



Health Net®

2019 Adult Preventive Health Guidelines

Important Note

Health Net's Preventive Health Guidelines provide Health Net members and practitioners with recommendations for preventive care services for the general population, based on the recommendations of recognized clinical sources such as medical associations and specialty societies, professional consensus panels, and government entities such as the Center for Disease Control and Prevention (CDC) and the United States Preventive Services Task Force (USPSTF). They are based on the best available medical evidence at the time of release. These guidelines apply to those individuals who do not have symptoms of disease or illness. A Health Net member's medical history and physical examination may indicate that further medical tests are needed. Guidelines may also differ from state to state based on state regulations and requirements. As always, the judgment of the treating physician is the final determinant of member care. Member benefit plan may or may not cover all the services listed here. Please refer to the certificate of coverage for complete details or contact the customer service number listed on the member's ID card.

KEY TO MAJOR PROFESSIONAL ORGANIZATIONS REFERENCED IN THE GUIDELINES

AAP:	American Academy of Pediatrics
ACIP:	Advisory Committee on Immunization Practices of the CDC
ACS:	American Cancer Society
ACOG:	American Congress of Obstetricians and Gynecologists
ACPM:	American College of Preventive Medicine (ACPM)
AAFP:	American Academy of Family Practice
AHA:	American Heart Association
ADA:	American Diabetes Association
AMA:	American Medical Association
AUA:	American Urological Association
CDC:	Centers for Disease Control and Prevention
NCI:	National Cancer Institute
USPSTF:	U.S. Preventive Services Task Force

Routine Health Examination	<ul style="list-style-type: none"> • Frequency based on age and contract (annual – 2 years) • Baseline height and weight • Blood Pressure Measurement • Calculation of Body Mass Index • Obesity: Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m² or higher to intensive, multicomponent behavioral interventions. (USPSTF)
Abdominal Aortic Aneurysm	<p>One-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men ages 65 to 75 years who have ever smoked</p> <p>Source USPSTF</p>
Breast Cancer	<p>Note that different entities have different recommendations. All recommend shared decision-making as to age, frequency and risk factors</p> <p>Some states regulations allow for baseline mammography starting at age 35.</p>

	<p>USPSTF Biennial screening mammography for women aged 50 to 74 years at average risk. The decision to start screening mammography in women prior to age 50 years and to continue past the age of 74 should be an individual one</p> <p>ACOG Women should be offered mammography at age 40 but should start at 50. Women at average risk of breast cancer should have screening mammography every one or two years based on an informed, shared decision-making process. Beyond age 75 years, the decision to discontinue screening mammography should be based on a shared decision making.</p> <p>Sources: USPSTF, ACOG</p>
BRCA TESTING:	<p>Providers should screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with 1 of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.</p> <p>Source: USPSTF</p>
Cervical Cancer Screening	<ul style="list-style-type: none"> • Cervical cancer screening should begin at age 21 years. • Women younger than 21 should not be screened, except for women who are infected with HIV. More frequent screening is appropriate for certain women, including those infected with HIV. • Cervical cytology alone should be used for women aged 21 to 29 years, and screening should be performed every three years. • In women aged 30–65 years, screening with cytology alone every 3 years or hrHPV testing alone every 5 yrs is acceptable. Annual screening need not be performed • Women younger than 30 years should not undergo co-testing. • Screening should be discontinued after age 65 years in women with adequate negative prior screening test results. • Routine cytology and HPV testing should be discontinued and not restarted for women who have had a total hysterectomy and never had cervical intraepithelial neoplasia 2 or higher. • Women who have a history of cervical cancer, have HIV infection, are immunocompromised, or were exposed to diethylstilbestrol in utero should not follow routine screening guidelines and may need more frequent screening. <p>Adequate negative prior screening results are defined as three consecutive negative cytology results or two consecutive negative co-test results within the previous 10 years, with the most recent test performed within the past 5 years.</p> <p>Source: ACOG and USPSTF</p>

<p>Colorectal Cancer (CRC) Screening</p>	<p>Screen age 50-75 for colorectal cancer using:</p> <ul style="list-style-type: none"> • Guaiac Fecal Occult Blood Test (gFOBT) annually or; • Fecal Immunochemical Testing (FIT) annually or; • Fecal Immunochemical Testing (FIT)-DNA every 1-3 years or; • Flexible sigmoidoscopy every 5 years or; • Flexible sigmoidoscopy every 10 years with FIT annually or; • Colonoscopy every 10 years or; • CT Colonography every 5 years <p>For patients at high risk, colonoscopy should start at age 40 with screening interval every 5-10 years. Note: Single-panel gFOBT performed in the medical office using a stool sample collected during a digital rectal examination is not a recommended option for CRC screening due to its very low sensitivity for advanced adenomas and cancer.</p> <p>Some entities recommend annual colorectal cancer screening in the 45 to 49 age group. The decision to start colorectal cancer screening before the age of 50 years should be an individual one and consider patient context, disease risk, and include the patient’s preferences and values regarding specific benefit and harm.</p> <p>Sources: USPSTF, American Cancer Society</p>
<p>Lung Cancer</p>	<p>Screen annually for lung cancer with low-dose computed tomography in adults ages 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.</p> <p>Source: USFSTF</p>
<p>Prostate Cancer (Prostatic Specific Antigen- PSA)</p>	<ul style="list-style-type: none"> • Men ages 55 to 69 need to make an individual decision about prostate cancer screening with their clinician and should consider risk factors such as family history, race/ethnicity, life expectancy. • The American Cancer Society (ACS) and the American Urological Association (AUA) recommend an informed decision-making process for men age 50 and older (ACS) or men age 55-69 (AUA) who have at least a ten-year life expectancy. • The American Cancer Society emphasizes informed decision making for prostate cancer screening: men at average risk should receive information beginning at age 50 years, and black men or men with a family history of prostate cancer should receive information at age 45 years. <p>The USPSTF recommends against routine screening for men age 70 and older.</p> <p>Source: USPSTF, ACS, AUA</p>
<p>Osteoporosis (Bone Mineral Density Testing)</p>	<p>All women aged 65 years or older and in younger women who are at increased risk for osteoporosis as determined by a formal clinical risk assessment tool.</p>

	Source: USPSTF
Abnormal Glucose or Type 2 Diabetes Screening	<p>Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Persons with risk factors such as family history of diabetes or of certain ethnicities or race could start screening sooner. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity</p> <p>The ADA recommends screening should be considered in adults of any age who are overweight or obese (BMI >25 kg/m²) and who have one or more additional risk factors for diabetes. In those without these risk factors, testing should begin at age 45 years. If tests are normal, repeat testing should be carried out at least at 3-year intervals.</p> <p>Evidence on the optimal rescreening interval for adults with an initial normal glucose test is limited. Studies suggest that rescreening every 3 y may be a reasonable approach</p> <p>Source: USPSTF, ADA</p>
Cholesterol/Lipids	<p>Recommendations vary but in general:</p> <ul style="list-style-type: none"> • Screen men age 35 and older for lipid disorders. • Screen women age 45 and older for lipid disorders if they are at increased risk for coronary heart disease. • Men age 20 to 35 and women age 20 to 45 that are at increased risk for coronary heart disease should be screened for lipid disorder. • Reasonable options for screening interval include: every 5 years; screening at <5 year intervals for people who have lipid levels close to those warranting therapy; and screening at intervals >5 years for low-risk people who have had low or repeatedly normal lipid levels. <p>Source: USPSTF, AHA</p>
Hepatitis B	<ul style="list-style-type: none"> • Screen persons at high risk for infection (such as geographic location, HIV positive, immunocompromised, household contacts or sexual partners of persons with HBV infection, and men who have sex with men, persons receiving hemodialysis) • Screen pregnant women at their first prenatal visit. <p>Source: USPSTF</p>
Hepatitis C	<ul style="list-style-type: none"> • Screen in persons at high risk for infection (e.g., past or current injection drug use, blood transfusion prior to 1992, long-term hemodialysis etc). • For persons at high risk for infection and offer one-time screening for HCV infection to adults born between 1945 and 1965 <p>Source: USPSTF</p>

<p>Human Immunodeficiency Virus (HIV) Infection</p>	<ul style="list-style-type: none"> • Screen for HIV infection in adults age 18 to 65 years. • Older adults who are at increased risk should also be screened. • Screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown. • The evidence is insufficient to determine optimum time intervals for HIV screening. <p>Source: USPSTF</p>
<p>Sexually Transmitted Infections (STI) Screenings and Counseling: Syphilis, Chlamydia, gonorrhea</p>	<p>Screen sexually active and those at high risk:</p> <p>Syphilis Screen pregnancy women and those at high risk for infection such those with a history of incarceration, history of commercial sex work, certain racial/ethnic groups, and being a male younger than 29 years, as well as regional variations.</p> <p>Chlamydia All sexually active women 24 years of age or younger, including adolescents, are at increased risk for chlamydial infection. The CDC recommends at least annual screening for chlamydia for women at increased risk. The USPSTF recommends screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection.</p> <p>Gonorrhea All sexually active women age 24 and younger and in older women who are at increased risk for infection. In the absence of studies on screening intervals, a reasonable approach would be to screen patients whose sexual history reveals new or persistent risk factors since the last negative test result. Risk factors for gonorrhea and chlamydia include a history of previous infection, other sexually transmitted infections, new or multiple sexual partners, inconsistent condom use, sex work and drug abuse</p> <p>Counseling: Intensive behavioral counseling for adults who are at increased risk for sexually transmitted infections (STIs)</p> <p>Source: USPSTF, CDC</p>
<p>Depression</p>	<p>Screening for depression in the general adult population is recommended, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p> <p>Source: USPSTF</p>
<p>Tobacco</p>	<p>Screen all adults, including pregnant women, about tobacco use and tobacco cessation interventions for those who use tobacco products and pregnancy-tailored counseling for pregnant women who use tobacco.</p> <p>Source: USPSTF</p>

Alcohol Misuse	<p>Screen adults 18 and over for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief counseling interventions to reduce alcohol misuse</p> <p>Source: USPSTF</p>
Intimate Partner Violence	<p>Screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.</p> <p>Source: USPSTF</p>
Fall Prevention in Older Adults	<p>Exercise interventions are recommended to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.</p> <p>Source: USPSTF</p>
Aspirin	<ul style="list-style-type: none"> • Low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years. • The decision to initiate low-dose aspirin use for the primary prevention of CVD and CRC in adults aged 60 to 69 years who have a 10% or greater 10-year CVD risk should be an individual one. Persons who are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years are more likely to benefit. <p>Source: USPSTF</p>
Statins	<p>Adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) are recommended to use a low- to moderate-dose statin for the prevention of CVD events and mortality when all the following criteria are met:</p> <ul style="list-style-type: none"> • aged 40 to 75 years; • have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); • have a calculated 10-year risk of a cardiovascular event of 10% or greater. <p>Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years</p> <p>Source: USPSTF</p>
Folic Acid	<p>All women planning or capable of pregnancy should take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.</p> <p>Source: USPSTF</p>
Pregnancy	<p>Refer to the American College of Obstetricians and Gynecologists Guidelines for Preconception Care, Prenatal Care and Postpartum Care</p>

Counseling	<p>Advance Directives</p> <p>Avoidance of tobacco and/or tobacco cessation</p> <p>Calcium intake</p> <p>Coping Skills/Stress Reduction</p> <p>Depression screening for postpartum, MI, CVA and for those with chronic medical conditions</p> <p>Discuss chemoprevention for breast cancer if high risk</p> <p>Domestic Violence (e.g., Intimate Partner Violence and Elderly Abuse; refer to intervention services if applicable)</p> <p>Fire safety (smoke detectors)</p> <p>Firearm storage</p> <p>HIV screening and counseling</p> <p>Hormone Replacement Therapy: Counsel women 45 and older for pros and cons</p> <p>Immunizations/Vaccinations</p> <p>Injury and fall prevention</p> <p>Mental Health Awareness</p> <p>Minimizing exposure to ultraviolet radiation to reduce risk for skin cancer</p> <p>Promote benefits of physical activity</p> <p>Promotion of healthy diet</p> <p>Risks and symptoms of endometrial cancer to women of average risk at the time of menopause. Strongly encourage women to report and unexpected bleeding or spotting</p> <p>Seat belt use, helmet use</p> <p>Tuberculosis screening if at risk</p> <p>Unwanted Pregnancy Prevention</p> <p>Vitamin D supplementation</p> <p>Weight loss for obese adults</p>
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