

# COVENTRY HEALTH CARE CLINICAL PREVENTIVE SERVICES 2008

Coventry Health Care promotes the U.S. Preventive Services Task Force (USPSTF) evidence-based recommendations for clinical preventive services. The guidelines serve as recommendations for individuals at “normal risk”. Coventry’s preventive health guidelines will also include individuals with “risk factors” that impact a large number of members and/or have potential for significant adverse health outcomes. Clinicians and patients should work together to make decisions about which preventive services are most appropriate for individual patients. Some individuals in certain higher risk categories may require earlier or more frequent screening exams and this should be discussed with their physicians.

Coventry Health Care, Inc. preventive health guidelines do not reflect reimbursement or payment practices.

<b>CLINICAL PREVENTIVE SERVICES (25 TO 64 YEARS)</b>		
<b>PREVENTIVE SERVICES</b>	<b>RECOMMENDATION</b>	<b>REFERENCE</b>
Blood Pressure	Routine screening for all persons $\geq 18$ years of age.	USPSTF:2007
Total Blood Cholesterol (Men $\geq 35$ years, Women $\geq 45$ years)	Periodic screening for all men $\geq 35$ years of age and women $\geq 45$ years of age.	USPSTF:2001
Chlamydia Screen (Women $\leq 24$ years)	Routine screening for Chlamydia in all sexually active women age $\leq 24$ and in older women who are at increased risk.	USPSTF:2008
Papanicolaou (Pap) Test (Women)	Perform at least every 3 years. The interval for each patient should be recommended by the physician based on risk factors.	USPSTF:2003
Fecal Occult Blood Test and/or Sigmoidoscopy/Colonoscopy ( $\geq 50$ years)	Every 1-2 years over age 50 Fecal Occult Blood Testing should be done. Sigmoidoscopy or colonoscopy may be added to the screening program in consultation with patient's physician, at a frequency no greater than every 5 to 10 years.	USPSTF:1996
Mammogram $\pm$ Clinical Breast Exam (Women $\geq 40$ years)	Screen for breast cancer every 1-2 years, with mammography alone or mammography and annual clinical breast examination for women $\geq 40$ years. Clinicians should inform women about the potential benefits, potential harms, and limitations of the test that apply to women their age.	USPSTF:2002
Osteoporosis Screening	Routine screenings begin at age 60 for women at increased risk for osteoporotic fractures.	USPSTF: 2002
Assess for Problem Drinking	Screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women.	USPSTF:2004
Assess for Tobacco Use	Screen adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products.	USPSTF: 2003
Assess for Depression	Screen adults to detect depression in clinical practices that have systems in place to assure accurate diagnosis, effective treatment, and follow up.	USPSTF: 2002

U.S.Preventive Services Task Force (USPSTF), 2<sup>nd</sup> Edition, 1996  
 U.S.Preventive Services Task Force (USPSTF), 3<sup>rd</sup> Edition, Periodic Updates  
 American Medical Association (AMA), Policy  
 U.S .Preventive Services Task Force (USPSTF), 2007  
 U.S .Preventive Services Task Force (USPSTF), 2008

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CLINICAL PREVENTIVE SERVICES (25 TO 64 YEARS)		
PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Rubella Serology or Vaccination History (Women of childbearing age)	Screen for rubella susceptibility by history of vaccination or by serology for all women of childbearing age at their first clinical encounter.	USPSTF:1996
Assess for Obesity	Screen adults for obesity using body mass index and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.	USPSTF: 2003
Chemoprophylaxis	Daily multivitamins with folic acid for all women who are planning or capable of pregnancy.	USPSTF:1996
Counseling	<p style="text-align: center;"><u>Injury Prevention</u></p> <p>Lap-shoulder belts Bicycle/motorcycle/ATV helmets Smoke detector Safe storage/removal of firearms</p> <p style="text-align: center;"><u>Diet and Exercise</u></p> <p>Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables Adequate calcium intake (Women) Regular physical activity</p> <p style="text-align: center;"><u>Substance Abuse</u></p> <p>Avoid tobacco use Avoid alcohol/drug use while driving, swimming, boating, etc.</p> <p style="text-align: center;"><u>Chemoprophylaxis</u></p> <p>Potential benefits and risks of aspirin therapy for men <math>\geq</math> 40 years, postmenopausal women and younger people with risk factors for coronary heart disease.</p> <p style="text-align: center;"><u>Menopause</u></p> <p>Strategies for preventing chronic diseases in perimenopausal and postmenopausal women. This approach should consider individual risk factors and preferences in selecting effective interventions for reducing the risks for fracture, heart disease, and cancer. Clinicians should discuss strategies for preventing osteoporosis and fractures.</p> <p style="text-align: center;"><u>Dental Health</u></p> <p>Regular visits to dental care provider Floss, brush with fluoride toothpaste daily</p> <p style="text-align: center;"><u>Sexual Behavior</u></p> <p>STD prevention: avoid high-risk behavior; condoms/female barrier with spermicide Unintended pregnancy: contraception</p>	USPSTF:1996 USPSTF: 2002 AMA: 2001

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