

AvMed Health Plans
2011-2012 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 and no abnormal tests in prior 10 years.
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.		
Skin Cancer	Every 3 years between ages 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, American Cancer Society and The Foundation of the American Academy of Ophthalmology

Approved by CQIC – 03/15/07; 05/15/08; 03/19/09, 03/25/10, 04/14/11

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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 colonoscopy Every 10 years: Colonoscopy Screening after age 75 at physician/patient discretion.	
Recommended Screenings					
Blood Pressure	At every doctor visit. 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.				
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.	
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 ages 20 – 29. Every 3 –5 years if at risk or of African descent.	At least twice between ages 30-39. Every 2-4 years if at risk or of African descent.	Every 2 –4 years between ages 40-64.	Every 1 –2 years, for ages 65 and older.	
Osteoporosis	Not routine			Postmenopausal women 65 years and older with no risk factors, or 60 years and older with risk factors.	

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Recommended Screenings (cont.)					
Other	All Tests once at baseline: Urinalysis, CBC (RBC, hemoglobin, hematocrit, WBC), rubella titer (females).				
Infectious Disease Screening					
Sexually Transmitted Diseases (Chlamydia, Gonorrhea, Syphilis)	<p><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></p> <p><i>For Syphilis: Screen, if at risk. Advise about risk factors for STDs.</i></p>				
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.					
Immunizations					
Influenza (Seasonal)	1 dose 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)	1 to 2 does if not previously immunized or have not had measles, mumps or rubella;			Not routine. 1 dose if risk factors are present.	

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Immunizations (cont.)					
Tetanus-Diphtheria, Pertussis (Td/Tdap)	Administer a one-time dose of Tdap to those who have not received a dose previously, then boost with TD every 10 years.			Booster every 10 years	
Human Papillomavirus(HPV)	<p>3 doses for women through age 26 years if not previously immunized.</p> <p>2nd dose and 3rd dose should be 2 and 6 months after 1st dose.</p> <p>May also be administered to men with same dose schedule. ACIP* does not recommend HPV4 for routine use among males.</p>				
Hepatitis A	<p>If high risk.</p> <p>2 doses – 2nd dose should be 6-12 months or 6-18 months after 1st dose</p>				
Hepatitis B	<p>If high risk</p> <p>3 doses – 2nd dose 1 month after 1st dose, 3rd dose 4-at least two months after 2nd dose. .</p>				
Meningococcal	If high risk 1 or more doses. Revaccination interval is 5 years.				
Varicella	2 doses if no evidence of immunity. If previously received one dose, 2 nd should be given 4-6 weeks after 1 st .				
Herpes Zoster				One dose for adults 60 years of age and older.	

*ACIP- Advisory Committee on Immunization Practices

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