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	COLORADO COLORADO COLORADO COLORADO COLORADO COLLABORATIVE	Clinical Preventive Health Recommendations for the General Adult Population Based on U.S. Preventive Services Task Force (USPSTE) A and B recommendations f for the general population and as prioritized by the National Commission on Prevention Priorities.	ions for the Gen PSTE) A and B recomm ional Commission on P	eral Adult P endations ¹ for the evention Priorities	pulation	LE ALCII.
Sum Sum	s guideline is not meant to be a comprei nmary of high risk definitions and <u>a</u> ll US	This guideline is not meant to be a comprehensive list of preventive services that may be indicated for a given patient. It is designed to assist clinicians in providing priority preventive services, not to replace a clinician's judgment.	is designed to assist clinician adoguidelines.org/guidelines/p	s in providing priority (revention.asp.	1	ives
	Preventive Services for Adults		Age (Years)			
1395 1495	¥ Services for women only.	18-34 35-39 40-44	45 - 49 50 - 54	55-59 60-64	Ty Ty	1-
	Alcohol misuse screening and	"When was the last time you had more than 3 (for women or men >65 yrs.)/4 (for men) drinks in one day?" Positive = Within past 3 months.	.)/4 (for men) drinks in one d	ay?" Positive = Within		-F:
versi (S) Maana	Screen routinely.	"How many drinks do you have per week?" Positive = more than 7 (women/men >65 yrs.)/14 (men) drinks/week).	/men >65 yrs.)/14 (men) drin	ks/week).		.
498.53 Alaka	Aspirin chemoprophylaxis*	Risk assessment tools:	Men 45-79 yrs. to prevent MI if benefit outweighs harm for GI bleeding.	if benefit outweighs ha	rm for GI bleeding.	
a sisteri Surfation Surfation	discuss q 5 yrs, or more frequently.	Men (MI): http://hp2010.htlp#hin.net/atpii//calculator.asp/usertype=prof Wormen (ischemic stroke): http://www.westernstroke.org/PersonalStrokeRisk1.xls	× T	Women 55-79 yrs. to prev bleeding	Women 55-79 yrs. to prevent ischemic stroke if benefit outweighs harm for Gl bleeding.	
	Cervical cancer screening ♀ Pap smears – q 3 yrs.	Screen women who have been sexually active and have a cervix within 3 yrs. of onset of sexual activity or 21-65 yrs.	t of onset of sexual activity or	.21-65 yrs.		
٨IJ	Cholesterol screening*	Cardiac risk assessment calculator: <u>http://hp2010.n</u> hlbihin.net/atbili/calculator.asp?usertyoe=prof	tor: http://hp2010.nhlbihin.n	et/atpiii/calculator.asp	usertvoe=brof	M
HOIF	Kidar	Screen men 20-34 yrs. at increased risk. Screen men ≿35 yrs.				
14 8	on most recent result.	Screen women 20-44 yrs. at increased risk.	Screen women ≳45 yrs.		Consider discontinuing after age 65 If consistently normal.	al.
HÐIH	Colorectal cancer screening * FOBT – q 1-2 yrs. Sigmoidoscopy – q 5 yrs., or Colonoscopy – q 10 yrs.	Conside screening high-risk adults earlier. See CCGC Colorectal Screening guideline for more information about high risk individuals <50 yrs. and individuals with a family or personal history of polyps or colorectal cancer.		50 yrs. with FOBT, flex s c-based or fecal immu litions that limit life exp age 85.	Screen adults ≥50 yrs. with FOBT, flex sig preferably with FOBT, or colonoscopy. Use a high sensitivity gualac-based or fecal immunochemical test (FIT). Discontinue screening based on co-morbid conditions that limit life expectancy, especially after age 75. Recommend against screening after age 85.	1
	Hypertension screening* q 1-2 yrs. based on most recent levels.	Measure blood pressure. Hypertension is usually defined as >140/90 mmHg (or lower in certain conditions such as diabetes).	l (or lower in certain conditio	such as diabetes).		
	Immunizations*	Highest priority given to influenza and pneumococcal. See CCGC Adult Immunization Schedule for complete recommendations.	nunization Schedule for comp	lete recommendations		l I
	Tobacco use screening and brief intervention* Screen routinely.	Provide brief counseling, refer to the Colorado QuitLine (1-800-QUIT-NOW/1-800-784-8669), and offer pharmacotherapy.	-800-784-8669), and offer ph	armacotherapy.		1

Screen for obesity and offer obese patients high-intensity counseling about diet, exercise, or both together with behavioral interventions for at least 3 months. Obesity defined as BMI of "Over the past 2 weeks, have you felt down, depressed, or hopeless?" "Over the past 2 weeks, have you felt little interest or pleasure in doing things?" Positive = yes to either question. Screen in those with sustained blood pressure (either treated or untreated) >135/80 mmHg. USPSTF does not endorse a specific screening test or frequency but screening at least ev Screen sexually active women <25 yrs. and all women at increased risk routinely (often done with gonorrhea). Rescreening at 6-12 months may be appropriate if previously infected. *CGG Guidelines and other resources related to this service are available at <u>www.coloradoguidelines.org</u> or by calling 720-297-1681 or 866-401-2092. ¹An "A" or "B" recommendation indicates the USPSTF found the net benefit of providing this service outweighed the harms. Complete USPSTF recommendations are available at <u>http://www.ahrg.gov/clinic/USpstfix.htm</u>. Screen all women ≥65 yrs. >60 yrs. with risk factors. Offer intensive behavioral dietary counseling to those with hyperlipidemia and other known risk factors. Cardiac risk assessment calculator: <u>http://hp2010.nhlbihin.net/atpil/calculator.asp?usertype=prof</u> Screen in practices that have systems in place to assure accurate diagnosis, treatment, and follow-up. Screen women 40-70 yrs. years with fasting plasma glucose is a reasonable method. Mammography with or without cłinicał breast exam – q 1-2 yrs. Diabetes screening (type 2)* Сł DXA of hip - q 2 yrs. or less **Breast cancer screening** Chlamydia screening 🤉 **Osteoporasis screening** Healthy diet counseling* **Depression screening*** Frequency based on risk frequent based on risk. **Obesity screening*** Screen routinely. **MEDIUM PRIORITY**

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Legislative Council office The entire attachment can be seen at the

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COLORADO CUNICAL GUIDEUNES COLLABORATIVE

This guideline is not meant to be a comprehensive list of preventive services that may be indicated for a given patient. It is designed to assist clinicians in providing priority preventive services, not to replace a clinician's Judgment. Summary of high risk definitions and all USPSTF recommendations by A, B, C, D, I grade are available at http://www.coloradoguidelines.org/guidelines.org/guidelines/prevention.asp.

Pregnant Women

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Preventive Services	High Risk Recommendations	Preventive Services	Preconception
Abdominal aortic aneurysm screening with ultrasound	Screen men 65-75 yrs, once if ever smoked.	Alcohol misuse screening and brief counseling*	~
		Tobacco use screening and brief intervention ^x	<
. Breast cancer preventive medication discussion	Discuss chemoprevention with women >40 yrs. at increased risk. Breast cancer risk assessment calculator at: http://www. nci.nih.gov/bcrisktool/Default.aspx	Folic acid - In childbearing age women (The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid)	<
Genetic counseling and evaluation for RBCA testing	Refer women with defined with from black with the site	Chlamydta screening - women <25 yrs, or at increased risk.	×
	יזיביבו איטוזיבוי אואו עבווובע ווא (אבי וועזי וואר נוונפוש).	Gonorrhea screening - women <25 yrs. or at increased risk.	~
Gonorrhea screening (often done with chlamydia)	Screen women <25 yrs, and women with risk factors.	Asymptomatic bacteriuria screening	
		Hepatitis B virus screening	
Hiv screening	Screen all adults with risk factors.		
Syphilis screening		HIV screening	
	Screen all adults at increased risk	HIV screening Iron deficiency anemia screening	
	Screen all adults at increased risk.	HIV screening Iron deficiency anemia screening Promotion of breastfeeding	
STI Prevention	Screen all adults at increased risk. High-intensity behavioral counseling for adults at increased	HIV screening Iron deficiency anemia screening Promotion of breastfeeding Rh (D) Incompatibility screening - at first prenatal visit.	

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		Child/Adolescent		
Preventive Services	0-1;yrs.	2-5 yrs.	6-10 yrs.	11-18.yrs.
Immunizations*	See CCGC Immunization Schedule for Children and	See CCGC Immunization Schedule for Children and Adolescents and/or use the Colorado Immunization Infor	nation System (Cll	
Newborn hearing screening	Screen all newborns.			
Congenital hypothyroidism screening	Screen all newborns.			
Phenyiketonuria screening	Screen all newborns.			
Sickie cell disease screening	Screen all newborns.			
Gonorrhea prophylaxis	Prophylactic medication for all newborns.			
Iron supplementation	6-12 mos. If at Increased risk for Iron deficiency anemia (recent Immigrants; premature, or LBW).	nia (recent immigrants; premature, or LBW).		
Dental caries	Oral fluoride supplementation 6 mos5 yrs. If primary water source deficient in fluoride.	ry water source deficient in fluoride.		
Vision	Screen children ≤5 yrs. as part of well child care.			
Cervical cancer screening				Screen within 3 yrs. of onset of sexual activity.
Chlamydia and gonorrhea screening				Screen sexually active females routinely. Rescreening at 6-12 months may be appropriate if previously infected.
HIV screening				Screen those with risk factors.
STI Prevention				High-intensity behavioral counseling for all sexually active adolescents.
Depression screening				Screen adolescents 12-18 yrs. for depression when systems are in place to ensure accurate diagnosis, treatment and follow-up.

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