NEW MEXICO CLINICAL PREVENTIVE SERVICES:
Version FALL 2014

Adults with Intellectual/Developmental Disabilities

by **(CoC)**

&

Transdisciplinary Evaluation and Support Clinic (TEASC)

INTRODUCTORY OVERVIEW

Primary care providers are working under high pressure in New Mexico, especially as reforms are taking place in health care insurance and reimbursement. The Continuum of Care and TEASC have collaborated with the Developmental Disabilities Supports Division of the Department of Health to provide a guide based on the US Preventive Services TASK FORCE for common health concerns in the general adult US population and upon models in other states in adults with intellectual and/or developmental disabilities (such as Massachusetts). This document is **intended as a general reminder** about screening for health concerns that arise at various ages. Specific adaptations/decisionmaking should be applied for individual patients and their specific situation.

Given that all practitioners operate under their specific Licensing Boards and scope of practice it is neither the intent nor the expectation that the following table is prescriptive. Medical knowledge and standards of care continually evolve and the most up to date standards should determine expected level of care.

The Affordable Care Act (ACA) & Preventive Services:

Under the ACA, most health plans (including Marketplace private insurance plans) MUST cover a set of preventive services and screening tests at no cost to the patient (no copay or coinsurance regardless of whether deductible has been met). These services and screening tests have a rating of **A or B** recommendations under the US Preventive Services Task Force (USPSTF) "The Guide to Clinical Preventive Services".

To view an alphabetical list of these preventive services: www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm

To view the most up to date USPSTF "The Guide to Clinical Preventive Services" recommendation statements, supporting evidence or recommendations go to: www.USPreventiveServicesTaskForce.org

The USPSTF Electronic Preventive Services Selector (ePSS) allow users to download the USPSTF recommendations to PDA, mobile or tablet devices; receive notifications of updates and search/browse recommendations online. Go to: www.epss.ahrq.gov

To view the CDC's Advisory Committee on Immunization Practices (ACIP) Vaccine current recommendations, go to: http://www.cdc.gov/vaccines/schedules/index.html

Continuum of Care/TEASC: NM Clinical Preventive Services: Adults w/ I/DD
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*When in doubt, use the latest US Preventive Services Task Force (USPSTF) "The Guide to Clinical Preventive Services[1]"

PROCEDURES					
Procedure	**19-29 Years**	**30-39 Years**	**40-49 Years**	**50-64 Years**	**65 Years+**
Health Maintenance Visit	Annually for all ages Includes initial/interval history, age-appropriate physical exam; height, weight & BMI; preventive screenings & counseling; screening for ocular disease or injury; assessment and administration of needed immunizations. Screen for falls Labs: as indicated NOTE: Health Assessment will be paid for by Medicare (but not if billed as an Annual PE)				
Oral Health Visit	Promote dental health through regular hygiene practices, assessment by a dentist at every 6 - 12 months (annual assessment at minimum) and timely management of dental disease.				
Medication Interactions (Polypharmacy)	Screen for interactions/do a medication review at each visit.				

LABS & SCREENINGS					
Cancer Screening	**19-29 Years**	**30-39 Years**	**40-49 Years**	**50-74 Years**	**75 Years+**
Breast Cancer: Mammography			Individualize decision to begin biennial screening.	Mammography every 2 yrs.	No recommendation.
Cervical Cancer Cytology (pap smear) HPV testing	**Under 21:** Do NOT screen. **21-65:** Screen with cytology (pap smear) every 3 years		**30-65:** Screen with cytology every 3 years OR Co-testing (cytology/HPV testing) every 5 years		**65+:** Do NOT screen if adequate prior screening & are not high risk
Colorectal Cancer				**50-75:** Annual high sensitivity fecal occult blood testing (FOBT) *OR* Sigmoidoscopy every 5yrs with high sensitivity FOBT every 3yrs *OR* Colonoscopy every 10yrs	**76-85:** Do NOT automatically screen **85+:** Do NOT screen
Prostate Cancer	Do NOT screen using PSA-Based screening for prostate cancer.				
Testicular Cancer	Do NOT screen.				
Skin Cancer Counsel	USPSTF: Counsel children/adolescents and young adults ages 10-24 years who have fair skin about minimizing exposure to UV radiation to reduce risk Remain alert for skin lesions with malignant features that are noted while performing physical exams for other purposes[6].				

ADDITIONAL RECOMMENDATION SCREENING

Screening	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 Years+
Obesity Body Mass Index (BMI)	Consult CDC's BMI charts: www.cdc.gov/nccdphp/dnpa/bmi/index.htm				
	USPSTF: Screen Offer or refer patients with a BMI of ≥30 kg/m^2 to intensive behavioral interventions to promote improvement in weight status Screen for overweight/underweight and eating disorders. Ask about body image & diet patterns. Counsel on benefits of physical activity and healthy diet to maintain desirable weight for height. Offer more focused evaluation & intensive counseling for BMI <18kg/m^2 or > 30kg/m^2 to promote sustained weight loss or weight gain.				
Elevated Blood Pressure	USPSTF: Screen JNC7: Every 2 years with BP <120/80 Every year with SBP of 120-139 mmHg or DBP of 80-90 mmHg[7]				
Cholesterol Total Cholesterol HDL	Men ≥ 35: Screen Men & Women 20-35 & Women ≥ 45 who are at increased risk for coronary heart disease[8]: Screen Cholesterol screening every 5 years if normal, every 3 years if results near threshold for treatment.				
Diabetes Type 2 FPG 2-hour postload plasma HgA_1c	Asymtopmatic adults with sustained blood pressure > 135/80 mmHg: Screen ADA: Every 3 years				
Liver Function	At clinician discretion after consideration of risk factors[10]				
Dysphagia & Aspiration	Chronic dysphagia & GERD are common in individuals with I/DD and neuromuscular dysfunction and antipsychotic medications Assess initially and inquire about at annual physical				
Cardiovascular Disease	*Framingham Risk Score*: http://cvdrisk.nhlbi.nih.gov/ Clinicians should continue to use the Framingham Risk Score model to assess CHD risk & guide risk-based preventive therapy. Screen for cardiovascular diseases and malformations earlier and more regularly than the general population. Specific syndromes and neuroleptic medications may increase risk for cardiac disease.				
Osteoporosis DXA	*FRAX Fracture Risk Assessment Tool*: http://www.shef.ac.uk/FRAX/ Clinicians should continue to use the FRAX Risk score to calculate the 10-year osteoporotic fracture risk				
	Women <65 whose 10 year fracture risk is equal to or greater than that of a 65 year-old white woman without additional risk factors: Screen				Screen
Visual Acuity	USPSTF: No recommendation All, including those with legal or total blindness, should be under an active vision care plan and eye examination schedule based on recommendations from an eye specialist (Ophthalmologist or Optometry). Refer to eye specialist if new ocular signs and/or symptoms develop, including changes in vision/behavior. Annual comprehensive exam for individuals with Diabetes. Risk factors[11]				
Glaucoma	USPSTF: No recommendation At least once by age 22. Follow up exam: every 2-3 years Follow up exam: More frequently for higher risk[12] patients		Every 1-2 years. More Frequent for higher risk[12] patients.		
Hearing Assessment	USPSTF: No recommendation Refer to Audiology for a full screen every 1-3 years, individualize Re-evaluate if hearing problem is reported or a change in behavior is noted.				

INFECTIOUS DISEASE SCREENING		
Infectious Disease	**≤24 Years**	**≥25 Years**
Sexually Transmitted Infections	Chlamydia: women screen annually if sexually active	Chlamydia: women screen annually if at increased risk[13]
	Gonorrhea: women if sexually active, including those who are pregnant, who are at increased risk[14]	
HIV	**15-65:** Screen **<15 & >65:** if at increased risk[15]	
Hepatitis B	Screen in persons at high risk[16].	
Hepatitis C	Screen in persons at high risk[17]. Offer one-time screening for HCV infection to adults born between 1945 & 1965	
Tuberculosis (TB)	USPSTF: update in progress; previous evidence review/recommendation is outdated. PPD skin testing every 1-2 years if risk factors[18]	

IMMUNIZATIONS 2014 http://www.cdc.gov/vaccines/schedules/index.html						
Immunization	**19-21 Years**	**22-26 Years**	**27-49 Years**	**50-59 Years**	**60-64 Years**	**65 Years+**
Influenza	1 Dose Annually					
Pneumococcal 13-valent conjugate (PCV-13)	1 dose if risk factor[19] **Refer to CDC Footnotes**					
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses if risk factor[20] (doses 5 years apart if 2nd dose given) **Refer to CDC Footnotes**					1 dose
Hepatitis A	2 doses if risk factor[21] **Refer to CDC Footnotes**					
Hepatitis B	3 doses if risk factor[22] **Refer to CDC Footnotes**					
Tetanus, Diphtheria, Pertussis (Td/Tdap)	Substitute 1-time dose of Tdap for Td booster; then Td booster every 10 years Pregnant Women: 1 dose of Tdap during EACH pregnancy during 27-36 wks. gestation					
Measles, Mumps & Rubella (MMR)	1 or 2 doses for all who lack documentation of vaccination or have no evidence of previous infection					
Meningococcal	1 or more doses if risk factor[23] **Refer to CDC Footnotes**					
HPV Female	3 doses					
HPV Male	3 doses	If unvaccinated				
Varicella (Chickenpox)	2 doses for ALL who lack documentation of vaccination or have no evidence of previous infection					
Zoster (Shingles)					1 dose regardless of whether a prior episode of zoster is reported	

INDIVIDUALS WITH DOWN SYNDROME					
	19-29 Years	**30-39 Years**	**40-49 Years**	**50-64 Years**	**65 Years+**
Dementia			http://www.alz.org/health-care-professionals/dementia-diagnosis-diagnostic-tests.asp Annual screen[24]		
Thyroid Function Test (TSH)	Annually				
Cervical Spine X-Ray	Obtain baseline at 18 years if not already done; repeat if symptomatic				
Echocardiogram	Obtain baseline if no records of cardiac function are available				

MENTAL & BEHAVIORAL HEALTH					
	19-29 Years	**30-39 Years**	**40-49 Years**	**50-64 Years**	**65 Years+**
All Disorders	Screen annually: sleep, appetite disturbance, weight loss, general agitation Monitor for new onset for problems performing daily activities, functional decline or change in behavior: irritability, withdrawal, forgetfulness, speed of reaction				
Mild TBI	http://www.cdc.gov/concussion/index.html Annual screen for concussion of mild TBI[25]				
Tardive Dyskinesia	http://nmhealth.org/DDSD/ClinicalSvcsBur/CSBFormsBrochures/documents/TD_TipSheet.pdf http://nmhealth.org/DDSD/ClinicalSvcsBur/CSBFormsBrochures/documents/TD_MedAlert.pdf Monitor for signs/symptoms in individuals on antipsychotics or neuroleptics				

GENERAL COUNSELING & GUIDANCE					
	19-29 Years	**30-39 Years**	**40-49 Years**	**50-64 Years**	**65 Years+**
Prevention Counseling	Annually counsel regarding prevention of accidents related to falls, fire/burns, choking and screen for at-risk sexual behavior.				
Abuse or Neglect	Annual monitor for behavioral signs of abuse & neglect Perform complete body skin evaluation				
Preconception Counseling	As appropriate Include: genetic counseling, folic acid supplementation, discussion of parenting capability				
Menopause Management	At an appropriate age: counsel on the changes that occur at menopause and the options for symptom management				
Healthy Lifestyle	Annually counsel regarding diet/nutrition, incorporating regular physical activity into daily routines, substance abuse.				
Falls Prevention (American Geriatric Society)	USPSTF: Recommends exercise or physical therapy & Vitamin D supplementation to prevent falls in community-dwelling adults age ≥65 who are at increased risk Ask about gait/balance problems Ask about falls in past year Determine frequency/cause of falls Gait/balance Testing as indicated Multifactorial Fall Risk Assessment: Focused evaluation (fall history, medications, other risk factors), Physical Exam (gait, balance, joint function, neurologic function, muscle strength, cardiovascular status, visual acuity, feet and footwear); Function assessment (ADLs, patient perception of ADL); Environmental assessment				
Pain Risk Assessment (American Medical Directors Association AMDA)	**PAIN ACTION/TREATMENT PLAN** History and Physical Exam Regular/systematic assessment for presence of pain, as appropriate Observation for nonspecific signs/symptoms that suggest pain Identification/addressing of risk factors for pain during assessment Identification of characteristics and causes of pain in individual patient Use of standardized scale to quantify the intensity of the patient's pain, as appropriate Provision of appropriate interim treatment for pain; monitor for pain Assessment of impact pain has on function and quality of life Diagnostic testing (laboratory, radiographic, other) as indicated Consultation with pain specialists, as needed/if available				
Seizure Management	**SEIZURE ACTION/TREATMENT PLAN** Medical-specific Laboratory testing: baseline, 2 weeks after starting anti-seizure medication and as indicated If change in seizure frequency or intensity, evaluate for new or worsening medical condition				

[1]To view the full recommendation statements, supporting evidence or recommendations published after March 2012, go to: www.USPreventiveServicesTaskForce.org The USPSTF Electronic Preventive Services Selector (ePSS) allow users to download the USPSTF recommendations to PDA, mobile or tablet devices; receive notifications of updates and search/browse recommendations online. Go to: www.epss.ahrq.gov

[2]Breast Cancer Risk Factors: Increasing age is the most important risk factor. Others: family history; history of chest radiation. Genetic Risk Assessment & Breast Cancer Susceptibility Gene (BCRA) mutation testing for Breast & Ovarian Cancer Susceptibility: *For Non-Ashkenazi women*: 2 first-degree relatives with breast cancer (1 of whom got the diagnosis at age ≤50); combination of 3 or more first- or second-degree relatives with breast cancer, regardless of age of diagnosis; combination of both breast and ovarian cancer among first- and second-degree relatives; first-degree relative with bilateral breast cancer; combination of 2 or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; first- or second-degree relative with both breast and ovarian cancer at any age; or a history of breast cancer in a male relative. *For women of Ashkenazi Jewish Heritage*: an increased-risked family history includes any first-degree relative (or 2 second-degree relatives on the same side of the family) with breast cancer or ovarian cancer.

[3]Cervical Cancer Risk Factors: Human Papilloma Virus (HPV) infection is associated with nearly all cases of cervical cancer. Other factors include: HIV infection; a compromised immune system; in utero exposure to diethylstilbestrol; previous treatment of a high-grade precancerous lesion or cervical cancer.

[4]Colorectal Cancer Risk Factors: diagnosis of a close relative; specific genetic syndromes; inflammatory bowel disease and noncancerous polyps.

[5]Prostate Cancer Risk Factors: family history or African American ancestry.

[6]Skin Cancer High Risk Factors: family history of skin cancer, considerable history of sun exposure and sunburn. *Groups at increased risk for Melanoma*: Fair-skinned >65 years, atypical moles, >50 moles. *Features with increased risk for malignancy*: Asymmetry, border irregularity, color variability, diameter >6mm, rapidly changing lesions.

[7]Hypertension: Due to variability in individual blood pressure measurements, it is recommended that hypertension be diagnosed only after 2 or more elevated readings are obtained on at least 2 visits over a period of 1 to several weeks.

[8]Cholesterol: Risk factors for CHD include diabetes, history of previous CHD or atherosclerosis, family history of cardiovascular disease, tobacco use, hypertension, and obesity (body mass index ≥ $30 kg/m^2$).

[9]Diabetes Type 2 High Risk Factors: obesity, family history, low LDL cholesterol, high triglycerides, hypertension, sedentary; African American, Hispanics, Native-Americans, Asian and long term antipsychotic medications.

[10]Liver Function Risk Factors: long term prescription medication, hepatitis, anti-convulsants, alcohol consumption, atypical antipsychotic medications or others with “metabolic syndrome”.

[11]Visual Impairment Risk Factors: age, smoking, alcohol use, exposure to ultraviolet light, DM, corticosteroids, black race (cataracts), white race (age-related macular degeneration), family history

[12]Glaucoma Risk Factors: Family history, older age, African-American ancestry. Additional risk factors may include: decreased central cornea thickness, low diastolic perfusion pressure, diabetes, severe myopia.

[13]Chlamydial Infection Increased Risk: age: women/men aged 24 yrs. and younger are at greatest risk. History of: previous Chlamydial infection or other STIs, new or multiple sexual partners, inconsistent condom use, sex work. Demographics: African-Americans & Hispanics women/men have higher prevalence rates than the general population in many communities.

[14]Gonorrhea Infection Risks: age: women/men aged 24 yrs. and younger are at greatest risk. History of: previous gonorrhea infection or other STIs, new or multiple sexual partners, inconsistent condom use, sex work and drug use.

[15]HIV Infection Risks Factors: person is at increased risk if he/she reports 1/more individual risk factors or receives health care in a high-prevalence (1% of patient population being served has infection) or high-risk clinical setting (STI clinics, correctional facilities, homeless shelters, tuberculosis clinics, clinics serving men who have sex with men and adolescent health clinics with a high prevalence of STIs. Individual Risks: men who have had sex with men after 1975; having unprotected sex with multiple partners; past/present injection drug users; exchange sex for money or drugs or have sex partners who do; past/present sex partners who are HIV-infected, bisexual or injection drug uses; being treated for STDs; history of blood transfusion between 1978 & 1985; if request an HIV test.

[16]Hepatitis B Infection Risk Factors: diagnosis of STD, IV drug use, sexual contact with multiple partners, male homosexual activity, and household contact with chronically infected persons.

[17]Hepatitis C Infection Risk Factors: current/past IV drug use; receiving a blood transfusion before 1990; dialysis; being a child of an HCV-infected mother. Surrogate markers: high-risk sexual behavior (particularly sex with someone infected with HCV) and the use of illegal drugs, such as cocaine or marijuana) have also been associated with increased risk.

[18]TB Risk Factors: may include: residents/employees of congregate setting; those who **attend adult day programs**; who rely on mass transit; are in close contact with persons known or suspected to have TB.

[19]PCV-13 Risk factors: immunocompromised, CRF, nephrotic syndrome, asplenia (functional or anatomic), CSF leaks, cochlear implants.

[20]PSSV-23 Risk factors: chronic lung disease, chronic cardiovascular disease, DM, CRF, nephrotic syndrome, chronic liver disease (including cirrhosis), alcohol, Cochlear Implants, CSF leaks, Immunocompromised, asplenia (functional or anatomic), nursing home or long-term care facilities residents, cigarette smokers.

[21]Hepatitis A Risk factors: men who have sex with men, illicit drug use, chronic liver disease, receiving clotting factor concentrates; traveling/working in countries w/ high rate of hepatitis.

[22]Hepatitis B Risk factors: men who have sex w/ men; >1 partner in past 6 months; evaluating/treating for STD; IV drug use; HC professionals; public safety workers; DM (<60); ESRD; Hemodialysis; HIV+; Chronic liver disease.

[23]Meningococcal Risk factors: first year college students up through age 21 who are living in dorm (if not received at 16); functional Asplenia or persistent complement component deficiencies; microbiologists; military recruits; travel to hyperen/epidemic areas.

[24]Annual Screening for Dementia: e.g.: NTG-EDSD (National Task Group on Intellectual Disabilities and Dementia Practices –Early Detection Screen for Dementia). Copy of screening tool is available on the CoC website: http://coc-cmstest.health.unm.edu/resources/guidelines.html

[25]Mild TBI Screening Tool: Acute Concussion Evaluation (ACE) can download from CDC: http://www.cdc.gov/concussion/headsup/pdf/ACE-a.pdf

An electronic copy of this document in available on the CoC website: http://coc-cmstest.health.unm.edu/resources/guidelines.html

References:

1. US Department of Health & Human Services Centers for Disease Control & Prevention: Recommended Adult Immunizations Schedule, United States 2014.
2. US Preventive Services Task Force, *Guide to Clinical Preventive Service, 2012,* US Department of Health & Human Services Agency for Healthcare Research & Quality.
3. Massachusetts Department of Developmental Services Adult Screening Recommendations 2012.