



CLINICAL PREVENTIVE SERVICES 2022

Maryland Physicians Care utilizes the U.S. Preventive Services Task Force (USPSTF) evidence-based recommendations that have in effect a rating of “A” or “B” in the current recommendation of the USPSTF (a full list of the most current screening recommendations can be found on the USPSTF website at <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/cpsguide.pdf>), in addition to other recognized guidelines/recommendations, for clinical preventive services. The guidelines serve as recommendations for individuals at “normal risk”. Maryland Physicians Care’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.

<i>Health Resources and Services Administration/Bright Futures/American Academy of Pediatrics, 2008 U.S. Preventive Services Task Force (USPSTF), Guide to Clinical Preventive Services, Updates: 2003, 2004, 2005, 2007, 2008, 2009, 2010, 2011, 2012 and 2013, American Academy of Pediatrics (AAP) Policy, American Medical Association (AMA) Policy, United States Department of Agriculture (USDA), 2010</i>		
CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (BIRTH TO 10 YEARS)		
PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Autism Screening	Screen for autism at 18 and 24 months of age	Bright Futures/American Academy of Pediatrics 2021 https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
Behavioral Assessments	Perform psychosocial/behavioral assessment at the newborn, 3 to 5 days, and 1, 2, 4, 6, 9, 12, 15, 24, and 30 month well-baby visits. Repeat at age 3 and yearly thereafter through age 21.	Bright Futures/American Academy of Pediatrics 2021 https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
Blood Pressure Screening	Blood pressure measurements for infants and children with specific risk conditions should be performed prior to age 3. Yearly screening should be performed at 3 through 21 years of age.	Bright Futures/American Academy of Pediatrics 2021 https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
Developmental Screening and Surveillance	Screen at the 9, 18, and 30 month well-baby visit. Perform surveillance at age 3 to 5 days; 1, 2, 4, 6, 12, and 24 months; age 3, and yearly thereafter through age 21	Bright Futures/American Academy of Pediatrics 2021 https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf



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CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (BIRTH TO 10 YEARS)

PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Dyslipidemia Screening	Risk Assessment to be performed and action to follow if positive at age 24mo, 4yrs, 6yrs, 8yrs, 10yrs, Then yearly ages 11 through 17 and once ages 18 through 21. If screening conducted as part of the action, and results are normal repeat every 3-5 years	Bright Futures/American Academy of Pediatrics 2021 https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
Hearing Loss Screening	Screen for hearing loss in all newborn infants. Risk Assessment to be performed and action to follow if positive at age 24mo, 4yrs, 6yrs, 8yrs, 10yrs, then yearly ages 11 through 17 and once ages 18 through 21	Bright Futures/American Academy of Pediatrics 2021 https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
Hematocrit or Hemoglobin Screening	Screen for iron deficiency anemia at 12 months. Risk assessment to be performed and action to follow if positive at 4, 18, 24 months and yearly ages 3 through 21	Bright Futures/American Academy of Pediatrics 2021 https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf



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CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (11 TO 21 YEARS)		
PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Alcohol and Drug Use Assessment	Perform risk assessment with appropriate follow-up action if needed for adolescent age 11 through 21.	Bright Futures/American Academy of Pediatrics 2021 https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
Behavioral Assessments	Psychosocial/behavioral assessment at the newborn, 3-5 days, and 1, 2, 4, 6, 9, 12, 15, 24, and 30 months well-baby visits; repeat at 3 years and then yearly thereafter through 21 years of age	Bright Futures/American Academy of Pediatrics 2021 https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
Blood Pressure Screening	Blood pressure measurements for infants and children with specific risk conditions should be performed prior to age 3 years. Yearly screening should be performed for all persons>3 years of age.	Bright Futures/American Academy of Pediatrics 2021 https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
Breast (Ovarian) Cancer Screening	Women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing.	USPSTF 2019 http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/brca-related-cancer-risk-assessment-genetic-counseling-and-genetic-testing?ds=1&s=breast
Breast Cancer Preventive Medication	Recommends clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.	USPSTF 2019 https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-medications-for-risk-reduction?ds=1&s=breast%20cancer



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CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (11 TO 21 YEARS)

PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Cervical cancer/dysplasia screening (Papanicolaou (Pap) Test (Women)	Recommend screening for cervical cancer/ every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).	USPSTF 2018 https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening?ds=1&s=cervical%20cancer



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CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (21 TO 64 YEARS)

PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Aspirin for the Prevention of Cardiovascular Disease	Recommend initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.	USPSTF 2016 https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/aspirin-to-prevent-cardiovascular-disease-and-cancer
Assess for Problem Drinking	The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	USPSTF 2018 https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions
Blood Pressure	Routine screening for all persons >18 years of age	USPSTF 2021 https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening



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CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (21 TO 64 YEARS)

PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Chlamydia and Gonorrhea Screen	The USPSTF recommends screening for chlamydia and gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.	USPSTF 2021 https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening

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CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (PREGNANT WOMEN)

PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Assess for Problem Drinking	Screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women.	ACOG 2021 Committee opinion no. 496: At-risk drinking and alcohol dependence: obstetric and gynecologic implications. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2011/08/at-risk-drinking-and-alcohol-dependence-obstetric-and-gynecologic-implications
Assess Tobacco use and Tobacco-Caused Disease	The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.	USPSTF 2021 https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions
Blood Pressure	Screen for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	USPSTF 2017 https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/preeclampsia-screening



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CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (PREGNANT WOMEN)		
PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
CBC	Perform a CBC at the first prenatal visit	AAP and ACOG Joint Committee 2017 American Academy of Pediatrics Committee on Fetus and Newborn and American College of Obstetricians and Gynecologists Committee on Obstetric Practice. Guidelines for Perinatal Care, 8th, Kilpatrick SJ, Papile L (Eds), 2017. http://ebooks.aappublications.org/content/guidelines-for-perinatal-care-8th-edition
Chlamydia Screen	Screen all pregnant women	CDC: 2015 https://www.cdc.gov/nchhstp/pregnancy/screening/clinician-timeline.html
Gonorrhea Screen	Screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection.	CDC: 2015 https://www.cdc.gov/nchhstp/pregnancy/screening/clinician-timeline.html
Hepatitis B Surface Antigen	Screen for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.	CDC: 2015 https://www.cdc.gov/nchhstp/pregnancy/screening/clinician-timeline.html USPSTF 2019 https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-in-pregnant-women-screening
HIV Screening	Screen all pregnant women for HIV	CDC: 2015 https://www.cdc.gov/nchhstp/pregnancy/screening/clinician-timeline.html USPSTF 2019 http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening?ds=1&s=hiv



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CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (PREGNANT WOMEN)		
PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Iron Deficiency Anemia Screen	There is insufficient evidence to assess the balance of benefits and harms of routine iron supplementation for pregnant women to prevent adverse maternal health and birth outcomes.	USPSTF 2015 http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/iron-deficiency-anemia-in-pregnant-women-screening-and-supplementation?ds=1&s=pregnancy
Offer Hemoglobinopathy Screening	Offer screening for hemoglobinopathies with hemoglobin electrophoresis or other tests of comparable accuracy to appropriate pregnant women at the first prenatal visit.	ACOG 2017 Committee Opinion No. 691: Carrier Screening for Genetic Condition https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/03/carrier-screening-for-genetic-conditions
Rh (D) Typing, Antibody Screen	Strong recommendation for Rh (D) blood typing and antibody testing for all pregnant women at their first prenatal visit.	USPSTF 2004 https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/rh-d-incompatibility-screening
Syphilis Screening	Screen all pregnant women for syphilis infection.	CDC: 2015 https://www.cdc.gov/nchhstp/pregnancy/screening/clinician-timeline.html USPSTF 2018 http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/syphilis-infection-in-pregnancy-screening?ds=1&s=pregnancy
Screening for Aneuploidy (extra or	Counsel on screening and invasive testing for aneuploidy to all pregnant women who present for prenatal care before 20 weeks of	ACOG 2020 https://s3.amazonaws.com/cdn.smfm.org/attachments/780/356834e636119736e3a854c05b61b26f.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-



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CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (PREGNANT WOMEN)		
PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
missing Chromosome)	gestation. Offer screening and diagnostic testing based on risk factors.	 Credential=02RKZKZD2RMKZXHB38R2%2F20220202%2Fus-east-1%2Fs3%2Faws4_request&X-Amz-Date=20220202T185315Z&X-Amz-Expires=3600&X-Amz-SignedHeaders=host&X-Amz-Signature=18f15b5e434f80ec0b5796488b9a0817028af21bbef0241e3aca84407f3642f0

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