March 2016

Michigan Quality Improvement Consortium Guideline

Adult Preventive Services (Age ≥ 50)

The following guideline recommends clinical preventive services for adults. The grade definitions used for this guideline are as defined by the United States Preventive Services Task Force (USPSTF).

	Recommendation
Health Assessment Screening, History and Counseling	Recommend a periodic health visit according to risk status every 1 - 3 years to perform:: Height, weight and Body Mass Index (BMI) **[B]**; risk evaluation and counseling for obesity (BMI ≥ 30) **[B]**, tobacco use **[A]**, alcohol use **[B],** and medication review. *See individual MQIC guidelines.*
Blood Pressure Screening	Screen for high blood pressure in adults **[A]**.
Aspirin Use	Recommend ASA for men age 45 to 79 years when the potential benefit due to a reduction in MI outweighs the potential harm due to an increase in GI bleed **[A]**. Recommend ASA for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in GI bleed **[A]**.
Cholesterol and Lipid Screening	Measure a fasting lipoprotein profile (i.e. total cholesterol, LDL-C, HDL-C), in men aged 35 years and older **[A]**. Measure a fasting lipoprotein profile in women aged 45 years and older if they are at increased risk for CHD (i.e. diabetes, family history cardiovascular disease before age 50 in male relatives or age 60 in female relatives, tobacco use, hypertension, BMI ≥ 30) **[A]**. Screen every five years for low risk adults if initial test normal; consider more frequent screening in individuals at increased risk.
Depression Screening	Screen adults for depression using a validated screening tool[1] when staff-assisted depression care supports are in place to ensure accurate diagnosis, effective treatment, and follow-up **[B]**.
Diabetes Mellitus Screening	Screen for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg **[B]**. Screen every three years
Colorectal Cancer Screening for average risk adults	Screen for colorectal cancer using high-sensitivity FOBT, sigmoidoscopy, or colonoscopy, in adults (excluding those with specific inherited syndromes - Lynch syndrome and familial adenomatous polyposis, and IBD) beginning at age 50 years and continuing until age 75 years **[A]**. Screening intervals assuming 100% adherence to the regimen: Annual FOBT, sigmoidoscopy every 5 years combined with high-sensitivity FOBT every 3 years, or screening colonoscopy every 10 years. The risks and benefits of screening methods vary. Recommend against routine screening for colorectal cancer in adults age 76 to 85 years **[C]**. Considerations may support colorectal cancer screening in an individual patient. Recommend against screening for colorectal cancer in adults older than age 85 years **[D]**.
Hepatitis C screening	Screen for HCV infection in persons at high risk for infection. Recommend one-time screening for adults born between 1945 and 1965 **[B]**.
HIV Screening	Screen all patients 15 to 65 years of age **[A]**. Screen all increased risk patients (no age limit) **[A]** annually.
Lung Cancer Screening	Screen annually with low-dose CT in adults ages 55-80 years who have 30 pack-year smoking history and currently smoke or quit within the past 15 years. Discontinue screening once smoke-free for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery **[B]**.
Osteoporosis Screening with DXA scan	Screen for osteoporosis in women aged 65 years or older **[B]**. Optimal screening interval not known. Repeating DXA within eight years does not improve prediction of fractures. Screen women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors **[B]**. The current evidence is insufficient to assess the balance of benefits and harms of screening for osteoporosis in men **[I]**.
Cervical Cancer Screening Pap Smear	Screen women age 21 to 65 years with cytology every 3 years, or, for women age 30 to 65 years who want to lengthen the screening interval, screen with a combination of cytology and human papillomavirus testing every 5 years **[A]**. If not high risk, have had adequate screening with normal Pap smears, recommend against screening women older than age 65 **[D].** Routine Pap smear screening not recommended in women who have had a total hysterectomy for benign disease **[D].**
Mammography with or without Clinical Breast Exam (CBE)	Biennial screening mammography for women aged 50 to 74 years **[B].** The current evidence is insufficient to assess the additional benefits and harms of screening mammography in women 75 years or older **[I].** Recommend against *teaching* breast self-examination (BSE) **[D].** The current evidence is insufficient to assess the additional benefits and harms of: clinical breast examination (CBE) beyond screening mammography, or MRI instead of mammography as screening modality for breast cancer in all women [I].
Prostate Cancer Screening (PSA)	Recommend against prostate-specific antigen (PSA)-based screening for prostate cancer **[D].**
Immunizations (Consult ACIP website for up-to-date recommendations and vaccine indications:	
Tdap/Td	After primary series, Td every 10 years. Give Tdap once after age 12.
Zoster	One dose after age 60, unless contraindicated.
Influenza	Annual vaccine.
Pneumococcal vaccine	Before age 65: if risk factors present. Consult ACIP website. Age 65 and older: give PCV13 first and PPSV23 at least one year later. If patient already received PPSV23, give PCV13 at least one year later.
HepA, HepB, Meningococcal, Hib	If risk factors present. Consult ACIP website.
Varicella	Two doses for persons who lack history of immunization or convincing history of infection.

[1] PHQ-2, PHQ-9

This guideline lists core management steps. It is based on The Guide to Clinical Preventive Services 2014, Recommendations of the U.S. Preventive Services Task Force (www.preventiveservices.ahrq.gov) and the Advisory Committee on Immunization Practices (ACIP) 2015 Immunization Recommendations (www.cdc.gov). Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Approved by MQIC Medical Directors July 2005, 2007; rev. April 2011; March 2009, 2011, 2013, 2015, 2016 **MQIC.ORG**