

**AvMed Health Plans
2009-2010 Adult Preventive Care Recommendations**

	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65+ Years
Health Maintenance Visit					
Including initial/interval history; age appropriate physical exam; preventive screenings and health counseling; assessment and administration of appropriate immunizations.	Annually for ages 19 – 21 years. Every 1 - 3 years, depending on risk factors for ages 22 – 29.	Every 1 or 2 years, depending on risk factors.		Every 1 or 2 years, depending on risk factors.	
Cancer Screenings					
Breast Cancer Screening	Clinical breast exam at least once every three years and self-exam instruction. Discuss the benefits and limitations of breast self exam. Mammography for patients at high risk or with family history.	Annual clinical breast exam and self-exam instruction. Discuss the benefits and limitations of breast self exam. Begin annual mammography at age 40.	Annual clinical breast exam and self-exam instruction. Discuss the benefits and limitations of breast self exam. Annual mammography.	Annual clinical breast exam and self-exam instruction. Annual mammography through age 69; age 70+ at physician/patient discretion.	
Cervical Cancer Screening	Initiate Pap test and pelvic exam at 3 years after first sexual intercourse or by age 21. Annual screening until age 30 with conventional cervical cytology smears or every 2 years using liquid-based cytology. After age 30, Pap test at 2-3-year intervals only after 3 consecutive negative results.				Option to omit Pap test at age 70 or older if evidence of consistently negative results.
Skin Cancer	Every 3 years between 20 – 39.				Annually.

Sources: Center for Disease Control, US Preventive Services Task Force, American Cancer Society, The American College of Obstetricians and Gynecologists, National Institutes of Health, Florida Department of Health, American Academy of Family Physicians

Approved by CQIC: 03/15/07; 05/15/08; 3/19/09

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Cancer Screenings, Cont.

Colorectal Cancer	Not routine except for patients at high risk or positive family history.		Begin screening at age 50 using one of the following: Annually: fecal occult blood test (FOBT), or fecal immunochemical test (FIT), or stool DNA test (interval uncertain) Every 5 years: double contrast barium enema (DCBE), flexible sigmoidoscopy, CT colonography Every 10 years: Colonoscopy Screening after age 80 at physician/patient discretion.		
Prostate & Testicular Cancer	Clinical testicular exam and self-exam instruction every 1 – 3 years at physician’s discretion. Prostate screening not routine.	Digital rectal exam (DRE) for patients at high risk. Discuss risks and benefits of PSA. Offer PSA for men at high risk.	Prostate-specific antigen (PSA) test and DRE exam annually beginning at age 50, for men who have a life expectancy of at least 10 years. Discuss risks and benefits of PSA testing.		

Recommended Screenings

Blood Pressure	At every doctor visits. If not, the following should be followed: For those with systolic readings below 120/80 at least every two years. If systolic readings are between 120-139/80-89 at least annually.				
Diabetes	Every 3 years beginning at age 45. Screen more often, and beginning at a younger age, patients who have risk factors or are overweight.				
Glaucoma	At least once between 18 – 39. Every 3 –5 years if at risk. Annually in patients with diabetes.	Every 2 –4 years. Annually in patients with diabetes.	Every 1 –2 years. Annually in patients with diabetes.		

Sources: Center for Disease Control, US Preventive Services Task Force, American Cancer Society, The American College of Obstetricians and Gynecologists, National Institutes of Health, Florida Department of Health, American Academy of Family Physicians

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Recommended Screenings, Cont.

Cholesterol	Initial screening if not previously tested. Every 5 years with fasting lipoprotein profile (total cholesterol, LDL, HDL, and triglyceride). If at risk or screened to have high cholesterol and heart disease, counsel on lifestyle changes including diet, weight management and physical activity.	Every 3 years with fasting lipoprotein profile (total cholesterol, LDL, HDL, and triglyceride). If at risk or screened to have high cholesterol and heart disease, counsel on lifestyle changes including diet, weight management and physical activity.
Other	All Tests once at baseline: Urinalysis, CBC (RBC, hemoglobin, hematocrit, WBC), rubella titer (females).	

Infectious Disease Screening

Sexually Transmitted Diseases (Chlamydia, Gonorrhea, Syphilis)	<i>For Chlamydia and Gonorrhea: Annual screenings for sexually active under age 25: Patients 25 and over: Screen annually, if at risk. Screen all pregnant women if at risk.</i> <i>For Syphilis: Screen, if at risk. Advise about risk factors for STDs.</i>
HIV	Universal counseling. Periodic testing of all patients at risk.
Hepatitis C	Periodic testing of all patients at risk.
Tuberculosis (PPD or Tine Test)	Tuberculin skin testing for all patients at high risk.

General Counseling

All patients should be periodically screened and counseled, as appropriate, regarding: alcohol/substance abuse, tobacco, diet/nutrition, obesity and eating disorders, physical activity, depression/suicide, family violence/abuse, infectious disease/STD, motor vehicle injury prevention, violent behavior/firearms, pregnancy/prenatal care counseling, menopause management, osteoporosis.

Sources: Center for Disease Control, US Preventive Services Task Force, American Cancer Society, The American College of Obstetricians and Gynecologists, National Institutes of Health, Florida Department of Health, American Academy of Family Physicians

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Immunizations					
Influenza	Annually, if at high risk.			Annually.	
Pneumococcal	If high risk and not previously immunized. 1 to 2 doses			Once if not previously immunized or greater than 5 years since prior immunization and 1 st immunization < age 65.	
Measles, Mumps & Rubella (MMR)	If not previously immunized or have not had measles, mumps or rubella; a second vaccination if occupational or other risk factors present. 1 to 2 doses			Not routine. 1 dose if risk factors are present.	
Tetanus-Diphtheria, Pertussis (Td/Tdap)	Tdap should replace single dose of TD in those 19-64 and did not receive a dose of Tdap previously. Booster every 10 years.				
Human Papillomavirus (HPV)	For women through age 26 years if not previously immunized. 3 doses- 2 nd dose and 3 rd dose should be 2 and 6 months after 1 st dose.				
Hepatitis A	If high risk. 2 doses – 2 nd dose should be 6-12 months or 6-18 months after 1 st dose 4 doses- following doses should be given at 7, 21, and 30 days after 1 st dose., booster at 12 months.				
Hepatitis B	If high risk 3 doses – 2 nd dose 1-2 months after 1 st dose, 3 rd dose 4-6 months after 1 st dose. 4 doses- following doses should be given at 7, 21, and 30 days after 1 st dose., booster at 12 months.				
Meningococcal	If high risk., 1 or more doses Revaccination interval is 5 years.				
Varicella	2 doses if no evidence of immunity If previously only received one dose, 2 nd should be given and should be given 4-6 weeks after 1 st			Not routine.	
Herpes Zoster				One dose for adults 60 years of age and older.	

Sources: Center for Disease Control, US Preventive Services Task Force, American Cancer Society, The American College of Obstetricians and Gynecologists, National Institutes of Health, Florida Department of Health, American Academy of Family Physicians

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