

Preventive Care Path

Screening and Diagnosis

Breast Cancer Screening

Female Patients with Average Risk:

Between the ages of 40-44 should have the choice to start annual mammograms. Women between the ages of 45-54 should get yearly mammograms. Women age 55 and older should have mammograms every two years, or have the choice to continue yearly screening. Screening should continue as long as woman is in good health and expected to live ten more years or longer.

Female Patients at High Risk:

Yearly screening with MRI and mammograms should begin at age 30 and continue as long as a woman is in good health.

- <http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancer-early-detection-ac-recs>

Osteoporosis Screening

Female patients 65 or older should have screening DEXA every 3 years (as recommended by USPSTF)

- <https://www.medicare.gov/coverage/bone-density.html>
- <http://www.aafp.org/online/en/home/clinical/exam/osteoporosis.html>
- <http://www.uspreventiveservicestaskforce.org/uspstf10/osteoporosis/osteors.htm>

Cervical Cancer Screening

Patients between the ages of 21-64 should have a well woman exam yearly with a PAP smear every 3 years after 3 consecutive negative screenings (as recommended by AAFP, USPSTF, and ACS),
Or:

Patients between ages 30-65 who want to lengthen the screening interval should have a yearly well woman exam with a combination of PAP smear and HPV testing every 5 years (as recommended by AAFP and USPSTF)

(optional after age 65 if patient has no risk factors)

- <http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancers.htm#clinical>
- <http://www.aafp.org/online/en/home/clinical/exam/cervicalcancer.html>
- <http://onlinelibrary.wiley.com/doi/10.3322/caac.21174/pdf>

Colorectal Cancer Screening

Patients between the ages of 50-75 should have annual screening with high-sensitivity Fecal Occult Blood Test, Or:

Sigmoidoscopy every 5 years with a high-sensitivity Fecal Occult Blood Test every 3 years AAFP and USPSTF), Or:

Screening Colonoscopy every 10 year (as recommended by USPSTF, AAFP, and ACS), Or:

Multi-target stool DNA test: every 3 years for patients that meet criteria below(as recommended by Medicare)(To be used when patient refuses the above options):

- Patient between 50–85.
- Patient shows no signs or symptoms of colorectal disease including, but not limited to, lower gastrointestinal pain, blood in stool, positive guaiac fecal occult blood test or fecal immunochemical test.
- Patient at average risk for developing colorectal cancer, meaning:
 - Patient has no personal history of adenomatous polyps, colorectal cancer, inflammatory bowel disease, including Crohn's Disease and ulcerative colitis.
 - Patient has no family history of colorectal cancers or adenomatous polyps, familial adenomatous polyposis, or hereditary no polyposis colorectal cancer.

- <http://www.aafp.org/online/en/home/clinical/exam/colorectalcancer.html>
- <http://www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm>
- <http://onlinelibrary.wiley.com/doi/10.3322/caac.21174/pdf>
- <https://www.medicare.gov/coverage/colorectal-cancer-screenings.html>

Adult Preventive Health Schedule														
Age	21	24	25	30	35	40	45	50	54	55	60	65	70	75
Breast Cancer Screening						Annual screening				Biennial Screening				
Osteoporosis Screening												Q 3 yrs.		
Cervical Cancer Screening	Q 3yrs after 3 neg			Q 5yrs w/ HPV testing										
Fecal Occult									Annual Screening					
Multi-target stool DNA test									Q 3 yrs.					
Sigmoidoscopy w/ FOBT									Q 5 yrs.					
Colonoscopy									Q 10 yrs.					
Influenza	Annually													
Td/Tdap	1 time dose Tdap then Td booster Q 10yrs.													
Zoster												1 dose		
Pneumococcal 13-valent conjugate (PCV13)	1 or 2 doses depending on indication											1 dose		
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication											1 dose		

Please note: The Via Christi Health Alliance in Accountable Care, Inc. (the "ACO") in consultation with its affiliated ACO providers developed these care pathways and guidelines based on the most recent evidenced based medicine data. The ACO is continually researching and updating its care pathways and guidelines to reflect the most recent evidence based standards. This information is intended to provide health professionals with information to improve the quality of care and ultimately lower the cost of such care to the patients they serve. By providing this evidence based information, it is not the intention of the ACO to provide specific medical advice for particular patients. Rather we urge each provider to review this material when consulting and evaluating the treatment options suitable for their patients. The ACO affiliated providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic or prescription decisions.

Immunizations

Influenza: Annually

Td/Tdap: Substitute 1 time dose of Tdap for Td booster, then boost with Td every 10 years

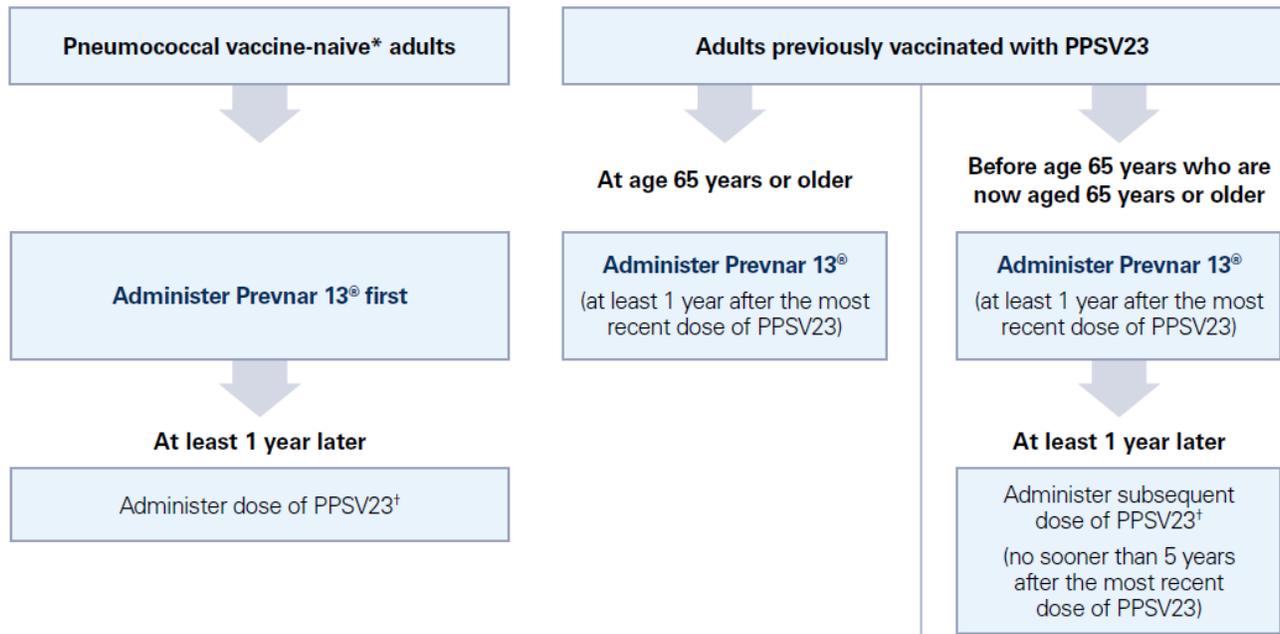
Zoster: One dose for patients greater than 60 yrs. of age ****consider cost to the patient****

Pneumococcal:

- 1 or 2 doses ages 19-64 for high risk patients (Pts. with diagnosis of HIV, Heart disease, chronic lung disease, chronic alcoholism, asplenia, chronic liver disease, diabetes, kidney failure, ESRD, or smokers). (For additional information see links below)
- Adults aged ≥65 years (immunocompetent)

The CDC's ACIP pneumococcal recommendations for immunocompetent adults aged 65+¹²

The information below represents the ACIP recommendations to complete pneumococcal vaccination



- <http://www.aafp.org/online/en/home/clinical/immunizationres.html>
- <http://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html>

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