Health Net

# 2021 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 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 | • Frequency based on age and contract (annual – 2 years)<br>• Baseline height and weight<br>• Calculation of Body Mass Index<br>• 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)<br>• Blood Pressure Measurement including outside the clinical setting (USPSTF) |
| Abdominal Aortic Aneurysm | One-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men ages 65 to 75 years who have ever smoked<br><br>Source USPSTF |
| Breast Cancer | Note that different entities have different recommendations. All recommend shared decision-making as to age, frequency and risk factors |

| | |
|---|---|
| | Some states regulations allow for baseline mammography starting at age 35.<br>USPSTF<br>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<br><br>ACOG<br>Women at average risk 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.<br><br>American Cancer Society (average risk)<br>• Women 40 – 44 years of age annual if desired<br>• Women 45-45 annual<br>• Women 55 and older could switch to every 2 years<br><br>Sources: USPSTF, ACOG, ACS |
| BRCA TESTING: | Providers should assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (*BRCA1/2)* gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.<br><br>Source: USPSTF 2019 |
| Cervical Cancer Screening | • Cervical cancer screening should begin at age 21 years.<br>• 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.<br>• Cervical cytology alone should be used for women aged 21 to 29 years, and screening should be performed every three years unless there is an abnormal result.<br>• In women aged 30–65 years, screening with cytology alone every 3 years or hrHPV testing alone ever 5 yrs is acceptable. Annual screening need not be performed unless there is an abnormal result.<br>• Women younger than 30 years should not undergo co-testing.<br>• Screening should be discontinued after age 65 years in women with adequate negative prior screening test results.<br>• 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.<br>• 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. |

| | |
|---|---|
| | 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.<br><br>Source: ACOG and USPSTF |
| Colorectal Cancer (CRC) Screening | Note that different entities have different recommendations but all recommend shared decision-making as to age, frequency and risk factors<br><br>Screen age 45 or 50-75 for colorectal cancer using:<br>• Guaiac Fecal Occult Blood Test (gFOBT) annually or;<br>• Fecal Immunochemical Testing (FIT) annually or;<br>• Fecal Immunochemical Testing (FIT)-DNA every 1-3 years or;<br>• Flexible sigmoidoscopy every 5 years or;<br>• Flexible sigmoidoscopy every 10 years with FIT annually or;<br>• Colonoscopy every 10 years or;<br>• CT Colonography every 5 years<br><br>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.<br><br>Some entities (such as the American Cancer Society) 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.<br><br>Sources: USPSTF, American Cancer Society |
| Lung Cancer | Screen annually for lung cancer with low-dose computed tomography in adults ages 50 to 80 years who have a 20 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.<br><br>Source: USPSTF (revised 2021) |
| Prostate Cancer (Prostatic Specific Antigen- PSA) | AUA<br>• For men between 40 and 54 at average risk, screening may not be recommended, however for men at high risk (based on ethnicity, family history of prostate and other cancers), decision to screen should be make with provider<br>• Men ages 55 to 69 need to make a shared decision about prostate cancer screening with their clinician |

| | |
|---|---|
| | ACS<br>• The American Cancer Society emphasizes informed decision making for prostate cancer screening after discussion with provider:.<br>  ○ Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.<br>  ○ Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father or brother) diagnosed with prostate cancer at an early age (younger than age 65).<br>  ○ Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).<br><br>USPSTF (C rating)<br>• For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)–based screening for prostate cancer should be an individual one.<br>• The USPSTF recommends against PSA-based screening for prostate cancer in men 70 years and older<br><br>Source: USPSTF, ACS, AUA |
| Osteoporosis (Bone Mineral Density Testing) | All women aged 65 years or older and in younger women who are at increased risk for osteoporotic fractures<br>Source: USPSTF |
| Abnormal Glucose or Type 2 Diabetes Screening | 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<br><br>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.<br><br>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<br><br>Source: USPSTF, ADA |
| Cholesterol/Lipids | Recommendations vary but in general:<br>• Screen men age 35 and older for lipid disorders.<br>• Screen women age 45 and older for lipid disorders if they are at increased risk for coronary heart disease.<br>• 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.<br><br>Source: USPSTF, AHA |
| Hepatitis B | • Screen persons at high risk for infection (such as geographic location, HIV positive, immunocompromised, household contacts or sexual partners of persons with HBV infection, injection drug use) using hepatitis B surface antigen (HbsAg) tests followed by a confirmatory test for initially reactive results.<br>• Screen pregnant women at their first prenatal visit.<br><br>Source: USPSTF |
| Hepatitis C | • Screen all adults 18 – 79 years of age<br><br>Source: USPSTF |
| Human Immunodeficiency Virus (HIV) Infection | • Screen for HIV infection in adults age 15 to 65 years.<br>• Younger adolescents and older adults who are at increased risk should also be screened.<br>• Screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.<br>• The evidence is insufficient to determine optimum time intervals for HIV screening.<br><br>Prevention thru medication prophylaxis:<br>Clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.<br><br>Source: USPSTF 2019 |
| Sexually Transmitted Infections (STI) Screenings and Counseling: Syphilis, Chlamydia, gonorrhea | Screen sexually active and those at high risk:<br>Syphilis<br>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.<br><br>Chlamydia<br>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.<br><br>Gonorrhea<br>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<br><br>Counseling:<br>Intensive behavioral counseling for adults who are at increased risk for sexually transmitted infections (STIs)<br><br>Source: USPSTF, CDC |
| Depression | 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.<br><br>Source: USPSTF |
| Tobacco | Screen all adults, including pregnant women, about tobacco use and tobacco cessation interventions for those who use tobacco products (including e-cigarettes and vaping) and pregnancy-tailored counseling for pregnant women who use tobacco.<br><br>The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents<br><br>Source: USPSTF |
| Unhealthy Drug Use: Screening | • The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older.<br>• Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. |
| Alcohol Misuse | 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<br><br>Source: USPSTF |
| Intimate Partner Violence | Screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.<br><br>Source: USPSTF |
| Fall Prevention in Older Adults | Exercise interventions are recommended to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.<br><br>Source: USPSTF |

| | |
|---|---|
| Aspirin | • 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.<br>• 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.<br><br>Source: USPSTF |
| Statins | 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:<br>• aged 40 to 75 years;<br>• have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking);<br>• have a calculated 10-year risk of a cardiovascular event of 10% or greater.<br><br>Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years<br><br>Source: USPSTF |
| Breast Cancer Risk Reducing Medications | Clinicians may offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects<br>USPSTF |
| Folic Acid | 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.<br><br>Source: USPSTF |
| Pregnancy | • Screening for asymptomatic bacteriuria using a urine culture<br>• Screening for hepatitis B at the first prenatal visit.<br>• Screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown and repeat screening is based on risk factors<br>• Refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions<br><br>Source: USPSFT<br>Refer to the American College of Obstetricians and Gynecologists Guidelines for Preconception Care, Prenatal Care and Postpartum Care |
| Newborns | Prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum |

| | |
|---|---|
| | Source: USPSTF 2019<br>Please refer to the AAP Bright Futures for information on pediatric guidelines |

| | |
|---|---|
| Counseling | Advance Directives<br>Avoidance of tobacco and/or tobacco cessation<br>Calcium intake<br>Coping Skills/Stress Reduction<br>Depression screening for postpartum, MI, CVA and for those with chronic medical conditions<br>Discuss chemoprevention for breast cancer if high risk<br>Domestic Violence (e.g., Intimate Partner Violence and Elderly Abuse; refer to intervention services if applicable)<br>Fire safety (smoke detectors)<br>Firearm storage<br>Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling Interventions<br>HIV screening and counseling<br>Hormone Replacement Therapy: Counsel women 45 and older for pros and cons<br>Immunizations/Vaccinations<br>Injury and fall prevention<br>Mental Health Awareness<br>Minimizing exposure to ultraviolet radiation to reduce risk for skin cancer<br>Promote benefits of physical activity<br>Promotion of healthy diet<br>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<br>Seat belt use, helmet use<br>Tuberculosis screening if at risk<br>Unwanted Pregnancy Prevention<br>Vitamin D supplementation<br>Weight loss for obese adults |

Review History: January 2003, March 2004, March 2005, April 2006, February 2007, February 2008, March 2009, February 2010, February 2011, February 2012, November 2012, February 2013, May 2013, February 2014, February 2015, May 2015, February 2016, May 2016, February 2017, April 2017, March 2018, September 2018, February 2019, February 2020, February 2021