



Clinical Practice Guideline for Providers: Adult Preventive Health

The best practice recommendations detailed below represent services that are considered medically necessary by WellCare for the prevention of certain diseases and medical conditions in adults. WellCare strongly recommends that all members receive the necessary preventive services, leading to improved healthcare quality and outcomes.

Frequency of Physical Examination

All members should visit their physician on a regular basis. A baseline physical exam visit should occur for all new non-pregnant adult members regardless of age, within the first 90 days of enrollment. *Pregnant members should be seen within the first 14 days of enrollment.* Recommendations for periodic health exam visits for asymptomatic adults are as follows:

- **Ages: 18 to 39 years:** Exam frequency: every 1 to 3 years (annual Pap smears are indicated for females unless 3 consecutive normal smears, allowing pap smears every 3 years)
- **Ages 40 to 64 years:** Exam Frequency: every 1 to 2 years based on risk factors
- **Ages 65 and Over:** Exam frequency: every year

Age	Screening	Frequency
• 18 and older	Blood Pressure, Height, Body Mass Index (BMI), Alcohol Use	Annually, 18-21 years. After 21, every 1-2 years or per PCP recommendations
• Male > 35 years or female > 45 years of age or any adults age 20 or older at high risk	Cholesterol	Every 5 years (More frequent if elevated)
• Male 35 – 65 years • Female 45 - 65 years	Cholesterol	Every 5 years (More frequent if elevated)
• Female 18 years of age and older who are sexually active or pregnant (consider at age 12 if sexually active)	Pap Smear and Chlamydia	Every 1-3 Years or per PCP's recommendations
• Female 40 years and older	Mammography	Every 1-2 years
• 50 years and older • 50 years and older	Colorectal Hearing Screening	Periodically depending upon test Periodically
• Female ≥ 65 years old, or ≥ 60 years at risk	Osteoporosis (Bone Mass Measurement)	Every two years or per PCP's recommendations
• 65 years and older, or younger for those that have diabetes or other risk factors	Vision including a Glaucoma or Diabetic Retinal exam as needed	Every two years for routine exams or Annual if Diabetic or other risk factors

Immunization* (see attached schedule)	
• Tetanus-Diphtheria and acellular pertussis (Td/Tdap)	18 years and older, Tdap: Substitute 1-time dose of Tdap for Td then boost with Td every 10 years
• Varicella (VZV)	All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated or the second dose if they have received only 1 dose,.
• Measles, Mumps, Rubella (MMR)	Adults born during or after 1957 should receive 1-2 doses
• Pneumococcal polysaccharide (PPSV)	65 years of age and older, all adults who smoke or have certain chronic medical conditions – 1 dose may, need a 2 nd dose if identified at risk.
• Seasonal Influenza	All adults annually
• Hepatitis A Vaccine (HepA)	All unvaccinated individual who anticipate close contact with an international adoptee or those with certain high-risk behaviors.
• Hepatitis B vaccine (HepB)	Adults at risk, 18 years of age and older – 3 doses
• Meningococcal conjugate vaccine (MCV)	College freshmen living in dormitories not previously vaccinated with MCV and others at risk, 18 years of age and older – 1 dose. Meningococcal polysaccharide vaccine) is preferred for adults aged \geq 56 years.
• Human Papillomavirus (HPV)**	* For eligible members through 26 years of age (three dose series)
• Zoster	Age 60 and older 1 dose
• Haemophilus Influenza type b (Hib)	For eligible members who are at high-risk and who have not previously received Hib vaccine (1 dose)

Prevention

- Discuss aspirin to prevent cardiovascular events.
 - ❖ Men – 40 years and older periodically
 - ❖ Women – 50 years and older periodically
- Discuss the importance of preventive exams (Mammograms and Breast self-examination for women at high risk and who have family history.)
- Discuss prostate-specific antigen (PSA) test and rectal exam for men after 40 years old per PCP discretion.

Counseling

- Calcium intake: 1,000mg/day (women age 18-50 years old), 1200-1500 mg/day (women >50 years).
- Folic Acid: 0.4 mg/day (women of childbearing age) ; women who have had children with Neural Tube Defects (NTD) should take 4 mg/day.
- Breastfeeding: Women after childbirth.
- Tobacco cessation, drug and alcohol use, STD's and HIV, nutrition, physical activity, sun exposure, oral health, and injury prevention.
- Medication list.
- Advance directives.

* Unless there is a medical reason not to get a specific vaccine

**Subject to individual state coverage.

**Recommended adult immunization schedule,
by vaccine and age group United States 2011**

VACCINE ▼	AGE GROUP ►	19–26 years	27–49 years	50–59 years	60–64 years	≥65 years
Influenza ^{1,*}		1 dose annually				
Tetanus, diphtheria, pertussis (Td/Tdap) ^{2,*}		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years				Td booster every 10 years
Varicella ^{3,*}		2 doses				
Human papillomavirus (HPV) ^{4,*}		3 doses (females)				
Zoster ⁵					1 dose	
Measles, mumps, rubella (MMR) ^{6,*}		1 or 2 doses		1 dose		
Pneumococcal (polysaccharide) ^{7,B}		1 or 2 doses				1 dose
Meningococcal ^{9,*}		1 or more doses				
Hepatitis A ^{10,*}		2 doses				
Hepatitis B ^{11,*}		3 doses				

* Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of previous infection)

Recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications)

No recommendation

**Vaccines that might be indicated for adults, based on medical
and other indications - United States, 2011**

VACCINE ▼	INDICATION ►	Pregnancy	Immunocompromising conditions (excluding human immunodeficiency virus [HIV]) ^{3,5,6,13}	HIV infection ^{10,12,13} CD4+ T lymphocyte count		Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia ¹² (including elective splenectomy) and persistent complement component deficiencies	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel
			<200 cells/μL	≥200 cells/μL						
Influenza ^{1,*}			1 dose TIV annually					1 dose TIV or LAIV annually		
Tetanus, diphtheria, pertussis (Td/Tdap) ^{2,*}		Td	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years							
Varicella ^{3,*}		Contraindicated	2 doses							
Human papillomavirus (HPV) ^{4,*}			3 doses through age 26 years							
Zoster ⁵		Contraindicated	1 dose							
Measles, mumps, rubella ^{6,*}		Contraindicated	1 or 2 doses							
Pneumococcal (polysaccharide) ^{7,B}			1 or 2 doses							
Meningococcal ^{9,*}			1 or more doses							
Hepatitis A ^{10,*}			2 doses							
Hepatitis B ^{11,*}			3 doses							

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For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of previous infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

No recommendation

References

Centers for Disease Control and Prevention. Recommended adult immunization schedule---United States, 2011. MMWR 2011;60(4). The recommended adult immunization schedule has been approved by the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American College of Physicians.

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Cleveland Clinic www.cchs.net/health/health-info Periodic Health Exams and Cancer Screening

ACG Recommendations on Colorectal Cancer Screening for Average and Higher Risk Patients in Clinical Practice, April 2008.

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