 30 pack-year smoking history and 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. In addition, the Centers for Medicare & Medicaid Services (CMS) recognize lung cancer screening as a preventive benefit for those who meet criteria and who visit with their medical practitioner for initial counseling and shared decision making purposes.
9. **Prostate Cancer Screening** – The U.S. Preventive Services Task Force (USPSTF) now recommends against prostate-specific antigen (PSA)-based screening for prostate cancer in all age groups, a (Grade D recommendation – the USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.) Physicians should be prepared to engage in shared decision-making discussion to enable the patient to make an informed choice that reflect their values about specific benefits and harm in relation to age, race, and family history.
10. **TB Test** - Offered to high-risk occupations and high-risk population groups. To be administered at the discretion of the physician.
11. **Immunizations** –Screen and administer as per Department of Health and Human Services, Centers for Disease Control and Prevention, Recommended Adult Immunization Schedule by Vaccine and Age Group, which can be found at the CDC website at <http://www.cdc.gov>
12. **Hearing / Vision / Glaucoma* Screening** – Ask about hearing and vision impairment, and counsel about the availability of treatment when appropriate. As per the NCQA 2010 HEDIS Technical Specifications, Medicare members 65 and older, without a prior diagnosis of glaucoma, or glaucoma suspect, should receive a glaucoma eye exam at least once every two years by an eye care professional for early identification of glaucomatous conditions.
13. **Depression** – Depression screening should occur with yearly preventive medicine visits, or as office visits and history indicate, making referrals when necessary. Refer to Clinical Practice Guideline Number 11 for more information.
14. **Tobacco Use and Alcohol and Drug Abuse** – Screening for tobacco use and screening to detect problem drinking or drug abuse is recommended for all adult patients along with behavioral counseling interventions as indicated. See Clinical Practice Guidelines #3 and #25 for additional recommendations and medical management.
15. **Advance Directive Counseling** - Counseling that encourages the patient to include up-to-date documents in the medical record should be advised.

16. **Abdominal Aortic Aneurysm (AAA)** – As per “Welcome to Medicare” Preventive Health Exam will include a one-time ultrasound screening for AAA for eligible at-risk members. (The USPSTF recommends one-time screening in men aged 65-75 who have ever smoked).
17. **Osteoporosis** – After menopause, all women should be evaluated clinically for osteoporosis risk in order to determine the need for Bone Mineral Density (BMD) testing, as well as men over age 50. Also, women aged 65 years and older and women under age 65 whose 10-year fracture risk is equal to or greater than that of a 65-year-old white woman without additional risk factors. See Clinical Practice Guideline # 15 for additional information and risk factors.
18. **Domestic violence screening** – Screening and counseling for interpersonal and domestic violence should be provided for all women.
19. **Fall Prevention** – Screening for falls and patient education on prevention of falls are beneficial to this population. The USPSTF recommends exercise or physical therapy and vitamin D supplementation to prevent falls in adults aged 65 years or older who are at increased risk for falls. Factors include age, history of falls, and mobility problems. Although the USPSTF does not identify any single one tool, approach, or frequency in identifying older adults at increased risk for falls, it supports and cites the American Geriatric Society’s recommendation that clinicians ask their patients yearly about falls and balance or gait problems.

*Preventive Health Care Recommendations for Elderly Patients should be utilized at the practitioner’s discretion for patients with existing co-morbidities and whose quality of life and health status cannot be improved with adherence to the guidelines.

References

U.S. Preventive Services Task Force (USPSTF), Screening for HIV Recommendation Statement, April 2013, found at: <http://www.uspreventiveservicestaskforce.org/uspstf13/hiv/hivfinalrs.htm>

U.S. Preventive Services Task Force (USPSTF), Fall Prevention in Older Adults Recommendation Statement, May 2014, found at www.uspreventiveservicestaskforce.org/fall_prevention.htm

U.S. Preventive Services Task Force (USPSTF), Lung Cancer Screening Recommendation Statement, December 2014, found at www.uspreventiveservicestaskforce.org/lung_cancer_screening.htm

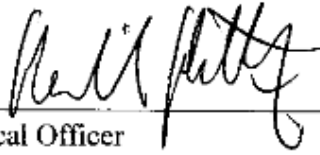
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National Guideline Clearinghouse, Screening for Breast Cancer in Women at Average Risk, found at: <http://guidelines.gov/syntheses/printView.aspx?id=39251>

U.S. Preventive Services Task Force (USPSTF), Screening for Prostate Cancer Recommendation Statement, October 2011, found at: <http://www.uspreventiveservicestaskforce.org/prostatecancerscreening/prostatecancerfaq.htm#africanamerican>

US Department of Health & Human Services: HRSA; Women’s Preventive Services: Required Health Plan Coverage Guidelines.

U.S. Preventative Services Task Force (USPSTF); Guide to Clinical Preventative Services, June 2014; <https://www.ahrq.gov/prevention/guidelines/guide/section1.html#ref29>



Chief Medical Officer
Medical Associates Clinic & Health Plans

12/22/20

Date



President, Board of Directors
Medical Associates Clinic

12/22/20

Date

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|-----------|-------|----------|-------|----------|-------|----------|-------|
| Original: | 01/99 | Revised: | 03/03 | Revised: | 02/08 | Revised: | 07/13 |
| Revised: | 01/00 | Revised: | 06/04 | Revised: | 10/08 | Revised: | 01/14 |
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Health Maintenance Visit at Every Age: Obtain Initial/Interval **History**, including family history of disease, perform age-appropriate **Physical** exam, update **Immunizations** as per CDC Adult Immunization Guidelines. Provide Preventive Screenings and Counseling as below.

| Age | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 |
|--|--|--|----|----|----|----|----|----|----|----|----|----|--|----|----|----|----|----|
| BMI (1) | X | X | X | X | X | X | X | X | X | X | | | | | | | | |
| Blood Pressure (2) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Cholesterol (3) | <i>Cholesterol and Lipid Levels every 5 years or at the discretion of the provider</i> | | | | | | | | | | | | | | | | | |
| Cervical Pap Smear (4) | <i>See Guideline Explanation</i> | | | | | | | | | | | | | | | | | |
| HIV / STI's Screening (5) | <i>See Guideline Explanation</i> | | | | | | | | | | | | | | | | | |
| Colorectal Cancer Screening (6) | iFOB | X | X | X | X | X | X | X | X | X | X | X | ⓪ Screening for ages 76-85 <i>as per Practitioner / Pt. discretion</i> | | | | | |
| | or Colonoscopy | <i>If colonoscopy's are normal, no iFOB is needed*</i> | | | | | | | | | | | | | | | | |
| Breast & Lung Cancer Screening (7) | CBE (Clinical Breast Exam) | <i>as per Practitioner / Pt. discretion</i> | | | | | | | | | | | | | | | | |
| | Mammogram | X | X | X | X | X | X | X | X | X | X | | | | | | | |
| Prostate Cancer Screening (8) | <i>as per Practitioner / Pt. discretion</i> | | | | | | | | | | | | | | | | | |
| TB Test (9) | <i>Offered to high-risk occupations and high-risk population groups</i> | | | | | | | | | | | | | | | | | |
| Immunizations (10) | <i>Update Immunizations as per CDC Immunization Guidelines</i> | | | | | | | | | | | | | | | | | |
| Hearing, Vision and Glaucoma Screening (11) | X | | X | | X | | X | | X | | X | | X | | X | | X | |
| Depression (12) | <i>Depression Screening to be done Annually</i> | | | | | | | | | | | | | | | | | |
| Assess Functional Status and Safety Concerns Yearly | | | | | | | | | | | | | | | | | | |
| 1. Physical Function and Fall Risk (ADLs, IADLs) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| 2. Cognitive Function MMSE (Mini Mental State Examination) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| 3. Assess Strength / Balance (Fall prevention information) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |

| Age | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 |
|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 4. Review Medications for Compliance & Interactions | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Tobacco/ETOH Screening (CAGE Questionnaire Yearly) (13) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Advance Directive Counseling (14) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Osteoporosis Screening (16) | <i>Screening for post-menopausal women, and men over age 50</i> | | | | | | | | | | | | | | | | | |

Key: **X** = recommended to be performed **O** = offer at practitioner/patient discretion Pg.1 (Ages 65 – 82); Pg .2 (Ages 83 – 99) See Guideline Explanations, Pgs 1-2

| Age | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 |
|--|---|----------|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| BMI (1) | | | | | | | | | | | | | | | | | |
| Blood Pressure (2) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Cholesterol (3) | <i>Cholesterol and Lipid Levels at the discretion of the Provider</i> | | | | | | | | | | | | | | | | |
| Cervical Pap Smear (4) | <i>See Guideline Explanation</i> | | | | | | | | | | | | | | | | |
| HIV / STI's Screening (5) | <i>See Guideline Explanation</i> | | | | | | | | | | | | | | | | |
| Colorectal Cancer Screening (6) | O | O | | | | | | | | | | | | | | | |
| Breast Cancer Screening (7) | CBE (Clinical Breast Exam) | | <i>as per Practitioner / Pt.discretion</i> | | | | | | | | | | | | | | |
| | Mammogram | | | | | | | | | | | | | | | | |
| Prostate Cancer Screening (8) | <i>as per Practitioner / Pt.discretion</i> | | | | | | | | | | | | | | | | |
| TB Test (9) | <i>Offered to high-risk population groups</i> | | | | | | | | | | | | | | | | |
| Immunizations (10) | <i>Update Immunizations as per CDC Immunization Guidelines</i> | | | | | | | | | | | | | | | | |
| Hearing, Vision and Glaucoma* Screening (11) | X | | X | | X | | X | | X | | X | | X | | X | | X |
| Depression (12) | <i>Depression Screening to be done Annually</i> | | | | | | | | | | | | | | | | |
| Assess Functional Status and Safety Concerns Yearly | | | | | | | | | | | | | | | | | |
| 1. Physical Function (ADLs, IADLs) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| 2. Cognitive Function MMSE (Mini Mental State Examination) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| 3. Assess Strength / Balance (Fall prevention information) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| 4. Review Medications for Compliance & Interactions | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Tobacco/ETOH Screening (CAGE Questionnaire Yearly) (13) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Advance Directive Counseling (14) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Osteoporosis Screening (16) | <i>Screening for post-menopausal women, and men over age 50</i> | | | | | | | | | | | | | | | | |

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