MedStar Health

MedStar Health Ambulatory Best Practice Group
Recommended Screening Guidelines 2019

The Ambulatory Best Practice Group is composed of experts in primary care from across our system. This multidisciplinary group of health professionals meets on a regular basis to evaluate the quality of care delivered across the system while staying abreast of trends in healthcare that will impact ambulatory practice and care outcomes.

During the preparation of these screening guidelines, the Ambulatory Quality Best Practices Group reviews multiple sources of information including current literature, community practice standards, expert opinion from subject matter experts from within our system, national recommendations from clinical specialty organizations and information available regarding recommendations for health and prevention screening guidelines.

This document is a summary of our recommendations for the appropriate screening of patients in MedStar Health. These recommendations are for adult, pediatric and special populations across our system. The document is divided into a section for Adults and Pediatrics. In each of the sections the recommendations are alphabetized. This reference is intended for all providers who serve as primary care practitioners for ambulatory patients in the MedStar Health system.

Successful implementation of the screening guidelines is at least in part related to a successful education process for providers, patients and families. To that end, we have included information that is available free of charge through specific Internet sites. At times the information on the Internet sites discusses some recommendations that have not been put forward in this document so elimination of that information is an important consideration prior to printing and distribution of the information.

These recommendations are provided to assist physicians and other clinicians making decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's primary care provider and in collaboration with the patient. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but should be used with the clear understanding that continued research may result in new knowledge and recommendations.

Federal and state law, particularly laws and regulations relative to provision of care under governmental programs such as Medicare/Medicaid, may mandate the provision of certain screening and preventive care. Any questions regarding these requirements should be reviewed with legal counsel or a member of our committee. Member names and phone numbers are listed on the next page of this document.

The Ambulatory Best Practice Group will review these guidelines on an annual basis for additions, deletions or clarifications and distribute as appropriate.

Ambulatory Best Practice Sub- Committee: Pediatric Best Practice Group Members

Chair:

Lee Fireman, MD	MedStar Health- FSH	443-777-2037

Members:

Barbara Ayd	Medstar Health-Federal Hill	410-230-7815
Tim Carle, MD	MedStar Health- Prompt Care	443-777-2040
Cheryl Dias, MD	Medstar Health-Olney	443-725-8823
Greg Dohmeier, MD	MedStar Family Choice	443–933-5590
Michael Dwyer, MD	MedStar Health – FSH	443-777-6549
Joyce Falkenhan, MSN	MedStar Medical Group	202-444-8668
Andrea Gauld. PharmD	MedStar Health – FSH	706-206-2525
Marques Hatton	MedStar Health- IS	443-257-4790
Kathryn Hopkins, MD	MedStar Health – Bel Air	410-877-2080
Tia Medley, MD	Medstar Health- Perry Hall	443-777-7128
Janine Rethy, MD	MedStar Health- GUH	202-444-0350
D. Anne Richmond, MD	MedStar Health – GUH	202-243-3411
Patryce Toye, MD	MedStar Family Choice	443-933-2204

Pediatric Populations

Preventive Service	GUIDELINE	
	1-18 MONTHS	18 MONTHS - 21 YEARS
Well Child Care Visit Schedule	Prenatal, 2-4 days, 2 wks,1 mo, 2 mo, 4 mo, 6 mo, 9 mo, 12 mo, 15 mo, 18 mo	2 yr, 30 month, and annually from age 3 years to 21 years
Review of History: Past Medical and Family History	Every visit	Every visit
Physical Exam	Every visit	Every visit
Height/Weight with percentile	Every visit	Every visit .
Head Circumference with percentile	Every visit until 24 months	Continue if abnormal head size is detected
BMI with percentile		24 months, 30 months and then annually from age 3 years to 21 years
Blood Pressure Screening		Every visit beginning at 3 years to 21 years
Developmental Surveillance	Every visit: Assess Development	Every visit: Assess Development
Developmental Screening by Standardized Tool	Developmental screening should be administered regularly at the 9, 18, and 24 or 30-month well visits utilizing a valid and standardized screening tool such as Ages and Stages Questionnaire (ASQ), Parent Evaluation of Developmental Status (PEDS) or Child Development Inventories (CDI).	
Behavioral Screening	Behavioral screening ages from 3-21 years of age should be performed annually utilizing validated and standardized tools such as Strength and Difficulties Questionnaire (SDQ), Pediatric Symptom Checklist (PSC)	
Autism	Administer autism (ASD) specific screening tool on all children at the 18 month and 24 month preventive care visit	
Depression Screening	Depression screening ages from 11-21 years of age should be performed annually utilizing validated and standardized tools such as Strength and Difficulties Questionnaire (SDQ), Pediatric Symptom Checklist (PSC), Patient Health Questionnaire 2 (PHQ-2), Patient Health Questionnaire (PHQ-9, PHQ-9A), Teen Screen, or GAPS tool, and should be assessed for suicidal/homicidal ideation	
Genital Exam	External genital exam: All ages and performed annually	
Cervical Cancer Screening	Cervical cancer screening should begin at age 21 years (regardless of sexual history*). Screening before age 21 should be avoided because women less than 21 years old are at very low risk of cancer. Screening these women may lead to unnecessary and harmful evaluation and treatment* (ACOG 2009, AAP 2014). For immunosuppressed patients screening may start earlier.	

Preventive Service	GUIDELINE	
	1-18 MONTHS	18 MONTHS - 21 YEARS
Nutritional Status/Physical Activity Status	Assess nutritional status and physical activity; counsel as appropriate .	
Hearing	**Subjective screening (validated):** Newborn - 24 mo, 11yr, 13yr, 14 yr, &16 to 21 yr. **Objective Screening (validated):** Newborn* (confirm that hearing tested in hospital), 4 yr, 5 yr, 6 yr, 8yr, 10yr, 12 yr & 15 yr. *refer to hearing screening if not performed elsewhere	
Vision	**Subjective screening:** newborn-30 months, every other year until age 11 years, 13-14, 16-21 years. **Objective testing:** yearly 3-6 yrs, every other year until age 12 yrs & 15 years.	
Dental Health	Oral Health assessment should begin at birth and dental assessment begins at tooth eruption. Recommend dental provider assessment beginning at age 1 or earlier if dental concerns are present. Dentist evaluation should occur every 6 months. (AADP)	
Fluoride	Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. (http://pediatrics.aappublications.org/content/134/3/626)	
Counseling / Education / Screening for high-risk factors	One or more of age appropriate counseling should be discussed during periodic primary care physician visits. Additional screening and intervention may be necessary for individuals at high-risk. Anticipatory guidance, substance abuse, smoking, diet and exercise, injury prevention, domestic violence, dental health, sexual behavior, use of alternative and complementary medicines, depression, suicidal/homicidal ideation, high-risk of exposure to infectious diseases (HIV, Hep A, Hep B, Hep C). Parents and caregivers should be advised to place healthy infants alone, on their backs, in a crib when putting them to sleep.	
Sexually Transmitted Infection (STI) Risk Assessment		Yearly starting at age 11
Sexually Transmitted Infection (STI) Screening	Infants born to mothers whose HIV status is unknown should be tested for HIV.	Screening for all sexually active adolescents and other asymptomatic persons at high-risk for STDs (includes gonorrhea, Chlamydia, syphilis and HIV). The AAP (2014) recommends HIV testing for adolescents between the ages of 16-18 years.
Blood Lead Risk Assessment	6 mo, 9 mo, 12 mo, 15 mo, 18 mo as required by state	24 months, 30 months and then annually from age 3 years thru 6 years as required by state
Blood Lead Testing	Blood lead test at 12 months as required by state **Or** sooner if at high risk.	Blood lead test on or after 2 years age as required by state and repeated for anyone at high risk ° Screening is recommended for previously untested children aged ≤6 years and required by most school districts for entry. **Any blood lead screen ≥ 5 mcg/dL should have a follow up blood test per state.** Hyper links below: Maryland Lead Recommendations, DC Lead Recommendations, VA Lead Recommendations, CDC Lead Recommendations

Preventive Service	GUIDELINE	
	1-18 MONTHS	18 MONTHS - 21 YEARS
Cyanotic Congenital Heart Defect Screening	All newborns are to be screened in the hospital. If screening is not able to be verified it should be performed in the outpatient setting.	
Tuberculosis Screening/Risk Assessment	Perform TB screening /risk assessment to by age 1 month, at 6 mo and annually thereafter for all patients as required by state. High risk patients should be tested for TB. High risk patients can be defined as those that are immunocompromised, are or have been in close contact with active TB cases, have medical risk factors, are immigrants from high prevalence areas, or have recently traveled to high risk areas, and other disparate populations.	
Anemia Risk Assessment	4 mo,15 mo, 18 mo as required by state	2 years and annually until age 21 years as required by state
Hematocrit or Hemoglobin Screening	Hematocrit or Hemoglobin testing at 12 months and at 24 months as required by state or if at high risk+	High risk populations can be defined as children who are: living in poverty, Black, Native American, Alaska native, immigrant, preterm and low birth weight infants, infants drinking cow's milk Females should be screened at least once after regular menstruation.
Hereditary/ Newborn Metabolic Screening (NMS)	NMS should be done by 48 hours after birth. Results should be reviewed with appropriate follow up. NMS recommendations vary between states	Sickle cell screen if not already completed, if status unknown or risk factors.
Cholesterol Risk Assessment		24 months, 30 months and then annually from age 3 years to 21 years as required by state
Cholesterol Screening		2 to 21 years: Perform cholesterol screening at 9 -10 years and 18 - 20 years as required by state and for high-risk patients with blood fasting lipid profile. Risk factors for premature cardiovascular disease include obesity, high blood pressure, diabetes, family history of dyslipidemia and family history of premature cardiovascular disease (males <55yrs and female <65yrs).
Diabetes Screening		Screening with fasting glucose and/or HbA1c every two years is recommended for overweight individual (BMI> 85th percentile) and should also be based on other risk factors such as lifestyle and/or family history
Urinalysis Screening		Routine urinalysis to screen for kidney disease is not required.
Contraception Management		Screening pelvic exams are not recommended. Age appropriate contraceptive management should be offered as part of preventive health maintenance.
IMMUNIZATIONS[8]	**For Complete CDC recommendations for Pediatric Immunizations go to; https://www.cdc.gov/vaccines/schedules/index.html**	

Notes & Resources

1. American Academy of Pediatrics, 2017. Pediatric screening and assessments. Retrieved from http://www2.aap.org/sections/dbpeds/screening.asp
2. American Academy of Pediatrics, 2017. Pediatric screening and assessments. Retrieved from https://www.aap.org/en-us/professional-resources/practice-transformation/managing-patients/Pages/Periodicity-Schedule.aspx
3. AHRQ, (2013). Autism and developmental delays. Retrieved from https://www.ahrq.gov/policymakers/chipra/demoeval/what-we-learned/pa-specialinnovation.html
4. AHRQ, (2013). Childhood obesity prevention programs: Comparative effectiveness. Retrieved from https://effectivehealthcare.ahrq.gov/topics/obesity-child/research
5. AHRQ, (2012). Methods for insulin delivery and glucose monitoring: Comparative effectiveness. Retrieved from https://effectivehealthcare.ahrq.gov/topics/insulin-blood-sugar-2010/research
6. AHRQ, (2013). Screening for Hepatitis C virus infection in adults. Retrieved from https://effectivehealthcare.ahrq.gov/topics/hepatitis-c-screening/research
7. AHRQ, (2013). Otitis Media with Effusion: comparative effectiveness of treatments. Retrieved from https://effectivehealthcare.ahrq.gov/topics/ear-infection/research
8. American Academy of Pediatric Dentistry, 2014. Guideline on infant oral health care. Retrieved from http://www.aapd.org/media/Policies_Guidelines/G_infantOralHealthCare.pdf
9. American Academy of Pediatric Dentistry, 2015. Guideline on adolescent oral health care. Retrieved from http://www.aapd.org/media/Policies_Guidelines/G_Adoleshealth.pdf
10. American Academy of Pediatric Dentistry, 2011. Guideline on Perinatal oral health care. Retrieved from http://www.aapd.org/media/Policies_Guidelines/G_PerinatalOralHealthCare.pdf
11. American Academy of Pediatric Dentistry, 2012. Guideline on oral health care for the pregnant adolescent. Retrieved from http://www.aapd.org/media/Policies_Guidelines/G_Pregnancy.pdf
12. American college of Obstetricians and Gynecologists, 2014. New guidelines for cervical cancer screening. Retrieved from http://www.acog.org/~/media/For%20Patients/pfs004.pdf?dmc=1&ts=20140917T1334287275
13. The Maryland Healthy Kids Program, 2016. Schedule of preventative care. Retrieved from https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/resources_guidelines/maryland_epsdt_schedule_2016.pdf
14. District of Columbia Preventive Pediatric Health Care, 2014. DC Health Check periodicity schedule. Retrieved from http://dchealthcheck.net/documents/DC_Medicaid_HealthCheck_Periodicity.pdf
15. District of Columbia Health Check resources, 2014. Training and resource center. Retrieved from http://dchealthcheck.net/resources/healthcheck/periodicity.html
16. Centers for Disease Control and Prevention, 2015. Information for healthcare providers: Pediatric developmental screening. Retrieved from http://www.cdc.gov/ncbddd/autism/hcp.html
17. Virginia EPSDT, 2015. Virginia EPSDT Periodicity Chart. Retrieved from http://dmasva.dmas.virginia.gov/Content_atchs/mch/mch-epsdt_poi2.pdf
18. Virginia EPSDT program, 2017. EPSDT provider manuals. Retrieved from https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfIjo8zivQJMHA2dDAx9DVzdDA0cjR1NXYAcIwMfE_1wsAIDHMDRQDKGP14FEThNz5cP4qQEi_9qPSc_CSgb8Kd9CMtUiJMPMv1C3JDIwx0oxwBfXSrDQ!!/dz/d5/L2dBISEvZ0FBIS9nQSEh/p0/IZ7_JP4A1B01M0EF10A3A5D01M20D3=CZ6_JP4A1B01M0EF10A3A5D01M20L4=LA0=Ejavax.servlet.include.path_info!QCPVAProviderManualsPortletView.jsp==/
19. U.S. Department of Health and Human Services, 2018. EPSDT listing by state. Retrieved from https://eclkc.ohs.acf.hhs.gov/physical-health/article/early-periodic-screening-diagnostic-treatment-epsdt
20. U.S. Preventive Services Task Force, 2014. Pediatric guidelines. Retrieved from https://www.uspreventiveservicestaskforce.org/Announcements/News/Item/uspstf-releases-2014-guide-to-clinical-preventive-services

21. American Academy of Pediatrics, 2014. National Center for Medical Home Implementation: Medical Home Overiew. Retrieved from https://medicalhomeinfo.aap.org/overview/Pages/default.aspx
22. Center for Disease Control, 2016. Immunization Schedule: Birth -18 years & catch up. Retrieved from http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf
23. Center for Disease Control, 2013. Screening young children for lead poisoning: Guidance for state and local public health officials. Retrieved from http://www.cdc.gov/nceh/lead/publications/screening.htm
24. Center for Disease Control, 2013. Screening for lead during the domestic medical examination for newly arrived refuges. Retrieved from http://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html
25. Center for Disease Control, 2012. Cervical cancer screening guidelines for average risk women. Retrieved from http://www.cdc.gov/cancer/cervical/pdf/guidelines.pdf
26. Maryland Department of Health and Mental Hygiene, 2016. 2016 Maryland Recommended childhood, adolescent and catch-up immunization schedule https://phpa.health.maryland.gov/OIDEOR/IMMUN/Shared%20Documents/2016%20Imm%20Schedule_Final.pdf
27. American Family Physician, 2010. Screening and treatment for major depressive disorder in children and adolescents: recommendation statement. Retrieved from http://www.aafp.org/afp/2010/0715/p178.html
28. U. S. Preventive Services Task Force, 2016. Major depressive disorder in children and adolescents. Retrieved from http://www.uspreventiveservicestaskforce.org/uspstf/uspschdepr.htm
29. U.S. Preventive Services Task Force (USPSTF), January 2010. Screening for Obesity in Children and Adolescents. Retrieved from http://www.uspreventiveservicestaskforce.org/uspstf/uspschobes.htm
30. U.S. Preventive Services Task Force (USPSTF) July 2016. Lipid Disorders in Children and Adolescents: Screening . Retrieved from https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/lipid-disorders-in-children-screening1
31. American Academy of Pediatrics, 2008. Lipid screening and cardiovascular health in childhood. Retrieved from http://pediatrics.aappublications.org/content/122/1/198.full
32. Pediatrics, 2007. Contraception and adolescents. Pediatrics, November 1, 2007, 120 (5), 1135-1148. Retrieved from http://pediatrics.aappublications.org/content/120/5/1135.full
33. Center for Disease Control, 2013. U.S. selected practice recommendations for contraceptive use: Adapted from the World Health Organization selected practice recommendations for contraceptive use, 2nd edition. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm
34. Pediatrics, 2010. A cost effectiveness analysis of screening urine dipsticks in well child care. Pediatrics, April 1, 2010, 125(4), 660-663. Retrieved from http://pediatrics.aappublications.org/content/125/4/660.full
35. National Early Childhood Technical Assistance Center, 2008. Developmental screening and assessment instruments. Retrieved from http://www.nectac.org/~pdfs/pubs/screening.pdf
36. U.S. Preventive Task Force, 2007. Screening for lipid disorders in children. Retrieved from http://www.uspreventiveservicestaskforce.org/uspstf/uspschlip.htm
37. National Heart and Lung Institute, 2012. Expert panel on integrated guidelines for cardiovascular health and risk reduction in children and adolescents. Retrieved from http://www.nhlbi.nih.gov/files/docs/peds_guidelines_sum.pdf

.http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf
http://genes-r-us. ıthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf

Initial Approval Date and Reviews:	**Most Recent Revision and Approval Date:**	**Next Scheduled Review Date:**
By 2010, 01/12, 01/14, 01/15, 01/16, 01/17, 1/18 Ambulatory Best Practice Committee	January 2019	January 2020 Pediatric Workgroup