



GOALS

- Prevent the onset of targeted conditions
- Identify and treat asymptomatic patients who have risk factors or preclinical disease but in whom the condition has not become clinically apparent
- Establish a consistent assessment schedule and indicators
- Monitor the health and medical needs of the patient
- Provide education and recommended screenings and interventions to the patient/parent
- Reassure the patient/parent
- Assess the patient’s well-being
- Detect medical and psychosocial complications and institute indicated interventions

GUIDELINE PRECEDENT

Based on Preventive Health Services Policy (1990 to 1997)

KEY PROCESS AND OUTCOME MEASURES

Effectiveness of Care**

- **Adolescent Immunizations:** Children turning 13 years of age during the reporting year
- **Advising Smokers to Quit:** Adults 18 and older as of the end of the reporting year
- **Antidepressant Medication Management:** Adults 18 years and older as of the 120th day of the reporting year
- **Beta Blocker Treatment After a Heart Attack:** Adults 35 years and older as of the end of the reporting year
- **Breast Cancer Screening:** Women age 52 through 69 years as of the end of the reporting year
- **Chlamydia Screening:** Sexually active women age 16 through 25 years as of the end of the reporting year
- **Cervical Cancer Screening:** Women age 21 through 64 years as of the end of the reporting year
- **Childhood Immunizations:** Children turning two years of age during the reporting year
- **Cholesterol Management After Acute Cardiovascular Events:** Adults 18 through 75 years old as of the end of the reporting year
- **Colon Cancer Screening:** Adults 50 and older as of the beginning of the reporting year
- **Comprehensive Diabetes Care:** Adults 18 through 75 years old as of the end of the reporting year
- **Controlling High Blood Pressure:** Adults 46 through 85 years old as of the end of the reporting year
- **Flu Shots for Older Adults:** Adults 65 and older as of the beginning of the reporting year
- **Follow-Up After Hospitalization for Mental Illness:** Members 6 years and older as of the end of the reporting year
- **Use of Appropriate Medications for People with Asthma:** Members 5 through 56 as of the end of the reporting year

Use of Services

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Adolescent Well-Care Visits

SOURCES

Advisory Committee on Immunization Practices (http://www.cdc.gov/nip/acip)
American Academy of Family Physicians (http://www.aafp.org)
American Academy of Pediatric Dentistry (http://www.aapd.org)
American Academy of Pediatrics (www.aap.org)
American Cancer Society (http://www.cancer.org)
American Medical Association (http://www.ama-assn.org)
Centers for Disease Control and Prevention (http://www.cdc.gov)
National Center for Education in Maternal and Child Health (http://www.ncemch.org)
National Osteoporosis Foundation Physician’s Guide to Prevention and Treatment of Osteoporosis (http://www.nof.org)
North Carolina Department of Health and Human Services (http://www.dhhs.state.nc.us)
North Carolina General Statutes (For mandated screenings: 58-3-174; 58-50-155, 58-50-155; 58-51-57; 58-65-92; 58-67-76; 135-40.5(e); 58-3-179; 58-50-155; 58-50-155; 58-51-57; 58-65-92; 58-67-76; 135-40.5(e); 58-3-260; 130A-125; 58-3-270; 58-50-155; 58-50-155; 58-51-58; 58-65-93; 58-67-77)
U.S. Preventive Services Task Force (http://odphp.osophs.dhhs.gov/pubs/guidecps/) (Guide to Clinical Preventive Services, Report of the U.S. Preventive Services Task Force, 3rd ed.: Periodic Updates, 2000-2006)

*These guidelines are subject to the limitations of the member’s preventive care benefits.



PREVENTIVE CARE FOR NEWBORNS AND INFANTS (0-24 months)

Detection Intervention

- Six office visits during first year for routine health assessment.
- Three office visits during months 13-24 for routine health assessment.

First Week

Service	Schedule
<u>All Infants:</u> Ocular prophylaxis	No later than one hour after birth: Erythromycin 0.5% ophthalmic ointment, tetracycline 1% ophthalmic ointment, or 1% silver nitrate solution should be applied topically to the eyes of all newborns
Vitamin K	At time of delivery
Hearing	Before discharge from nursery; those not tested at birth should be screened before age 3 months

Routine Visit

Service	Schedule
<u>All Infants:</u> History, physical exam (including length and weight), and vision assessment	Six visits during first year; three visits during second year
Length, weight and head circumference	Every visit
Developmental/behavioral assessment	Every visit
Anticipatory guidance for parent (including diet, injury prevention, dental health, effects of passive smoking, sleep positioning counseling)	Every visit
Fluoride supplement ¹ , if appropriate	Daily for children between 6 months to 16 years of age
Hgb/hct ²	Once during infancy (6-12 months of age)
<u>High Risk Groups:</u> Tuberculin skin test (PPD) ³	At 12 months of age for children at high risk
Lead screening ⁴	Conduct a risk assessment and screen for elevated lead levels by measuring blood lead at least once at age 12 months for children at high risk. Seek guidance from local health department.

Recommended childhood immunization schedule can be accessed at:

<http://www.cdc.gov/nip/recs/child-schedule.htm#Printable>

Source: Centers for Disease Control and Prevention 2006 Childhood and Adolescent Immunization Schedule

Additional vaccines may be ordered, subject to clinician discretion (e.g. meningococcal vaccine). Sequence and timing of vaccines may also vary.

Reimbursement for new immunizations

As of July 2006, a new immunization for rotavirus (Rotateq®) is being reimbursed. While this immunization is a covered benefit, it is not yet included in the Centers for Disease Control and Prevention recommended immunizations schedule.



PREVENTIVE CARE FOR CHILDREN AND ADOLESCENTS (2-18 YEARS OLD)

Detection Intervention

- Office visit annually between ages 2-18 years for routine periodic health assessment.

Routine Visit

Service		Schedule
<u>All Children/Adolescents:</u>	History and physical exam	Every year
	Height and weight	At each visit for routine health exam
	Obesity screening	BMI at every visit
	Tobacco screening and counseling	Every visit
	Blood pressure	Sphygmomanometry should be performed at each visit beginning at age 3, in accordance with the recommended technique for children, and hypertension should only be diagnosed on the basis of readings at each of three separate visits.
	Hearing	Before age 3 years for high risk children, if not tested earlier
	Behavioral/developmental assessment	Every visit
	Anticipatory guidance ⁵	Every visit
	Fluoride supplement, if appropriate ¹	Daily for children between 6 months to 16 years of age
	Counseling on calcium intake	Every visit for all girls 11 years of age and over
	Vision screen for amblyopia, strabismus ⁶ , and defects in visual acuity (beginning at age 3)	Recommended for all children once before entering school, preferably between ages 3 and 4 years. Vision screening generally provided by school system ages 7-12
	Scoliosis screen	During complete physical exams for patients age 13-18 years
	Eating disorders screen	Every visit for patients age 13-18 years
	Hgb/hct	Annually for menstruating adolescent females
	HIV screening	During visits to health-care settings; annually for high risk adolescents
	Hernia/testicular cancer screen	Every visit for male patients age 13-18 years
<u>High Risk Groups:</u>	Tuberculin skin test (PPD) ³	As recommended by physician
	Lead screening ⁴	Conduct a risk assessment and screen for elevated lead levels by measuring blood lead among high risk children. Seek guidance from local health department.
	Cholesterol	One time at age 6 or older when positive family history for early cardiovascular disease or hyperlipidemia; otherwise one test between ages 13 and 18 years.
	Chlamydia screening	Annually for female patients who are/have been sexually active
	Papanicolaou smear	Annually for female patients who are/have been sexually active or are 18 and older

Recommended childhood and adolescent immunization schedule can be accessed at:

<http://www.cdc.gov/nip/recs/child-schedule.htm#Printable>

Source: Centers for Disease Control and Prevention 2006 Childhood and Adolescent Immunization Schedule Additional vaccines may be ordered, subject to clinician discretion (e.g. meningococcal vaccine). Sequence and timing of vaccines may also vary.

Reimbursement for new immunizations

As of July 2006, a new immunization for rotavirus (Rotateq®) is being reimbursed. While this immunization is a covered benefit, it is not yet included in the Centers for Disease Control and Prevention recommended immunizations schedule.



PREVENTIVE CARE FOR ADULTS, 19-64 YEARS OLD

Detection Intervention

- Office visit every 1-3 years which includes assessment, routine testing and education.

Routine Visit

	Service	Schedule
<u>All Adults:</u>	History and physical exam	Every 1 to 3 years until age 40, and then annually
	Height and weight	Every visit
	Obesity screening and counseling	BMI and abdominal girth at every visit
	Tobacco screening, counseling	Every visit
	Blood pressure	Every 1 to 3 years
	Diet and exercise counseling	Every 1 to 3 years
	Alcohol and substance abuse screening and counseling	Every 1 to 3 years
	Sexual practices counseling	Every 1 to 3 years
	Chlamydia screening	Annually for women who are/have been sexually active, ages 19-26 years
	Eye exam	Every 1 to 3 years until age 40, and then annually
	Folic acid supplement counseling	Annually for women of reproductive age
	Total blood cholesterol (can be non-fasting)	Every five years, if normal
	Depression screening	Initial visit, then every 1 to 3 years and as suggested by symptoms ⁷
	Colorectal cancer screening	One of the following screening tests is recommended for age 50 and older ⁸ <ul style="list-style-type: none"> • Annual fecal occult blood test (FOBT) • Flexible sigmoidoscopy, every five years • Annual FOBT and flexible sigmoidoscopy, every five years • Total colon examination by DCBE, every 5 to 10 years • Total colon examination by colonoscopy, every 10 years
	Calcium intake counseling	Every 1 to 3 years for women
	Osteoporosis prevention counseling	Every visit for peri- and post-menopausal women
	Mammography counseling	Every visit, women age 40 and over
	Mammogram	Women who have not had bilateral mastectomy. One screening annually for women age 40 and older
	Clinical breast exam, teaching breast self exam	As recommended by physician
	Papanicolaou smear	Annually for women who have a cervix (less frequent testing may be appropriate, if recommended by physician)
	HIV screening	During visits to health-care settings; annually for high risk adults
<u>High Risk Groups:</u>	Diabetes screening	For patients with hypertension or hyperlipidemia
	Prostate cancer counseling ⁹	And screening using PSA or DRE as recommended by physician for men considered at risk for prostate cancer
	Tuberculin skin test (PPD) ³	Every 1 to 3 years
	Bone mineral density screening ¹⁰	Initial assessment and subsequent follow up for perimenopausal and postmenopausal women at risk for osteoporosis
	Testing for sexually transmitted disease ¹¹	As recommended by physician
	Electrocardiogram (ECG) ¹²	As recommended by physician
	Aspirin counseling ¹²	As recommended by physician
<u>Mandated Benefits:</u>	Ovarian cancer screening ¹³	Screening using transvaginal ultrasound and rectovaginal pelvic exam for women 25 years and over who are at risk for ovarian cancer
	Mammogram	One baseline mammogram for any woman 35-39 years of age.

Recommended adult immunization schedule can be accessed at: <http://www.cdc.gov/nip/recs/adult-schedule.htm>

Source: Centers for Disease Control and Prevention 2006 Adult Immunization Schedule

Additional vaccines may be ordered, subject to clinician discretion (e.g. meningococcal vaccine). Sequence and timing of vaccines may also vary.

Reimbursement for new immunizations

As of July 2006, a new immunization for herpes zoster (Zostavax®) is being reimbursed. While this immunization is a covered benefit, it is not yet included in the Centers for Disease Control and Prevention recommended immunizations schedules.

PREVENTIVE CARE FOR THE ELDERLY, 65 YEARS AND OLDER

Detection Intervention

- Office visit annually which includes assessment, routine testing and patient education.

Routine Visit

Service	Schedule
History and physical exam	Every visit
Obesity screening and counseling	BMI and abdominal girth every visit
Tobacco screening and counseling	Every visit
Blood pressure	Every visit
Diet and exercise counseling	Every visit
Alcohol and substance abuse counseling	Every visit
Sexual practices counseling	Every visit
Total blood cholesterol (can be non-fasting)	Every visit
Vision screen and hearing test	Annually, as recommended by physician. Periodically question patients about hearing, counsel about hearing aid devices, and make referrals for abnormalities.
Depression screening	Initial visit, then every 1 to 3 years and as suggested by symptoms ⁷
Colorectal cancer screening	One of the following screening tests is recommended: <ul style="list-style-type: none"> • Annual fecal occult blood test (FOBT) • Flexible Sigmoidoscopy, every five years • Annual FOBT and Flexible Sigmoidoscopy, every five years • Total colon examination by DCBE, every 5 to 10 years • Total colon examination by colonoscopy, every 10 years
Abdominal aortic aneurysm screening	One time screening for men aged 65 to 75 who have ever smoked. ¹⁴
Calcium intake counseling	Every visit for women
Osteoporosis prevention counseling	Annually for post-menopausal women
Bone mineral density screening ¹⁰	As recommended by physician
Clinical breast exam	As recommended by physician
Mammogram	Annually for women who have not had a bilateral mastectomy
High Risk Groups: Diabetes screening	For patients with hypertension or hyperlipidemia
Prostate cancer counseling ⁹	And screening using PSA or DRE as recommended by physician for men considered at risk for prostate cancer
Tuberculin skin test (PPD) ⁴	Every 1 to 3 years
Testing for sexually transmitted disease ¹¹	As recommended by physician
Electrocardiogram (ECG) ¹²	As recommended by physician
Aspirin counseling ¹²	As recommended by physician
Mandated Benefits: Papanicolaou smear	As recommended by physician for women at risk for cervical cancer
Ovarian cancer screening ¹³	Screening using transvaginal ultrasound and rectovaginal pelvic exam for women who are at risk for ovarian cancer

Recommended adult immunization schedule can be accessed at:

<http://www.cdc.gov/nip/recs/adult-schedule.htm>

Source: Centers for Disease Control and Prevention 2006 Adult Immunization Schedule

Additional vaccines may be ordered, subject to clinician discretion (e.g. meningococcal vaccine). Sequence and timing of vaccines may also vary.

Reimbursement for new immunizations

As of July 2006, a new immunization for herpes zoster (Zostavax®) is being reimbursed. While this immunization is a covered benefit, it is not yet included in the Centers for Disease Control and Prevention recommended immunizations schedules.



¹AAPD recommends the supplementation of a child's diet with fluoride when fluoridation in drinking water is suboptimal. Fluoride supplements should be considered for all children drinking fluoride deficient (<0.6ppm F) water.

²For babies who are pre-term, low birth weight, low income, migrant, or on principal diet of whole milk.

³Risk factors include those with household members with disease, recent immigrants from countries where disease is common, migrant families and residents of homeless shelters.

⁴Risk factors include living in or frequently visiting an older home (built before 1950), having close contact with a person who has an elevated lead level, living near lead industry or heavy traffic, living with someone whose job or hobby involves lead exposure.

⁵For patients to age 12 years, this includes diet, injury and violence prevention, dental health, and effects of passive smoking. For patients age 13-18 years, anticipatory guidance should include diet and exercise, injury prevention, sexual practices and substance abuse. For patients with family history of skin cancer; large number of moles; or fair skin, eyes or hair, guidance should also include skin protection from UV light.

⁶Clinicians should be alert for signs of ocular misalignment. Stereoacuity testing may be more effective than visual acuity testing in detecting these conditions.

⁷Symptoms to note include either those suggestive of a mood disorder or frequency of somatic complaints (more than 5 visits in the past year with problems in more than one organ system).

⁸Begin screening earlier for higher risk adults, including those with a first-degree relative diagnosed with colorectal cancer before age 60.

Risk factors include: family history of prostate cancer, age (risk increases beginning at ages 55-60), being of African-American descent, consuming a high-fat diet, having had a vasectomy.

⁹Risk factors include history of prior STD, new or multiple sex partners, inconsistent use of barrier contraceptives, use of injection drugs. STD tests may include HIV, syphilis, and gonorrhea.

¹⁰Refer to the BCBSNC Medical Policy: Bone Mineral Density Studies at www.bcbsnc.com.

¹¹Risk factors include history of prior STD, new or multiple sex partners, inconsistent use of barrier contraceptives, use of injection drugs. STD tests may include HIV, syphilis, and gonorrhea.

¹²Recommended for patients with two or more of the following risk factors: family history of heart disease, smoking, high cholesterol, diabetes, or hypertension.

¹³At risk for ovarian cancer means either (a) having a family history with at least one first-degree relative with ovarian cancer; and a second relative, either first-degree or second-degree, with breast, ovarian, or nonpolyposis colorectal cancer; or (b.) Testing positive for a hereditary ovarian cancer syndrome.

¹⁴History of smoking is determined as at least 100 cigarettes in a person's lifetime.