

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-36

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SUBJECT: Preventive Care

EFFECTIVE DATE: September 2012

SUPERCEDES DATE: None

PURPOSE

To assure that DOP inmates have access to appropriate, proven, safe, and cost effective preventive health care.

POLICY

“The [U.S. Preventive Services Task Force](#) (USPSTF) was convened by the Public Health Service to rigorously evaluate clinical research in order to assess the merits of preventive measures, including screening tests, counseling, immunizations, and preventive medications.”

1. DOP primary care providers should recommend that their patients follow all “Level A” Recommendations of the USPSTF.
2. DOP primary care providers should consider and recommend their patients “Level B” Recommendations of the USPSTF.
3. DOP primary care providers may not order any screening or preventive procedure that does not have a “Level A or B” Recommendations of the USPSTF, unless clinically indicated.

PROCEDURE

- 1) **PCPs** should be familiar with the **USPSTF Screening Recommendations**.
 - a) A complete list of all the recommendations is at:
<http://www.uspreventiveservicestaskforce.org/adultrec.htm>
 - b) This web site is regularly updated when new or revised recommendations are released.
 - c) PCPs should review all Level A and B Recommendations during Health Maintenance visits.
 - d) Applications for identifying recommendations for specific patients are available for all major mobile operating systems at: <http://epss.ahrq.gov/PDA/index.jsp>
 - e) A web application for identifying recommendations for specific patients is available at:
<http://epss.ahrq.gov/ePSS/search.jsp>
- 2) **PCPs** should be familiar with all **DOP Clinical Practice Guidelines**
- 3) During regular Health Maintenance visits PCPs should review all **DOP Clinical Practice Guidelines** that relate to Preventive Health Care and “**Level A**” and “**Level B**” **USPSTF Recommendations** appropriate for the given patients age, sex, and overall health and if indicated recommend that the patient follow these recommendations.
- 4) During other health care visits, PCPs may review the record to determine if either any “Level A” or “Level B USPSTF” recommendations are indicated.



9/19/12

Paula Smith, Chief of Health Services Date

SOR: Deputy Medical Director

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Appendix : 1

USPSTF Grade Definitions and Suggestions for Practice

The USPSTF updated its definitions of the grades it assigns to recommendations and now includes "suggestions for practice" associated with each grade. The USPSTF has also defined levels of certainty regarding net benefit. These definitions apply to USPSTF recommendations voted on after May 2007.

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	Note: The following statement is undergoing revision. Clinicians may provide this service to selected patients depending on individual circumstances. However, for most individuals without signs or symptoms there is likely to be only a small benefit from this service.	Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

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UPSTF Level A and Level B Recommendations

Topic	Description	Grade	Effective date
Abdominal aortic aneurysm screening: men	The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men aged 65 to 75 who have ever smoked.	B	Feb-05
Aspirin to prevent CVD: men	The USPSTF recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	A	Mar-09
Aspirin to prevent CVD: women	The USPSTF recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.	A	Mar-09
Blood pressure screening in adults	The USPSTF recommends screening for high blood pressure in adults aged 18 and older	A	Dec-07
BRCA screening, counseling about	The USPSTF recommends that 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.	B	Sep-05
Breast cancer screening	The USPSTF recommends screening mammography for women every 2 years for women aged 50 - 74.	B	Dec-09
Cervical cancer screening	The USPSTF strongly recommends screening for cervical cancer with Pap smear in women who 21 - 65 and have a cervix every 3 years or with Pap smear and HPV testing for woman 30 - 65 every 5 years.	A	Mar-12
Chlamydial infection screening: non-pregnant women	The USPSTF recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.	A	Jun-07
Cholesterol abnormalities screening: men 35 and older	The USPSTF strongly recommends screening men aged 35 and older for lipid disorders	A	Jun-08
Cholesterol abnormalities screening: men younger than 35	The USPSTF recommends screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease.	B	Jun-08

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Cholesterol abnormalities screening: women 45 and older	The USPSTF strongly recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.	A	Jun-08
Cholesterol abnormalities screening: women younger than 45	The USPSTF recommends screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease.	B	Jun-08
Colorectal cancer screening	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults 50 - 75 years. The risks and benefits of these screening methods vary. (See DOP CPG on Colorectal Cancer Screening/surveillance)	A	Oct-08
Diabetes screening	The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	B	Jun-08
Folic acid supplementation	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	A	May-09
Gonorrhea screening: women	The USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).	B	May-05
Healthy diet counseling	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.	B	Jan-03
HIV screening	The USPSTF strongly recommends that clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection.	A	Jul-05
Obesity screening and counseling: adults	The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults	B	Dec-03
Osteoporosis screening: women	The USPSTF recommends that women aged 65 and older be screened routinely for osteoporosis and in younger woman who have a fracture risk equal to or greater than that of a 65 year old white woman who has no additional risk factors.	B	Jan-11

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Tobacco use counseling and interventions: non-pregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products	A	Apr-09
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