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2018 Adult Female 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 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. Your benefit plan may or may not cover all the services listed here. Please refer to your certificate of coverage for complete details or contact the customer service number listed on your ID card.

Medicare Members: Please refer to Health Net's "Medicare Advantage Preventive Health Guidelines for Medicare Members"

Physical Exam	19-25 years	26-39 years	40-49 years	50-65 years	65+ years
Health Maintenance Exam (HME)	Every year	Every year	Every year	Every year	Every year
Blood Pressure[1]	Every 1- 2 years	Every 1- 2 years	Every 1- 2 years	Every 1- 2 years	Every 1- 2 years
Body Mass Index (BMI)[2]	At HME	At HME	At HME	At HME	At HME
Height Weight	At HME	At HME	At HME	At HME	At HME
Dental	Twice Annually	Twice Annually	Twice Annually	Twice Annually	Twice Annually
Clinical Breast Exam (CBE)[14]	Every 1-3 years	Every 1-3 years	Annually	Annually	Annually
Breast Self- Awareness[13]	Monthly	Monthly	Monthly	Monthly	Monthly
Additional exams for cancer: Lymph nodes, thyroid, mouth, skin, ovaries	At HME	At HME	At HME	At HME	At HME
Electrocardiogram[21] (screening)	Discuss risk level with provider	Discuss risk level with provider	Discuss risk level with provider	Discuss risk level with provider	Discuss risk level with provider

Screening	19-25 years	26-39 years	40-49 years	50-65 years	65+ years
Colorectal Cancer Screening[3]	NA	NA	if high risk, discuss with provider	High-sensitivity Fecal Occult Blood Test (gFOBT), FIT annually or FIT-DNA 1 – 3 years, or Colonoscopy every 10 years, or Sigmoidoscopy every 5 years, or Sigmoidoscopy every 10 years with FIT-DNA every year, or CT colonography every 5 years	
Depression Screening[4]	Discuss with provider	Discuss with provider	Discuss with provider	Discuss with provider	Discuss with provider

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Hearing[15]	NA	NA	Discuss with provider	Discuss with provider	Discuss with provider
Screening for Alcohol, or Drug Use [17]	At HME	At HME	At HME	At HME	At HME
Vision[5]	Every 5-10 years	Every 5-10 years	40-54 every 2 - 4 years	55-64 every 1 – 3 years	Every 1-2 years
Screening	**19-25 years**	**26-39 years**	**40-49 years**	**50-65 years**	**65+ years**
Bone Mineral Density for Osteoporosis [11]	NA	NA	Screening based on risk	Screening based on risk	Every two years
Pelvic Exam with Cervical Smear (PAP) [8]	21-25 every 3 years (see below)	Age 26-29 every 3 years; 30-39 yrs : co-testing every 5yrs OR Cytology alone every 3 yrs or hrHPV testing alone ever 5 yrs acceptable (see below)	Co-testing every 5 yrs. Cytology alone every 3 yrs or or hrHPV testing alone ever 5 yrs acceptable alternative (see below)	Co-testing every 5 yrs. Cytology alone every 3 yrs or hrHPV testing alone ever 5 yrs acceptable alternative (see below)	No screening is necessary after negative prior screening results
Chlamydia/Gonorrhea Screening [10]	Annually for sexually active non-pregnant women ≤ 24 yrs	Annually if high risk	Annually if high risk	Annually if high risk	Annually if high risk
Syphilis Screening[23]	If at high risk	If at high risk	If at high risk	If at high risk	If at high risk
Mammography [9]	N/A	N/A	Annually	Annually	Annually
Aspirin Therapy [12]	NA	NA	Discuss with provider	Discuss with provider[12]	Discuss with provider [12]
BRCA risk assessment and genetic counseling and screening [18]	If at high risk	If at high risk	If at high risk	If at high risk	If at high risk
Hepatitis B Screening[22]	If at high risk	If at high risk	If at high risk	If at high risk	If at high risk
Hepatitis C virus infection screening [19]	If at high risk	If at high risk	If at high risk	If at high risk	If at high risk

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Lung Cancer Screening [20]	NA	NA	NA	The USPSTF recommends annual screening 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.	The USPSTF recommends annual screening 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.
Suggested Laboratory Tests	**19-25 years**	**26-39 years**	**40-49 years**	**50-65 years**	**65+ years**
Glucose [6]	If high risk	If high risk	Screen as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese	If normal, rescreen every 3 years	If normal, rescreen every 3 years
Lipoprotein Screening [7]	Only if high risk for coronary heart disease (CHD)	Only if high risk for CHD	If at increased risk, age 45 and older, every 5 years;	Every 5 years	Every 5 years
Human Immunodeficiency Virus [16]	One time screening, repeat screening for those at risk	One time screening, repeat screening for those at risk	One time screening, repeat screening for those at risk	One time screening, repeat screening for those at risk	Consult MD

Medication Use
Folic Acid: all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.(2017)
Statin Use[24]: For the Primary Prevention of Cardiovascular Disease in Adults: Adults aged 40 to 75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater,

Counseling and Education

In general, counseling and education should be carried out at each health maintenance visit and when dictated by clinical need.

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Nutrition (healthy diet counseling)
Nutrient balance and supplements
Calcium intake
Vitamin D supplementation
Folic Acid for child bearing potential:
Weight loss for obese

Sexual Practices
STD Prevention (screen those at increased risk for STD and offer high-intensity counseling)
Unwanted Pregnancy Prevention
HIV screening and counseling
Tuberculosis screening if at risk

Advance Directives

Physical Activity

Immunizations/Vaccinations

Injury and fall prevention
Seat belt use, helmet use
Fire safety (smoke detectors)
Firearm storage
Set water heater at 120 degrees
Domestic Violence (e.g., Intimate Partner Violence and Elderly Abuse; refer to intervention services if applicable)

Mental Health Awareness
Depression/Anxiety Disorders
Depression screening for post partum, MI, CVA and for those with chronic medical conditions
Coping Skills/Stress Reduction
Substance Abuse including tobacco use (provide cessation interventions for those who use tobacco products and US FDA approved pharmacotherapy for cessation for adults who use tobacco)
Alcohol use

Skin Cancer behavioral counseling
Use skin protection

Aspirin
Use in high risk to prevent coronary heart disease

Hormone Replacement Therapy
Counsel women 45 and older for pros and cons

Osteoporosis
Counsel women on risks and prevention

Breast cancer risk
Discuss chemoprevention in high risk
Discuss genetic testing as appropriate

1. Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) recommends screening at least once every 2 years for persons with SBP and DBP below 120 mm Hg and 80 mm Hg, respectively, and more frequent intervals for screening those with blood pressure at higher levels. Screening every year with SBP of 120-139mmHg or DBP of 80-90. The USPSTF recommends screening for high blood pressure in adults age 18 years and older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment
2. The USPSTF recommends that clinicians screen all adult patients for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions.
3. Some states have legislative mandates requiring that available colorectal cancer (CRC) screening options must include all tests identified in the current American Cancer Society (ACS) screening guidelines, including stool-based DNA (sDNA) screening and CT colonography. The USPSTF recommends screening for colorectal cancer (CRC) using high sensitivity fecal occult blood testing, FIT and FIT-DNA (June 2016), sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.
4. The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. There is little evidence regarding the optimal timing for screening. The optimum interval for screening for depression is also unknown; more evidence for all populations is needed to identify ideal screening intervals. A pragmatic approach in the absence of data might include screening all adults who have not been screened previously and using clinical judgment in consideration of risk factors, comorbid conditions, and life events to determine if additional screening of high-risk patients is warranted.
5. Recommendations from the American Academy of Ophthalmology
6. The USPSFT recommends screening for type 2 Diabetes Mellitus for adults with sustained BP greater than 135/80 mmHg. 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. The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. 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.
7. USPSFT strongly recommends screening women aged 45 and older for lipid disorders (total cholesterol and high-density lipoprotein cholesterol) if they are at increased risk for coronary heart disease, every 5 years, shorter intervals for those with lipid levels close to warranting therapy, and longer intervals for those not at increased risk who have had repeatedly normal lipid

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levels. The USPSTF recommends screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease (diabetes, family history of cardiovascular disease before age 50 in male relatives or age 60 in female relatives, tobacco use, hypertension, obesity (BMI > 30), previous personal history of CHD or non-coronary atherosclerosis.

8. ACOG recommends:: Cervical cancer screening should begin at age 21 years. With the exception of women who are infected with HIV, women younger than age 21 years should not be screened regardless of the age of sexual initiation or the presence of other behavior-related risk factors

- Women aged 21–29 years should be tested with cervical cytology alone, and screening should be performed every 3 years. Co-testing should not be performed in women younger than 30 years. Annual screening should not be performed
-For women aged 30–65 years, co-testing with cytology and HPV testing every 5 years is preferred.
- 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.
- 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.
-Both liquid-based and conventional methods of cervical cytology are acceptable for screening.
- In women who have had a hysterectomy with removal of the cervix (total hysterectomy) and have never had CIN 2 or higher, routine cytology screening and HPV testing should be discontinued and not restarted for any reason.

- Screening by any modality should be discontinued after age 65 years in women with evidence of adequate negative prior screening results and no history of CIN 2 or higher. 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.

- Women with any of the following risk factors may require more frequent cervical cancer screening than recommended in the routine screening guidelines, which ere intended for average risk women:
  -Women who are infected with HIV
  - Women who are immunocompromised (such as those who have had solid organ transplant)
  - Women who were exposed to diethylstilbestrol in utero
  -Women previously treated for CIN 2, CIN 3, or cancer

9. States may recommend baseline screening mammogram begin at age 35. ACOG recommends mammogram annually for women age 40 and older. The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years.

10. 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 USPSFT recommends screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection. The USPSFT recommends screening for gonorrhea in 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 use.

11. For all post menopausal women with risk factors (history of a fragility fracture in a first-degree relative, low body weight (≤ 127 lbs), current tobacco use, estrogen deficiency at an early age (< 45 yrs), poor health/frailty, usual average alcohol intake in excess of two drinks per day, medical conditions associated with increased risk of osteoporosis) and for all women over 60. The USPSTF recommends screening for osteoporosis in women aged 65 years or older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.

12. The USPSTF recommends initiating 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. Persons who place a higher value on the potential benefits than the potential harms may choose to initiate low-dose aspirin.

13. The College of Obstetricians and Gynecologists, the American Cancer Society, and the National Comprehensive Cancer Network endorse breast self-awareness, which is defined as women's awareness of the normal appearance and feel of their breasts. Breast self-awareness should be encouraged and can include breast self-examination.

14. The College of Obstetricians and Gynecologists, the American Cancer Society, and the National Comprehensive Cancer Network recommend that clinical breast examination should be performed annually for women aged 40 and older. They also recommend clinical breast examination for women with low prevalence of breast cancer (i.e., women aged 20-39 years) every 1-3 years. .

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15. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for hearing loss in asymptomatic adults aged 50 years or older. It does not apply to persons seeking evaluation for perceived hearing problems or for cognitive or affective symptoms that may be related to hearing loss. These persons should be assessed for objective hearing impairment and treated when indicated. The American Speech-Language-Hearing Association recommends that adults be screened once per decade and every 3 years after age 50 years.

16. The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 - 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The evidence is insufficient to determine optimum time intervals for HIV screening. One reasonable approach would be one-time screening of adolescent and adult patients to identify persons who are already HIV-positive, with repeated screening of those who are known to be at risk for HIV infection, those who are actively engaged in risky behaviors, and those who live or receive medical care in a high-prevalence setting. Given the paucity of available evidence for specific screening intervals, a reasonable approach may be to rescreen groups at very high risk for new HIV infection at least annually and individuals at increased risk at somewhat longer intervals (for example, 3 to 5 years). Routine rescreening may not be necessary for individuals who have not been at increased risk since they were found to be HIV-negative.

17. The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

18. The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one 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.

19. The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection (e.g., past or current injection drug use, blood transfusion prior to 1992, long-term hemodiialysis etc). The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965. Persons with continued risk for HCV infection (injection drug users) should be screened periodically. Anti–HCV antibody testing followed by confirmatory polymerase chain reaction testing accurately identifies patients with chronic HCV infection.

20. The USPSTF recommends annual screening 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.

21. The USPSTF recommends against screening with resting or exercise electrocardiography (ECG) for the prediction of coronary heart disease (CHD) events in asymptomatic adults at low risk for CHD events. Based on USPSTF: Coronary Heart Disease: Screening with Electrocardiography, July 2012

22. The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection. Periodic screening may be useful in patients with ongoing risk for HBV transmission (for example, active injection drug users, men who have sex with men, and patients receiving hemodialysis) who do not receive vaccination. Clinical judgment should determine screening frequency, because the USPSTF found inadequate evidence to determine specific screening intervals.

23. The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection. Populations at increased risk for syphilis infection (as determined by incident rates) include men who have sex with men and engage in high-risk sexual behavior, commercial sex workers, persons who exchange sex for drugs, and those in adult correctional facilities. There is no evidence to support an optimal screening frequency in this population. Clinicians should use clinical judgment to individualize screening for syphilis infection based on local prevalence and other risk factors

24. Statin Use The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Although statin use may be beneficial for the primary prevention of CVD events in some adults with a 10-year CVD event risk of less than 10%, the likelihood of benefit is smaller, because of a lower probability of disease and uncertainty in individual risk prediction. Clinicians may choose to offer a low- to moderate-dose statin to certain adults without a history of CVD when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 7.5% to 10%.

Health Net uses the following sources to formulate the Preventive Health Guidelines:

Source	Website
United States Preventive Services Task Force (USPSTF), Grade A and B Recommendations	www.ahrq.gov http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm
Centers for Disease Control (CDC),	www.cdc.gov
American Congress of Obstetrics and Gynecology (ACOG),	www.acog.org
American Cancer Society (ACS)	www.cancer.org

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American Academy of Family Physicians (AAFP)	www.aafp.org
American Academy of Pediatrics (AAP)	www.aap.org
Advisory Committee for Immunization Practices (ACIP)	http://www.cdc.gov/nip/acip/
Other nationally recognized medical associations, colleges and academies	

Health Net updates these guidelines annually since new clinical evidence to support changing the guidelines may occur more frequently, changes to these guidelines may occur subsequent to the release. To ensure use of the most current recommended guidelines, Health Net suggests visiting the Web site of each specialty board, academy or organization.

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