

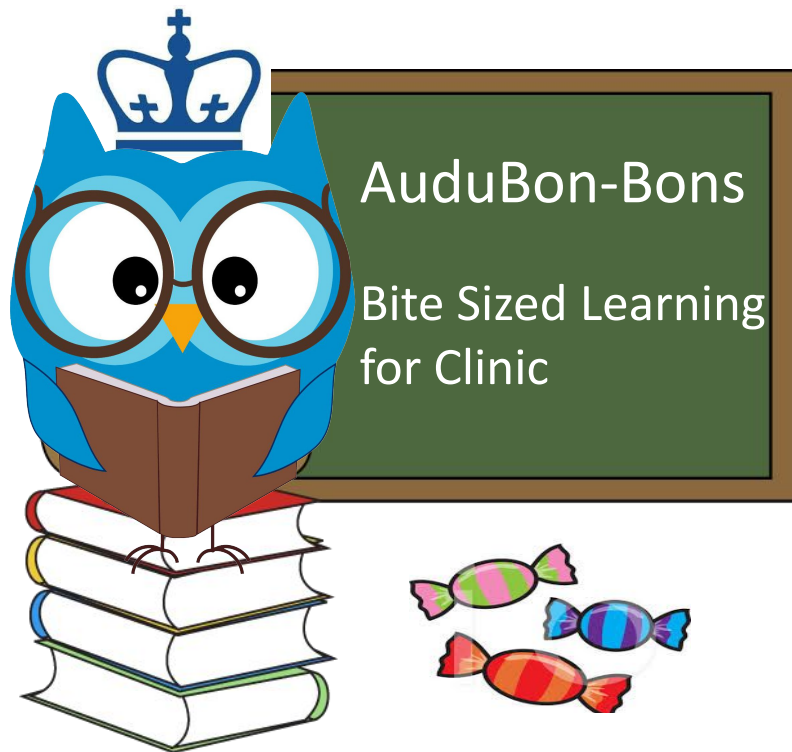
PERIODIC HEALTH ASSESSMENT: 40 – 64 YEARS

Week 13

Prepared by: Stephanie Warsheski, MD

Reading Assignment:
ACOG Committee Opinion # 755
Well-Woman Visit

Download CDC Vaccine Schedule app



LEARNING OBJECTIVES



- To understand the importance of periodic health assessments in the women
- To provide a general overview of women's preventative services and care, particularly in the 40-64 year old women



CASE VIGNETTE

- Ms. Anita Exam, a 52 y.o. woman, presents to GYN clinic requesting a pap smear. She has recently gained employment and health insurance and has not been seen for a medical evaluation in a few years.



GOALS

- To provide preventative health services
- To manage reproductive health care
- To provide counseling regarding maintenance of a healthy lifestyle
- To aid women in minimizing health risks



FOCUSED HISTORY

- What elements of the patient's history are most important?
- Reason for visit
- Pertinent symptoms
 - Menopausal symptoms
 - Bleeding irregularities
 - Vaginal discharge
 - Pain
 - Pelvic prolapse
 - Urinary or fecal incontinence



FOCUSED HISTORY

- OBHx: NSVD x 2
- GYNHx: Menses irregular x 2 years, q2-3 months, lasting 5-6 days
Denies h/o abnormal paps, STIs, fibroids, cysts
SA with 1 partner only – husband
- PMHx: HTN, HLD, depression
- PSHx: LSC appendectomy, PP BTL



FOCUSED HISTORY

- Meds: “Water pill”, primrose oil
- All: NKDA
- SocHx: Lives with her husband and 2 adult children, denies IPV

Works as a HHA

Drinks wine and smokes cigarettes “socially”, denies use of illicit drugs

Exercises occasionally and cooks most meals at home

- FamHx: Mother died of breast cancer in 70’s, Father with T2DM



PERTINENT PHYSICAL EXAM FINDINGS

- Vitals: BP 149/86, 178lbs, 5'4", BMI 31
- HEENT: No adenopathy, normal thyroid
- Breast: Symmetric, non-tender, no masses, no skin changes, no nipple changes or discharge, no LN
- Abd: Obese, non-distended, soft, nontender
- Pelvic:
 - Vulva: NEFG, no lesions
 - Vagina: Pink, healthy mucosa, no discharge
 - Cervix: Parous os, no lesions, no discharge, no CMT
 - Uterus: Small, AV, non-tender
 - Adnexa: No masses, non-tender



LABORATORY AND OTHER TESTS

- Periodic
 - Cervical cancer screening: as per ASCCP guidelines
 - Mammography: age 40, annually*
 - Colorectal cancer screening: age 50*, every 1-10 years
 - Diabetes testing: age 45, every 3 years
 - Hepatitis C virus testing: once if born btwn 1945-1965
 - HIV testing: at least once btwn 13 and 64 years
 - Lipid profile: age 45, every 5 years
 - Bone mineral density screening*
 - Genetic testing/counseling



Table 1. Recommendations for Breast Cancer Screening in Average-Risk Women ↔

	American College of Obstetricians and Gynecologists	U.S. Preventive Services Task Force	American Cancer Society	National Comprehensive Cancer Network
Clinical breast examination	May be offered* every 1–3 years for women aged 25–39 years and annually for women 40 years and older.	Insufficient evidence to recommend for or against.†	Does not recommend‡	Recommend every 1–3 years for women aged 25–39 years. Recommend annually for women 40 years and older.
Mammography initiation age	Offer starting at age 40 years.§ Initiate at ages 40–49 years after counseling, if patient desires. Recommend by no later than age 50 years if patient has not already initiated.	Recommend at age 50 years.¶ Age 40–49 years: The decision to start screening mammography in women before age 50 years should be an individual one.†	Offer at ages 40–45 years.‡ Recommend at age 45 years.*	Recommend at age 40 years.
Mammography screening interval	Annual or biennial§	Biennial¶	Annual for women aged 40–54 years‡ Biennial with the option to continue annual screening for women 55 years or older‡	Annual
Mammography stop age	Continue until age 75 years. Beyond age 75 years, the decision to discontinue should be based on a shared decision-making process that includes a discussion of the woman’s health status and longevity.	The current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women 75 years and older.†	When life expectancy is less than 10 years‡	When severe comorbidities limit life expectancy to 10 years or less



EVALUATION AND COUNSELING

- Sexuality
 - High-risk behaviors
 - Contraception
 - Sexual function
 - STIs and barrier contraception
- Fitness and nutrition
 - Physical activity
 - Dietary/nutritional assessment (obesity, eating disorders)
 - Folic acid supplementation
 - Calcium intake



EVALUATION AND COUNSELING

- Psychosocial
 - Family dynamics
 - Intimate partner violence
 - Work satisfaction
 - Stress
 - Sleep disorders
- Cardiovascular risk factors
 - Family hx
 - Medical hx: HTN, dyslipidemia, DM
 - Obesity
 - Personal h/o PEC, GHTN, GDM
 - Lifestyle



EVALUATION AND COUNSELING

- Health/Risk Assessment
 - ASA prophylaxis
 - Breast self-awareness
 - Chemoprophylaxis for breast cancer (HR women)
 - HRT
 - Hygiene (including dental)
 - Injury prevention (exercise, firearms, hearing, occupational hazards, recreational hazards, safe driving practices)
 - Sun exposure
 - Suicide
 - Tobacco, alcohol, other drug use



IMMUNIZATIONS

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) ^{or} Influenza live attenuated (LAIV)	1 dose annually				
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td booster every 10 yrs				
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)				
Varicella (VAR)	2 doses (if born in 1980 or later)				
Zoster recombinant (RZV) (preferred) ^{or} Zoster live (ZVL)	2 doses ^{or} 1 dose				
Human papillomavirus (HPV) Female	2 or 3 doses depending on age at initial vaccination				
Human papillomavirus (HPV) Male	2 or 3 doses depending on age at initial vaccination				
Pneumococcal conjugate (PCV13)	1 dose				
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication				
Hepatitis A (HepA)	2 or 3 doses depending on vaccine				
Hepatitis B (HepB)	2 or 3 doses depending on vaccine				
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication				
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication				

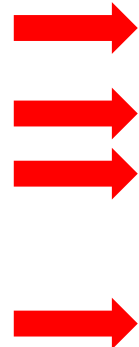
Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

No recommendation



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SOCIAL DETERMINANTS OF HEALTH

Disparities exist in both breast and cervical cancer screening by:

Race/ethnicity

Socioeconomic status

Healthcare access

- **American Indian/Alaska Native and Asian** are **least likely** to be up to date with recommended:
 - Cervical cancer screening (21 – 65 years)
 - Breast cancer screening (50 – 74 years)
- The **proportion of women who receive mammograms decreases** with:
 - **Decreasing education levels**
 - **Decreasing income levels**
 - **Uninsured status**

Increased measures are needed to implement evidence-based interventions and conduct targeted outreach in order to improve rates of and reduce disparities for cancer screening.



EPIC .PHRASE

.BBon40-64PeriodicHealthAssessment

Description: 40 – 64 y.o. periodic health assessment evaluation and counseling

A comprehensive health assessment was performed including a physical exam and detailed medical history. Topics addressed during today's encounter included but was not limited to sexual history, reproductive history and goals, psychosocial history, fitness and nutrition, cardiovascular risk factor, and a thorough health/risk assessment. Physical findings, diagnoses, preventive health services and treatment options, if needed, were discussed with the patient.

The need for cervical cancer screening, mammography, colorectal cancer screening, HIV testing, Hepatitis C testing, diabetes testing, lipid screening and genetic testing/counseling was discussed.

The patient agreed to the following today ***



CODING AND BILLING

- Diagnostic Codes (ICD-10)
 - Z.01.419 Encounter for well women exam
 - Z.01.411 Encounter for gynecologic exam with abnormal finding
 - Z11.3 Encounter for screening examination for sexually transmitted disease
 - N95.8 Other specified menopausal and perimenopausal disorders
- Procedure Codes (CPT)
 - 99203 Office/outpt visit of a new pt with 3 key components (detailed history, detailed examination, medical decision making of low complexity), counseling, typically 30 minutes spent face-to-face
 - 99204 Office/outpt visit of a new pt with 3 key components (comprehensive history, comprehensive examination, medical decision making of moderate complexity), counseling, typically 45 minutes spent face-to-face
 - 99396 Periodic comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 y.o.



EVIDENCE

References

- ACOG Well-Woman Recommendations.
<https://www.acog.org/About-ACOG/ACOG-Departments/Annual-Womens-Health-Care/Well-Woman-Recommendations> (Accessed on May 25, 2019).
- Breast cancer risk assessment and screening in average-risk women. Practice Bulletin No. 179. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;130e1-16.
- CDC Adult Immunization Schedule.
<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html> (Accessed May 31, 2019).
- Osteoporosis. Practice Bulletin No. 129. American College of Obstetricians and Gynecologists. Obstet Gynecol 2012;120:718–34.
- Revised recommendations for HIV testing of adults, adolescents and pregnant women in health-care setting. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm> (Accessed May 31, 2019).
- Well-woman visit. ACOG Committee Opinion No. 755. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;132:e181–86.
- White A., Thompson T.D., White M.C, et al. Cancer Screening Test Use – United States, 2015. MMWR Morb Mortal Wkly Rep 2017;66:[201-206].

