



MedStar Health

**MedStar Health
Ambulatory Best Practice Group
Recommended Screening Guidelines
2020**

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

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Pediatric Populations

Preventive Service	GUIDELINE	
	1-18 MONTHS	18 MONTHS - 21 YEARS
Well Child Care Visit Schedule	Prenatal, 3-5 days, 2 wks, 1 mo., 2 mo., 4 mo., 6 mo., 9 mo., 12 mo., 15 mo., 18 mo.	2 yrs., 30 months, 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	Risk Assessment every visit till 30 months	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).	
Psychosocial/Behavioral Screening	Every visit: utilizing validated and standardized tools such as Strength and Difficulties Questionnaire (SDQ), Pediatric Symptom Checklist (PSC)	
Family Wellbeing	Post Partum Depression: such as Edinburgh Post Partum Depression Screen (EPDS) screen all well visits 2 weeks to 6 months age. Social needs screening (such as in the MedConnect Well Child power form).	
Autism	Administer autism (ASD) specific screening tool on all children at the 18-month and 24-month preventive care visit such as MCHAT (Modified Checklist for Autism in Toddlers)	
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 Guideline for Adolescent Preventive Services (GAPS) 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). <i>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</i> (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	Every visit: Assess nutritional status and physical activity; counsel as appropriate.	
Hearing	Subjective screening (validated): Newborn – 3 yrs., 7 yrs., 9 yrs. Objective Screening (validated): Newborn (confirm hearing test passed in hospital), 4 yrs., 5 yrs., 6 yrs., 8 yrs., 10 yrs., 13 yrs., 16 yrs. & 20yrs.	
Vision	Subjective screening: newborn-30 months, 7 yrs., 9 yrs., 11 yrs., 13-14 yrs., 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	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		
Sexually Transmitted Infection (STI) Risk Assessment and Screening	Infants born to mothers whose HIV status is unknown should be tested for HIV.	Yearly risk assessment starting at age 11. Screening for all sexually active adolescents for STIs (includes gonorrhea, chlamydia and HIV). Screen for syphilis in high risk sexually active patients. The USPSTF recommends HIV testing once for all adolescents between the ages of 15-18 years. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use or are being tested for other STIs, should be tested for HIV and reassessed annually or more frequently based on risk. https://www.cdc.gov/std/tg2015/screening-recommendations.htm
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 9 to 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 <ul style="list-style-type: none"> ◦ 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. Hyperlinks 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 by age 1 month, at 6 mos., 12 mos., 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 9 to 12 months and as required by state or if at high risk.	test on or after 2 years age as required by state and repeated for anyone 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, 4 yrs., 6 yrs., 8 yrs., and then annually from age 12 years to 16 years as required by state
Blood Lipid Testing		2 to 21 years: Perform cholesterol screening at 9 -11 years and 17 - 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> 85 th 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.
IMMUNIZATIONS⁸	For Complete CDC recommendations for Pediatric Immunizations go to; https://www.cdc.gov/vaccines/schedules/index.html	

Note: For MedStar Health providers use of the **MedConnect Well Child powerforms** in Cerner are recommended for all well visits as these include many of the above preventative screening recommendations.

Notes & Resources

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Recommended Uniform Screening Panel Core Conditions

<https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/heritable-disorders/rusp/uniform-screening-panel.pdf>

<p><u>Initial Approval Date and Reviews:</u> By 2010, 01/12, 01/14, 01/15, 01/16, 01/17, 1/18 Ambulatory Best Practice Committee</p>	<p><u>Most Recent Revision and Approval Date:</u> January 2020 © Copyright MedStar Health, 2014</p>	<p><u>Next Scheduled Review Date:</u> January 2021 Pediatric Workgroup</p>
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