BACK TO BASICS
UNDERSTANDING GUIDELINES FOR WELLNESS

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OBJECTIVES
• Illustrate evidence-based guidelines for immunizations.
  • Detailed illustrations of the Center for Disease Control’s (2018) recommendations for immunizations for the following patients: birth to 17 years of age, 18-39 years of age, 40-49 years of age, 50-74 years of age and 75 years of age and older.

• Illustrate evidence-based guidelines for cancer screening.
  • National guidelines for preventive cancer screenings for adults from the United States Preventive Task Force (2018) and the National Institute of Health (2018) regarding risk for breast, cervical, colorectal, lung, skin, prostate, skin and testicular cancer will be explicitly explained.

• Illustrate evidence-based guidelines for preventive health screening.

• Discussion will also include proper coding, billing and documentation needed for payment of these immunizations and screening tests.

WHO HAS THE TIME?
• Chart Audit
  • Run quarterly reports
  • Identifying patients without documentation
  • Identifying patients who have not received immunization or screening
  • Initiate an appointment with the patient to address

• Chart Prep
  • Prior to visit
  • Triage

• Physical Exam/Wellness Visit

WHAT IS ON THE AGENDA
• Wellness Visit
• Immunizations
• Cancer screening
• Risk
WHAT IS YOUR SOURCE

Center for Disease Control and Prevention

United States Preventative Task Force

National Institute of Health

RECOMMENDATION VS INDICATION

- Recommendation
  - Clinical practice guidelines are statements that include recommendations intended to optimize patient care.

- Indication
  - A valid reason to use a certain test, medication, procedure, or surgery.

WELLNESS VISIT

- Take the time to
  - Review FHx, PMHx, SHx
  - Identify risk
  - Immunizations
  - Place orders
  - EDUCATE!!!!!!

FUN FACT

- Proper coding
  - Physical Exam

- Wellness Visit

IMMUNIZATIONS
BREAKING IT DOWN

INFLUENZA

- Acute respiratory infection typically caused by the Influenza A, B or C virus
  - estimated to affect 20% of children and 5% adult each year
  - 70%-85% of seasonal flu-related deaths have occurred in people >65 years of age
  - 54%-70% of seasonal flu-related hospitalizations have occurred among people >65 years of age

- Influenza A and B have multiple subtypes
  - H antigen (H1, H2 and H3)
  - N antigen (N1 and N2)

Influenza (Flu) Viruses.

TYPES OF INFLUENZA

- Influenza A (annual)
  - Frequent outbreaks every 2-3 years
  - Large epidemics
- Influenza B
  - Milder disease
  - Occurring every 4 years
- Influenza C
  - Not associated with pandemics or epidemics
  - Mild disease

Types of Influenza Viruses.

VACCINATIONS

- Standard Dose
- Fluzone
  - Fluzone High-Dose
    - People 65 years and older
    - 4 times the antigen of standard-dose inactivated influenza vaccines
      - Give patients a better immune response, and therefore, better protection against flu
- Fluad
  - Adjuvanted influenza vaccine that may help improve immune response.
    - In an observational study Fluad was shown to be more effective than unadjuvanted standard-dose inactivated vaccine

Influenza Vaccination: A Summary for Clinicians.
TYPES OF INFLUENZA VACCINATIONS

• Intradermal Influenza Vaccination
  - Requires less antigen to be as effective as the standard flu shot

• Cell-Based Flu Vaccination
  - Uses cell-based candidate vaccine viruses

• Jet Injector

• Recombinant Influenza Vaccine
  - The recombinant flu vaccine manufacturing process has the potential for faster “startup”

https://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm

TYPES OF INFLUENZA VACCINATIONS

• Live Attenuated/Nasal Spray
  - Contain 4 flu viruses: an influenza A (H1N1) virus, an influenza A (H3N2) virus and two influenza B viruses.

• Quadrivalent Influenza Vaccination
  - 2 influenza A viruses and 2 influenza B viruses.

https://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm

TETANUS, DIPHTHERIA, PERTUSSIS

• Pertussis is on the rise
  - 16 million cases of Pertussis worldwide
    - 95% in developing countries
  - Highest incidence of Pertussis in the U.S. is in:
    - <6 months of age (71%)
    - 7-10 years of age (15%)
    - 11-19 years of age (16%)
  - Awareness, improved testing and reporting

• Tetanus is on the decline
  - A complete vaccine series of tetanus has efficacy of 100%
  - A complete vaccine series of diphtheria has efficacy of 97%

https://www.cdc.gov/vaccines/vpd/dtap-tdap-td/public/

• Adults should get one dose of Td every 10 years

• Adults who have never received Tdap should get it in place of a Td dose.
  - Can get Tdap at any time, regardless of when they last got Td

• Pregnant woman should get Tdap each pregnancy at 27-36 weeks

• DTaP
  - Daptacel®, Infanrix®, Kinrix®, Pediarix®, Pentacel®, and Quadracel®

• Tdap
  - Adacel® and Boostrix®

https://www.cdc.gov/vaccines/vpd/dtap-tdap-td/public/

CHECK WITH INSURANCE

• Medicare
• Passport
• Commercial
HERPES ZOSTER

- Almost 1 in 3 people will develop herpes zoster in their lifetime
- 90% of adults in US have evidence of VZV
- 300,000-500,000 case annually
- One outbreak does not make a person immune

ZOSTER VACCINATION

- Zoster Vaccine Recombinant, Adjuvanted (Shingrix)
  - 90% more effective in preventing against shingles
  - 2-dose administered 2-6 months apart
  - Backorder
  - containing recombinant glycoprotein E in combination with a novel adjuvant (AS01B)
  - No specific length of time that someone needs to wait, after having shingles, before they can receive Shingrix
  - Make sure the shingles rash has gone away
  - If you get old get the new

HUMAN PAPILLOMAVIRUS

- 9 in 10 people will contract HPV in their lifetime
- Roughly 12,000 women are diagnosed with cervical cancer a year
- It is estimated that 4,000 women die from cervical cancer
- Approximately 1% of sexually active adults in the U.S. have visible genital warts
- The vaccination targets the HPV types that most commonly cause:
  - some cervical cancer, vulva, vagina, anus, and oropharynx cancer.

HUMAN PAPILLOMAVIRUS VACCINATION

- Gardasil 9
  - protects against HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58
- Gardasil
  - protects against HPV types 6, 11, 16, and 18
  - The benefit of protection against the five additional types targeted by Gardasil 9 is mostly limited to females.
A SLIGHT DILEMMA

• Indicated versus recommended
  
  • Now indicated for male and females 26-45 years of age
  
  • Insurance approval for male and females 9-26 years of age

HUMAN PAPILLOMAVIRUS VACCINATION

• People who received the vaccine series before their 15th birthday should receive 2 of the HPV vaccines
  
  • Second dose is administered 6 months after the 1st dose

• Adolescents who receive their 2 doses less than five months apart will require a third dose.

• If a person receives Gardasil (4 virus) and would like Gardasil 9 there is no additional safety concerns.

• If a person began series with 4 virus vaccination it is recommended the series be completed with Gardasil 9

GARDASIL DOSAGE

• Ages 9-14 years of age administered at 0 and 6-12 months (2 doses)

• Ages 15-17 years of age administered at 0, 1-2months, and 6 months (3 doses)

• Ages 18-45 years of age administered at 0, 1-2 months, and 6 months (3 doses)

PNEUMONIA

• S. pneumoniae serotypes can cause disease, but only a minority of serotypes produce the majority of pneumococcal infections.

• Pneumococci are commonly inhibits respiratory tract
  
  • Nasopharynx: 5-92%
  
  • L-10% of adults without children are carriers
  
  • 20-40% of school-aged children may be carriers
  
  • 50-80% of service personnel may be carriers

• Pneumococcus is the most common cause of:
  
  • Bacteremia, pneumonia, meningitis, and middle ear infections in young children

PNEUMONIA

• Adults 65 years or older are at increased risk for pneumococcal disease

• Some adults 19 through 64 years old are also at increased risk:
  
  • Chronic illnesses (chronic heart, liver, kidney, or lung [including chronic obstructive lung disease, emphysema, and asthma] disease; diabetes; or alcoholism)
  
  • Weaken the immune system (HIV/AIDS, cancer, or damaged/absent spleen)
  
  • Cochlear implants or cerebrospinal fluid leaks
  
  • Smoke cigarettes

PNEUMOCOCCAL VACCINATION

- The pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax 23®)
  - 23-valent polysaccharide vaccine
  - recommended for use in all adults who are 65 years or older AND
    adults 19 through 64 years of age who have an increased risk for pneumococcal disease
- Pneumococcal conjugate vaccine (PCV13 or Prevnar 13®)
  - protection against the 13 serotypes
  - prevent some ear infections
- Administer PCV13 as a four-dose series at 2, 4, 6, and 12 through 15 months of life
- PCV13 should also be administered to all adults 65 years or older
- some adults 19 through 44 years of age with an increased risk of pneumococcal disease

PAYMENT

- ALWAYS advise to verify with their insurance
  - Write script
  - Go to pharmacy
- Proper codes
  - Need for immunization
- Documentation
  - Vaccination Card

CANCER SCREENING

BREAST CANCER SCREENING

- Screening mammogram (12-31)
CERVICAL CANCER SCREENING

• Screening for cervical cancer
• Screening for malignant neoplasm of cervix

Z12.4


OVARIAN CANCER SCREENING

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic</td>
<td>The USPSTF recommends against screening for ovarian cancer in asymptomatic women. This recommendation applies to asymptomatic women who are not known to have a high-risk hereditary cancer syndrome.</td>
</tr>
</tbody>
</table>

D


COLORECTAL CANCER SCREENING

• Colon cancer screening

Z12.11


Direct Visualization Tests

<table>
<thead>
<tr>
<th>Modality</th>
<th>Frequency</th>
<th>Evidence of Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
<td>Every 5y</td>
<td>High</td>
</tr>
<tr>
<td>CT Colonography</td>
<td>Every 5y</td>
<td>Moderate</td>
</tr>
<tr>
<td>Flexible sigmoidoscopy</td>
<td>Every 5y</td>
<td>Moderate</td>
</tr>
<tr>
<td>Flexible sigmoidoscopy with FIT</td>
<td>1st year</td>
<td>Low</td>
</tr>
<tr>
<td>Rectal sigmoidoscopy</td>
<td>1st year</td>
<td>Low</td>
</tr>
<tr>
<td>Faecal occult blood testing</td>
<td>Every year</td>
<td>Low</td>
</tr>
<tr>
<td>Stool immunochemical testing</td>
<td>Every 1 or 2 y</td>
<td>Low</td>
</tr>
</tbody>
</table>

FIT: Faecal Immunochemical Test

Screening Method: Faecal Immunochemical Test

Table: Characteristic of Colorectal Cancer Screening Strategies

<table>
<thead>
<tr>
<th>Screening Method</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>pFOBT</td>
<td>Every year</td>
<td>Low</td>
</tr>
<tr>
<td>FIT</td>
<td>Every year</td>
<td>Low</td>
</tr>
<tr>
<td>CT Colonography</td>
<td>Every 5y</td>
<td>Moderate</td>
</tr>
<tr>
<td>Flex Sigmoid</td>
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<td>Moderate</td>
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Additional Information

- FIT: Faecal Immunochemical Test
- pFOBT: Faecal Occult Blood Test
- CT Colonography: Computed Tomography
- Flex Sigmoid: Flexible Sigmoidoscopy

2/25/2019
COLORECTAL CANCER SCREENING

- A positive family history is linked to about 20% of cases of colorectal cancer.
- About 3% to 10% of the population has a first-degree relative with colorectal cancer.
- Male sex and black race are also associated with higher colorectal cancer incidence and mortality.
- Black adults have the highest incidence and mortality rates compared with other racial/ethnic subgroups.

LUNG CANCER SCREENING

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<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade (What's This?)</th>
</tr>
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<tbody>
<tr>
<td>Adults Aged 55–80, with a History of Smoking</td>
<td>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 30-pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</td>
<td>B</td>
</tr>
</tbody>
</table>

ORAL CANCER SCREENING

- According to the World Health Organization and the National Institute of Dental and Craniofacial Research, an oral cancer screening examination should include a visual inspection of the face, neck, lips, labial mucosa, buccal mucosa, gingiva, floor of the mouth, tongue, and palate.
- The examination also includes palpating the regional lymph nodes, tongue, and floor of the mouth.
- Any abnormality that lasts for more than 2 weeks should be reevaluated and considered for biopsy.

- Screening for oral cancer

SKIN CANCER SCREENING

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<tr>
<td>Asymptomatic adults</td>
<td>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of visual skin examination by a clinician to screen for skin cancer in adults.</td>
<td>I</td>
</tr>
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TESTICULAR CANCER SCREENING

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<tr>
<td>Adolescent and Adult Men</td>
<td>The USPSTF recommends against screening for testicular cancer in adolescent or adult men</td>
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PROSTATE CANCER SCREENING

FEMALE

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<tr>
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<th>Cancer Screening</th>
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<td>Cervical (every three years for all women ages 21 to 65)</td>
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<td>Vaccines</td>
<td>HPV screening every five years for all women ages 30 to 65</td>
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<tr>
<td>40-64</td>
<td>MMR</td>
<td>Cervical (one-time screening every five years for women ages 30 to 65)</td>
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<td>65-75</td>
<td>Tdap/Td</td>
<td>Colonoscopy every 10 years, a stool FIT* test every year or a sigmoidoscopy every 10 years with annual FIT testing.</td>
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MALE

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HEALTH SCREENINGS

- Risk for:
  - Abdominal aortic aneurysm
  - Alcohol abuse
  - Depression
  - Diabetes
  - Falls
  - Hepatitis-C
  - HIV
  - Illicit drug abuse
  - Obesity
  - Osteoporosis
  - Syphilis
  - Stain therapy
  - Tobacco abuse
  - Tuberculosis
  - Vision
  - Vitamin D deficiency

ABDOMINAL AORTIC ANEURYSM

- Ultrasound is gold standard for screening. Dx code 113.6
- If AAA is found, recommended follow-up q 3-12 months until AAA greater than 5 cm

ALCOHOL ABUSE

• Screening tools for adults deemed most effective are AUDIT-C and SASQ.
• AUDIT-C has been shown to be more effective than other screening tools.
• In 2016, an estimated 26.2% of adults 18 years or older reported heavy-use (binge drinking) episodes and 6.6% reported heavy drinking within the previous month.


DEPRESSION

• PHQ9
• Commercial insurance 96127 up to 4 times per year – pt may receive bill
• Medicare G0444 one time yearly


DIABETES MELLITUS

• Family history of DM, history of gestational diabetes, PCOS, certain ethnic groups may prompt earlier screening if patient has 1 or more of these characteristics.


FALLS

• MIPS Measure 154
• Does not include persons who have been in hospice in the past 12 months
• Screening at least once year
• Once documented as Falls Risk in calendar year does not need to be performed again in same year


HEPATITIS-C

• Adults born between 1945 and 1965 due to use of non disposable syringes and needles which did not become widely available until late 1960s early 1970s


ILLICIT DRUG USE SCREENING

OBESITY SCREENING CHILDREN AND ADOLESCENTS 6 YRS AND OLDER

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<tr>
<td>Children and adolescents 6 yrs and older</td>
<td>The USPSTF recommends that clinicians screen for obesity in children and adolescents 5 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.</td>
<td>B</td>
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OBESITY SCREENING ADULT AGE 18 AND OLDER

- USPSTF does not have recommendation for screening adults for obesity.
- BMI 23.0 to 29.9 Overweight
- BMI 30.0 to 39.9 Obesity
- BMI 40.0 to 49.9 Morbid Obesity
- BMI 50 and above Severe Morbid Obesity

If elevated BMI but pt is physically fit, use waist circumference to determine if overweight or obese. WC should be less than 40 in in males and 35 inches in females.

OSTEOPOROSIS

- DEXA scan performed every 2 years
- Under 65 postmenopausal, low weight


CHLAMYDIA AND GONORRHEA

- Screening is for women age 24 and younger and older women at risk.
- Insufficient evidence of screening men for chlamydia and gonorrhea.


HIV SCREENING

- Use HIV 4th generation which tests for antigen/antibodies as well as p24. Test can detect infection in as little as 1 month after patient is infected with HIV.


SYPHILIS

- Exposure to sexually transmitted infection


73 74 75 76 77 78
STATIN USE FOR THE PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE IN ADULTS: PREVENTIVE MEDICATION

- ASCVD risk of less than 7.5% and no history of CVD no statin therapy recommended in adults 76 years and older.


TBUCERULOSIS

- Populations at increased risk for LTBI include persons who were born in, or are former residents of, countries with increased tuberculosis prevalence and persons who live in, or have lived in, high-risk congregate settings (eg, homeless shelters and correctional facilities).
- Local demographic patterns may vary across the United States; clinicians can consult their local or state health departments for more information about populations at risk in their community.
- Screening tests include the Mantoux tuberculin skin test and interferon-gamma release assays; both are moderately sensitive and highly specific for the detection of LTBI.


VISION


VIT D DEFICIENCY


TOO MUCH INFO

- There’s an app for that

THAT SUMS IT UP!