

PREVENTIVE CARE RECOMMENDATIONS & HNE MEDICAL GUIDELINES



Each year, HNE collaborates with the Massachusetts Health Quality Partnership (MHQP) to publish preventative care guidelines for both adults and children. HNE then provides these guidelines to you. When this newsletter was printed, the MHQP had not yet published the 2005 guidelines. HNE's Medical Director has reviewed the 2004 guidelines, and does not anticipate any major changes for 2005. When the 2005 guidelines are released by MHQP, HNE will review them and notify you of any changes in the next newsletter.



Health New England **How Can We Help?**SM

ADULT PREVENTIVE CARE RECOMMENDATIONS 2004

Screening Recommendations

2004 Adult Preventive Care Recommendations

	19-29	30-39	40-49	50-64	65+
HEALTH MAINTENANCE VISIT					
	<ul style="list-style-type: none"> Obtain initial/interval history. Perform age appropriate physical exam. Provide preventive screenings and counseling as below. Update immunizations. For current immunization schedules, refer to the 2003 MDPH/MHQ Immunization Guidelines. 				
Every 1-3 years depending on risk factors for disease.					
CANCER SCREENING					
Health Maintenance Visit					
Breast Cancer	Perform clinical breast exam and provide self-exam instruction. Mammography for patients at high risk. Risk factors include: family history of pre-menopausal breast cancer (mother or sister) and personal history of breast/ovarian/endometrial cancer.	Perform clinical breast exam and provide self-exam instruction. Annual mammography at discretion of physician/patient.	Perform clinical breast exam and provide self-exam instruction. Annual mammography.	Perform clinical breast exam and provide self-exam instructions. Annual mammography through age 69 years and at age 70 and over at physician/patient discretion.	Perform clinical breast exam and provide self-exam instructions. Annual mammography through age 69 years and at age 70 and over at physician/patient discretion.
Cervical Cancer (Pap Smear)	Every 1-3 years depending on risk factors. Three-year intervals only after 3 consecutive negative results. Pap screening may not be necessary if the patient has had a total hysterectomy for non-cancerous disease. Risk factors include: failure to receive regular Pap test screenings, history of cervical tumors, infection with HPV (Human Papilloma Virus) or other sexually transmitted diseases, high-risk sexual behavior and HIV/AIDS.			Every 1-3 years at physician discretion. The option to omit pap screening after age 65 may be offered if there is documented evidence of regular previous screenings that are consistently normal.	
Colorectal Cancer	Not routine except for patients at high risk. Risk factors include: personal/family history in a first-degree relative, specific genetic syndromes, inflammatory bowel disease and non-cancerous polyps.		Colonoscopy every 10 years, Or annual fecal occult blood test (FOBT) plus sigmoidoscopy every 5 years, Or one of the following: sigmoidoscopy every 5 years, annual fecal occult blood test (FOBT), or double-contrast barium enema every 5 years. Each of the screening strategies has advantages and disadvantages. Screen patients after discussion of the effectiveness, strength of evidence, risks, and complexity of each testing strategy to ensure an informed choice. Screening after age 80 at physician/patient discretion.		
Testicular and Prostate Cancer	Perform clinical testicular exam and provide self-exam instruction. Prostate cancer screening not routine.	Perform DRE exam for patients at high risk for prostate cancer. Discuss risk and benefits of prostate specific antigen (PSA) blood test with all patients. PSA screening in high-risk patients at physician/ patient discretion. Risk factors include family history and African-American ancestry.	Perform DRE exam. Discuss risk and benefits of prostate specific antigen (PSA) blood test with all patients. PSA screening at physician/ patient discretion.		
	Periodic total skin exams beginning at age 20 years. Frequency at physician discretion based on risk factors. Risk factors include: age, personal history of skin cancer or repeated sunburns early in life, family history, and a large number of moles, light skin, light hair and light eye color, sun-sensitive skin, and chronic exposure to the sun. See also: General Counseling and Guidance.				
OTHER RECOMMENDED SCREENING					
Hypertension	At every acute/non-acute medical encounter and at least once every 2 years.				
Cholesterol	Every 5 years beginning at age 19 with fasting lipoprotein profile (total cholesterol, LDL cholesterol, high density lipoprotein (DL) cholesterol, and triglyceride). If the testing opportunity is nonfasting and total cholesterol is ≥ 200 mg/dl or HDL is < 40 mg/dl, a follow up lipoprotein profile should be performed.				
Diabetes (Type 2)	Fasting plasma glucose screen or two-hour glucose tolerance test for high-risk patients. Risk factors include: age, family history, obesity, race/ethnicity (African American, Hispanic/Latino, Native American, and Asian/Pacific Islander), high blood pressure or high cholesterol, history of gestational diabetes, impaired glucose tolerance, and physical inactivity. For patients age 45 and over, perform fasting plasma glucose screen every 3 years. See MA Department of Public Health Diabetes Prevention and Control Program information at http://www.state.ma.us/dph/				
INFECTIOUS DISEASE SCREENING					
Sexually Transmitted Diseases (Chlamydia, Gonorrhea, HPV, & Syphilis)	For chlamydia, gonorrhea and HPV: <ul style="list-style-type: none"> Sexually active patients under age 25: Screen annually. Patients age 25 and over: Screen annually, if at risk. Risk factors include: inconsistent use of condoms and new or multiple sex partners in last 3 months, new partner since last test, history of, and/or current infection with sexually transmitted disease, partner has other sexual partner(s). Screen pregnant women in first and third trimesters. For Syphilis: <ul style="list-style-type: none"> Screen if at risk. Risk factors include: history of and/or current infection with another sexually transmitted disease, having more than one sexual partner within the past 6 months, exchanging sex for money or drugs, and males engaging in sex with other males. Screen pregnant women at the first prenatal visit and in the third trimester, if at risk. 				
HIV	Periodic testing of all patients at increased risk & testing of pregnant women at increased risk. Risk factors include: having received blood or blood products prior to 1985, homosexual or bisexual behavior, drug abuse, history of prior sexually transmitted diseases, new or multiple sex partners, sex partners who have engaged in high risk behaviors, and inconsistent use of condoms. Universal counseling of all pregnant women about HIV testing.				
Hepatitis C	Periodic testing of all patients at high risk. Risk factors include: injection of illegal drugs, receipt of a blood transfusion or solid organ transplant before July, 1992, receipt of blood product for clotting problems before 1987, long-term kidney dialysis, evidence of liver disease, receipt of a tattoo and/or body piercing.				
Tuberculosis	Tuberculin skin testing for all patients at high risk. Risk factors include: having spent time with someone with known or suspected tuberculosis, having HIV infection, coming from a country where tuberculosis is very common, having injected illegal drugs, living in U.S. where tuberculosis is more common (e.g., shelters, migrant farm camps, prisons, etc.). Determine the need for repeat skin testing by the likelihood of continuing exposure to infectious tuberculosis.				
SENSORY SCREENING					
Eye Exam for Glaucoma	At least once in patients with no risk factors. Every 3-5 years in high-risk patients. Risk factors include: African American ancestry, age, family history of glaucoma, diabetes mellitus, and severe		Every 2-4 years.		Every 2-4 years.
	At least once in patients with no risk factors. Every 3-5 years in high-risk patients. Risk factors include: African American ancestry, age, family history of glaucoma, diabetes mellitus, and severe		Every 2-4 years.		Every 2-4 years.

PEDIATRIC PREVENTIVE CARE RECOMMENDATIONS 2004

Screening Recommendations

2004 Pediatric Preventive Care Recommendations

HEALTH MAINTENANCE VISIT

1. Initial/Interval History & Physical Exam.
2. Developmental Assessment:
 - Physical – gross/fine motor and sexual development.
 - Cognitive – self-help, self-care skills, problem solving and reasoning abilities.
 - Language – expression, comprehension, and articulation.
 - Psychosocial/Behavioral – assessment of social integration and peer relations, sleep disturbances, aggression, depression, risk-taking behavior and school performance, family changes/stresses/issues.
3. Nutritional Assessment.
4. Dental Assessment/Referral: Initiate referral by age 3 years and encourage visits every 6 months.
5. Head Circumference until and including age 24 months.
6. Check immunization status and administer any needed. For current immunization schedules, refer to the 2003 MDPH/MHQP Immunization Guidelines.

	0-1 Infancy	1-4 Early Childhood	5-10 Middle Childhood	11-18 Adolescence
HEALTH MAINTENANCE VISITS	Ages 1-2 weeks, and 1, 2, 4, 6, 9, and 12 months. Breastfeeding check between ages 3 days-2 weeks.	Ages 15, 18, 24 months, and 3 and 4 years.	Annually.	
Frequency				
ROUTINE LABS	Once between ages 9 –12 months.	As needed at physician discretion.	As needed at physician discretion.	Once during adolescence for males. Annually for all menstruating females.
Anemia: Hb/Hct		At every routine visit starting at age 3 years.	At every routine visit.	
Blood Pressure		Children older than age 2 years with family history of premature cardiovascular disease (CVD) or parent w/ blood cholesterol level \geq 240. Premature CVD is defined as definite heart attack or sudden death before age 55 years in a first-degree male relative, or before age 65 in a first-degree female		
Cholesterol	Initial screening between ages 9-12 months.	Annually at ages 2 and 3 years. Screen again at age 4 years if child lives in city/town at high risk for childhood lead poisoning, as determined by the State Childhood Lead Program (1-800-832-9571). Refer to MDPH lead screening criteria for screening children at high risk for lead poisoning. www.state.ma.us/dph/clppp/clppp.htm	If never screened, children must be screened at entry to kindergarten. Refer to MDPH lead screening criteria for screening children at high risk for lead poisoning. www.state.ma.us/dph/clppp/clppp.htm	
Lead (MDPH)	Refer to MDPH lead screening criteria for screening children at high risk for lead poisoning. www.state.ma.us/dph/clppp/clppp.htm			Once at age 5 years or at physician discretion.
SENSORY SCREENING				
Urinalysis	Newborn prior to discharge or at least by age 1 month.	Pure-tone audiometry at age 4, 5, 6, 8, 10, 12, 15, and 18 years. If test is performed in another setting, such as a school, it does not need to be repeated by the provider, but findings should be documented in child's medical record.		
Hearing	Subjective assessment at all other routine checkups.	Pure-tone audiometry between ages 2 and 4 if there is a language delay. Subjective assessment at all other routine checkups.		
Vision/Eye Care	Newborn prior to discharge or at least by age 1 month. Subjective assessment at all other routine checkups.	Visual acuity test at ages 3, 4, 5, 6, 8, 10, 12, 15, and 18 years. If test is performed in another setting, such as a school, it does not need to be repeated by the provider, but findings should be documented in child's medical record. Re-evaluate fixation preference, alignment, and eye disease between ages 3 and 4 years.		
INFECTIOUS DISEASE SCREENING				
Sexually Transmitted Diseases (Chlamydia, Gonorrhea, HPV, & Syphilis)				FOR CHLAMYDIA, gonorrhea and HPV: Screen all sexually active patients annually. Screen pregnant adolescents in first and third trimesters. FOR SYPHILIS: Screen if at risk. Risk factors include: history of and/or current infection with sexually transmitted disease; having more than one sexual partner within the past 6 months; exchanging sex for money or drugs; and males engaging in sex with other males. Screen pregnant adolescents at the first prenatal visit and in the third trimester, if at risk.
Hepatitis C		Perform anti-hepatitis C virus test after age 12 months in children with hepatitis C virus-infected mothers.		Periodic testing of all patients at high risk. Risk factors include: injection of illegal drugs, receipt of a blood transfusion or solid organ transplant before July 1992, receipt of blood product for clotting problems before 1987, long-term kidney dialysis, evidence of liver disease, receipt of a tattoo and/or body piercing.
HIV				Screen patients with risk factors and all pregnant adolescents. Risk factors include: homosexual or bisexual behavior; drug abuse; history of prior sexually transmitted diseases; new or multiple sex partners; sex partners who have engaged in high-risk behaviors; and inconsistent use of condoms.
Tuberculosis				Test patients at risk of exposure. Risk factors include: having spent time with someone with known or suspected tuberculosis (TB), emigration of child or household member from a country where TB is very common, having injected illegal drugs and/or time spent with adults having injected illegal drugs, HIV infection, living in settings where TB is more common (e.g., shelters, migrant farm camps, prisons, etc.).
CANCER SCREENING				
Pelvic Exam/Pap Smear				Screen annually if sexually active. Offer at age 18 years regardless of sexual activity. Perform clinical testicular exam and provide self-exam instruction annually beginning at age 15 years.
Testicular Exam and Self Exam Instruction				Perform clinical breast exam and provide self-exam instruction annually beginning at age 16 years. Earlier at physician discretion.

Note: This table represents a core set of clinical guidelines for an asymptomatic patient from the general population. Guidelines should not supplant clinical judgement or the needs of individual patients. If you are interested in a complete listing of Preventive Care Recommendations, please contact Member Services at 413.787.4004 or 800.310.2835. For recommended childhood immunizations, please see page 4.

References: All guidelines are based on recommendations from state and national agencies including USPSTF, AAFP, AAP, MDPH

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE

Massachusetts Department of Public Health Recommended Childhood Immunization Schedule

VACCINE	Age	range of recommended ages				catch-up vaccination				pre-adolescent assessment			
		Birth	1 mos.	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	24 mos.	4-6 yrs.	11-12 yrs.	13-18 yrs.
Hepatitis B		Hep-B-1 only if mother HBsAG(-)		Hep-B-2		Hep-B-3				Hep-B series			
Diphtheria, Tetanus, Pertussis			DTaP-1	DTaP-2	DTaP-3		DTaP-4			DTaP-5	Td		
Haemophilus Influenzae Type b			Hib-1	Hib-2	Hib-3	Hib-4							
Inactivated Polio			IPV-1	IPV-2	IPV-3					IPV-4			
Measles, Mumps, Rubella					MMR-1					MMR-2	MMR-2		
Varicella					Varicella				Varicella				
Pneumococcal			PCV7-1	PCV7-2	PCV7-3	PCV7-4			PCV		PPV		
Hepatitis A		Vaccines below this line are for selected populations								Hepatitis A series			
Influenza									Influenza (yearly)				

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2002, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. ■ Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. For minimum intervals, 1 month = 4 weeks = 28 days.

Source of Guidelines: Recommendations of the Advisory Committee on Immunization Practices; the American Academy of Pediatrics; and the American Academy of Family Physicians.

PLEASE CALL YOUR CHILD'S DOCTOR OR HEALTH NEW ENGLAND AT 800.310.2835 WITH QUESTIONS OR COMMENTS.

HNE Medical Guidelines

Medical guidelines are developed based on the results of evidence-based research. They provide information about appropriate care and treatment for specific conditions. Medical Guidelines are used by health care providers to help them make decisions about appropriate patient care and treatment. Guidelines also indicate what things you can do to stay healthy and prevent illness.

HNE has adopted the medical guidelines listed below and shares the guidelines with providers. Guideline content is available online at the HNE website: hne.com.

HNE Medical Guidelines

- Adult Preventive Care Recommendations
- Pediatric Preventive Care Recommendations
- Childhood Immunization Schedule
- Adult Immunization Schedule
- Treatment of Patients with Major Depressive Disorder
- Improving Patients Compliance with Anti-depressants
- Guide for the Diagnosis and Management of Asthma
- Management of Cholesterol Guidelines
- Massachusetts Guidelines for Adult Diabetes Care
- Scope of Services for Uncomplicated Obstetric Care
- Perinatal Care Guidelines
- Diagnosis and Evaluation of the Child with Attention-Deficit/Hyperactivity Disorder
- Treatment of the School-Aged Child with Attention-Deficit/Hyperactivity Disorder