PREVENTIVE HEALTH GYN EXAM
CLINICAL PRACTICE GUIDELINE

PROVIDER TYPE:  Primary Care Physicians and OB/GYN Specialists

TARGET POPULATION:  Female Members

SCOPE:  Preventive Gynecological Care for women including screening for Breast Cancer, Cervical Cancer, and Chlamydia.

Process Indicator(s):

- The percentage of women 40-74 years of age who had a mammogram to screen for breast cancer.
- The percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: women of age 21-64 who had cervical cytology performed every 3 years or women age 30-64 who had cervical cytology/human papillomavirus(HPV) co-testing performed every 5 years.
- The percentage of women 16-24 years of age who were identified as sexually active and who had at least 1 test for Chlamydia during the measurement year.

GUIDELINE:

I. Review History:
   A. Medical/surgical, family
   B. Sexual, menstrual, reproductive
   C. Dietary/nutrition assessment
   D. Physical activity
   E. Tobacco, alcohol, drug use
   F. Abuse/neglect
   G. Urinary and fecal incontinence

II. Measurements:
   A. Weight
   B. Height
   C. Blood pressure
   D. BMI

III. Breast Cancer Screening:
   A. Clinical breast exam (CBE) should be performed annually for women ages 40 years and older and minimally every 3 years for women younger than 40 years, as part of a woman’s periodic health exam.

   B. Women should receive instruction on technique and information about the benefits and limitations of monthly breast self-exam (BSE). Women should be encouraged to become familiar with how their breasts look and feel and to promptly report any changes. A monthly self-breast exam is optional but is encouraged periodically.
C. Mammography should be performed annually on asymptomatic women ages 40 and over.

D. Women may warrant screening at an earlier age or more aggressive screening (repeat screening) if they have risk factors. This should be based upon the physician’s advice, after discussion between member and physician. Risk factors may include but are not limited to:

- Personal history of breast cancer
- Laboratory evidence of carrying a specific gene mutation, or change, that increases susceptibility to breast cancer, i.e., BRCA1 or BRCA2
- Mother, sister, daughter, male relative or 2 or more close relatives, such as cousins, with a history of breast cancer and/or ovarian cancer
- Dense breast tissue (above 75%) that a clear reading of a previous mammogram is difficult
- Breast cancer occurring before age 50 in an affected relative
- Biopsy history of atypical hyperplasia or LCIS

IV. Cervical Cancer Screening:
These guidelines address screening in the general population. They do not address high risk populations who may require more intensive or alternative screening. This population includes women with a history of cervical cancer, exposure in utero to diethylstilbestrol or those who are immunosuppressed.

A. Cervical cancer screening should begin at age 21 regardless of age of onset of sexual activity or the presence of other behavior-related risk factors.

B. Screening with cervical cytology alone from age 21-29 is recommended every 3 years but should be more frequent in women who are considered high-risk.

C. Women 30 to 65 years of age should be screened with both cytology and HPV testing (“co-testing”) every 5 years (preferred) or with cytology alone every 3 years (acceptable).

D. Cervical cancer screening is unnecessary in women of any age who have undergone hysterectomies with removal of the cervix and who have no history of CIN2,3 or cervical cancer.

E. Cervical cancer screening can be stopped in women older than age 65 with evidence of adequate negative prior screening and no history of CIN2+ in the previous 20 years. Adequate negative prior screening results are defined as three consecutive negative cytology results or two consecutive negative co-test results within the previous 10 years, with the most recent test performed within the past 5 years.

F. Women with a history of CIN 2, 3 or cancer should undergo annual screening for 20 years after treatment.

G. HPV vaccination does not change these recommendations.
V. Pelvic Examination: (per ACOG recommendations)
Pelvic examination should be performed only when indicated by medical history for patients younger than 21 years of age and annually for patients 21 years and older or as appropriate.

VI. HPV:
A. U.S. Preventive Services Task Force (USPSTF) and the American Society for Colposcopy and Cervical Pathology recommend screening with cytology and HPV testing (“co-testing”) every 5 years (preferred) or cytology alone every 3 years (acceptable) for women 30-65 years old.

B. Advisory Committee on Immunization Practice (ACIP) recommends Human Papillomavirus vaccine series (HPV vaccine) in a 3 dose schedule with second and third doses administered 1-2 and 6 months after the first.

C. Vaccination is recommended for females as young as 11-12 years old and catch-up vaccination is recommended for females aged 13-26 years who have not been vaccinated or who have not completed the full 3 dose series.

VII. Chlamydia Screening:
A. Annually for sexually active women ages 24 years and under
B. Annually for other symptomatic women over 24 years who may be at risk

VIII. Health Counseling
- Folic acid supplementation – age appropriate population
- Discuss short and long term risks and benefits of hormone replacement therapy – age appropriate population
- Sexually transmitted infections
- High-risk behaviors
- Contraceptive options
- Preconception counseling for desired pregnancy
- Domestic violence
- Tobacco cessation
- Calcium intake
- Bone density testing for age-appropriate population
- Physical activity
- Diet/Nutrition (including eating disorders and obesity)
- Interpersonal/family relationships
- Lifestyle stress

Please refer to the Adult Health Maintenance Clinical Practice Guideline for further recommendations and other areas of prevention.
REFERENCES:
http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html

http://www.guideline.gov/content.aspx?id=34275

http://www.acog.org/About_ACOG/ACOG_Departments/Annual_Womens_Health_Care/Assessments_and_Recommendations


https://www.acog.org/About_ACOG/Announcements/New_Cervical_Cancer_Screening_Recommendations

http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Gynecologic_Practice/Well-Woman_Visit

http://www.uspreventiveservicestaskforce.org/uspstf/uspchlm.htm

http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerr.htm#clinical

http://www.uspreventiveservicestaskforce.org/recommendations.htm
Blue Cross of Northeastern Pennsylvania is committed to good health. We encourage members to make the right choices that can lead to healthier lives. Our health and wellness resource, Blue Health Solutions, is designed to help each person improve his/her health or maintain a healthy lifestyle.

With Blue Health Solutions, your patients gain access to the many valuable resources, including:

- **A confidential health assessment** that will help your patients better understand how their health history and lifestyle choices may impact their future health. If a patient’s assessment shows health risks, a personal health coach can help him/her to develop a customized health improvement plan. Patients decide how little or how much help they want to receive.

- **Health coaches**. These registered nurses and dietitians have the expertise to map out health solutions and help your patients make the right choices. To speak with a health coach, patients can call 1.866.262.4764 or (TTY) 1.877.720.7771, weekdays, between 8 a.m. and 8 p.m. ET.

- **MyHealth Solution**, our online health and wellness resource, makes it easier than ever for your patients to make positive changes to help improve their health. Features include online action plans, an extensive health library and a personal health record where they can track their medications, medical history and other vital information.

- **Wellness and Lifestyle solutions** to help your patients lose weight, manage stress or quit smoking. And, for expectant mothers, we offer maternity care resources before, during and after the big event. Health coaches can also help your patients who are dealing with chronic back pain, high cholesterol, high blood pressure and much more.

- **Health Management services** to help your patients manage chronic conditions like asthma, cardiovascular disease, chronic obstructive pulmonary disease (COPD), depression, diabetes and heart failure.

- **Care Management services** to help patients who need complex care in the hospital or help transitioning care before and after surgeries. We also provide education, follow-up and support for other chronic long-term conditions.

- **A Life-Balance Resource** with experienced counselors who are on call 24/7 to help your patients cope with everyday stress, family issues, drugs, alcohol, threats of violence and more.

- **A Discount Program** that can help your patients save money on health-related products and services. Discounts are available on aromatherapy, massage therapy, hearing and vision services, nutritional counseling, weight management programs, at fitness centers and much more. Discounts from national vendors are also available with Blue365®. Your patients can find local participating businesses and national vendors on our website using the Discount Program tab.
- **24/7 Nurse Now.** Your patients can speak with registered nurses about anything from chronic conditions to common health concerns, anytime day or night. To learn more, patients can call 1.866.442.2583. Or, if they prefer, your patients can register/login to Self-Service and chat with a nurse online.

To learn more about the resources available with Blue Health Solutions, we encourage your patients to call a health coach at 1.866.262.4764 or 1.877.720.7771. Online resources can be found at bcnepa.com.

*Please Note:* Patients enrolled in BlueCare Security and BlueCare Senior are eligible only for the health-related discounts available with the Discount Program.

**APPLICATION OF PRACTICE GUIDELINE:**

This practice guideline applies to the following companies:

First Priority Life Insurance Company®
HMO of Northeastern Pennsylvania (d/b/a First Priority Health®)

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<th>Medical Quality Management Committee</th>
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