

Screening and Diagnostic Testing

- A screening test is often done to detect potential health disorders or diseases in **people who do not have symptoms** of disease.
- Screening tests are often done among **people without symptoms who may have a higher risk** of developing disease.
- A diagnostic test is often used to **investigate a specific concern** to determine the presence or absence of disease.
- Diagnostic tests are often done among **people that display symptoms of disease or asymptomatic individuals with a positive screening test.**



United States Preventive Services Task Force

- USPSTF - <https://www.uspreventiveservicestaskforce.org/uspstf/>
- Since 1998, the Agency for Healthcare Research and Quality has been authorized by the U.S. Congress to convene the Task Force.
- Each year a report is provided to Congress that identifies critical evidence gaps in research related to clinical preventive services.
- Composed of Independent, Volunteer Panel of Experts in Prevention and Evidence-Based Medicine.
- Members from Internal Medicine, Family Medicine, Pediatrics, Behavioral Health, Obstetrics and Gynecology, and Nursing




United States Preventive Services Task Force

- Intended to help primary care clinicians and patients decide together whether a preventive service is right for a patient's needs.
- Recommendations based on rigorous review of peer-reviewed evidence.
- Assign each recommendation a letter grade based on the strength of the evidence and balance of benefits and harm of a preventive service
- Guidelines are reviewed every 3.5 years or earlier if a landmark study is published.
- Guidelines are updated only if there is substantial new evidence.



USPSTF Ratings

- **A** - There is high certainty that the net benefit is substantial.
- **B** - There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
- **C** - There is at least moderate certainty that the net benefit is small.
- **D** - There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.
- **I** - Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.



Historic Evidence



1 France	26 Saudi Arabia
2 Italy	27 United Arab Emirates
3 San Marino	28 Israel
4 Andorra	29 Monaco
5 Malta	30 Canada
6 Singapore	31 Finland
7 Spain	32 Australia
8 Oman	33 Chile
9 Austria	34 Denmark
10 Japan	35 Dominica
11 Norway	36 Costa Rica
12 Portugal	37 United States of America
13 Monaco	38 Slovenia
14 Greece	39 Cuba
15 Iceland	40 Brunei
16 Luxembourg	41 New Zealand
17 Netherlands	42 Bahrain
18 United Kingdom	43 Croatia
19 Ireland	44 Qatar
20 Switzerland	45 Kuwait
21 Belgium	46 Barbados
22 Colombia	47 Thailand
23 Sweden	48 Czech Republic
24 Cyprus	49 Malaysia
25 Germany	50 Poland

**World Health Organization
2000 Rankings:
Health Systems
Performance**


Ranking includes:

1. Disability-adjusted life expectancy (DALE)
2. Distribution of healthcare
3. System responsiveness
4. Cost of healthcare

World Health Organization
The World Health Report 2000
Health Systems - Improving
Performance
Geneva, Switzerland
<http://www.who.int/whr/2000/en/index.html>

Annual Medicare Wellness Visit

- 12 months or longer after last Medicare Wellness Visit.
- Annual visits do not include a physical exam.
- 11 component categories
- G0439 code for Annual Wellness Visit; G0468 code for FQHC
- Any diagnosis consistent with patient exam or history may be used.
- Physician, NP, PA, CNS may do the visit.
- Supervised licensed medical professional may do the visit.
 - Provider should see the patient briefly and review findings.



Annual Medicare Wellness Visit Components

- Review and Update Health Risk Assessment
- Update Medical and Family History
- Update Current Providers and Suppliers
- Measure Standard Vitals and Other Appropriate Items
- Detect Cognitive Impairment
- Update Written Screening Schedule (screening and immunizations)
- Update Diagnoses, Conditions, and Risk Factors
- Provide and Update Health Education and Preventive Programs
- Provide Information on Advance Care Planning
- Review Current Opioid Prescriptions
- Screen for Potential Substance Use Disorders




Annual Medicare Wellness Visit

- Cancer Screening
- Risk Screening
- Immunizations




Colon Cancer Screening (All)

- *Colonoscopy screening – order every 10 years*
- *Fecal Immunochemical Test (FIT) – order every year*
- *Stool DNA-FIT – order every 1-3 years (Cologuard)*
- **Age 45-49 – screen per test protocol (USPSTF B)**
- **Age 50-75 – screen per test protocol (USPSTF A)**
- **Age 75 or older - discuss; unknown benefit; consider life expectancy (USPSTF C)**
- **Family History – consider earlier screening for first degree relatives with colon cancer, FAP, etc.**




Lung Cancer Screening (All)

- *Low-dose CT scan – order every year*
- **Age 50-80 – 20 pack-year tobacco history; still smoking or quit less than 15 years ago (USPSTF B)**
 - need to consider life expectancy and willingness to have curative lung surgery



Breast Cancer Screening (Women)

- *Conventional Mammography – order every other year*
- **Age 40-49 – discuss; minor benefit (USPSTF C)**
- **Age 50-74 – screen per test protocol (USPSTF B)**
- **Age 75 or older – discuss; unknown benefit; consider life expectancy (USPSTF I)**
- **Family History – consider earlier screening for first degree relatives with breast cancer or BRCA**



Cervical Cancer Screening (Women)

- *Cervical cytology alone – order every 3 years*
- *Cervical hrHPV alone - order every 5 years*
- *Cervical cytology and hrHPV – order every 5 years*
- **Age 30-65 – screen per test protocol (USPSTF A)**
- **Age 65 or older – do not screen (USPSTF D)**
- **Cervical Cancer w/ Hysterectomy – continue testing for 20 years after surgery**



Prostate Cancer Screening (Men)

- *PSA blood test – frequency unknown; annually at most*
- **Age 55-69 – discuss; minor benefit (USPSTF C)**
- **Age 70 or older - do not screen (USPSTF D)**



Hypertension (All)


- *Screen with office blood pressure measurement.*
- *Screen annually for adults 40 years of age or older.*
- *Screen every 3-5 years for adults 18 to 30 years of age.*
- *Obtain blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.*
- **Age 18 and over (USPSTF A)**



Prediabetes and Type 2 Diabetes (All)

- *Patients who are overweight or obese.*
- *Screen every 3 years if glucose is normal.*


- **Age 35-70 – screen per test protocol (USPSTF B)**



Depression Screening (All)

- *Screen for depression, with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.*


- **Age 18 and over (USPSTF B)**



Unhealthy Drug Use (All)


- *Screen by asking questions about unhealthy drug use when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred.*

- **Age 18 and over (USPSTF B)**




Unhealthy Alcohol Use (All)

- *Screen for unhealthy alcohol use and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions.*
- **Age 18 and over (USPSTF B)**




Tobacco Smoking Cessation (All)

- *Ask about tobacco use and advise them to stop using tobacco and provide behavioral interventions and approved pharmacotherapy for cessation.*
- **Age 18 and over (USPSTF A)**



Hepatitis C Screening (All)

- *Anti-HCV antibody blood test – order one-time screening*
- **Age 18-79 – screen per test protocol (USPSTF B)**



Bone Density Screening (Women)

- DEXA scan – order every other year
- Age 65 or older – screen per test protocol (USPSTF B)
- Age under 65 – screen per test protocol for those at increased risk (USPSTF B)
- Men (USPSTF I)



AAA Screening (Men)

- Abdominal duplex sonography – order one-time screening with any history of smoking
- Age 65-75 – screen per test protocol (USPSTF B)
- Age 65-75; men who never smoked (USPSTF C) - *Insurance*
- Age 65-75; women with any history of smoking (USPSTF I)
- Age 65-75; women who never smoked (USPSTF D)




USPSTF Senior Adult “I” Rating for Screening

- | | |
|---------------------------|-------------------------------|
| • Skin Cancer | • Cognitive Impairment |
| • Obstructive Sleep Apnea | • Lead Level |
| • Visual Acuity | • Peripheral Vascular Disease |
| • Glaucoma | • Cardiovascular Disease |
| • Anxiety | • Celiac Disease |
| • Atrial Fibrillation | • Pelvic Exam |
| • Vitamin D Deficiency | • Iron Deficiency |
| • Hearing Loss | • Bladder Cancer |
| • Thyroid Dysfunction | • Oral Cancer |




USPSTF Adult “D” Rating for Screening

- Genital Herpes
- COPD
- Carotid Artery Stenosis
- Bacterial Vaginosis
- Cardiovascular Disease (EKG)
- Pancreatic Cancer
- Ovarian Cancer
- Thyroid Cancer
- Testicular Cancer



Preventive Vaccinations - CDC

- Tetanus – every 10 years
- Influenza – annual vaccination
- Zoster – 50 or older – 2 doses (2-6 months apart)
 - Younger if immunocompromised
- Pneumonia – 65 or older – 1 dose (PCV 20)
 - Younger with certain medical conditions
- Pneumonia – 65 or older – 2 doses (PCV 15 and 23) 1 year apart
 - Younger with certain medical conditions



Resources

- [Medicare](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html)
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>
- [USPSTF](https://www.uspreventiveservicestaskforce.org/uspstf/)
 - <https://www.uspreventiveservicestaskforce.org/uspstf/>
- [CDC](https://www.cdc.gov/vaccines/acip/)
 - <https://www.cdc.gov/vaccines/acip/>

