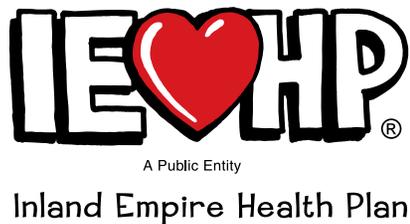




# USPSTF Recommendations

REFERENCE FOR IEHP PROVIDERS



Destination  Health



# IEHP Services for Children and Adolescents

Topic	Description	IEHP Quality Performance Nurse (QPN) Monitoring Process	USPSTF Classification (Grade)*
Dental caries prevention: infants and children up to age 5 years	The United States Preventive Services Task Force (USPSTF) recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride-deficient.	➤ Medical Record Review (MRR)	B
Depression screening: adolescents	The USPSTF recommends screening for Major Depressive Disorder (MDD) in adolescents ages 12 to 18 years. Screening should be implemented with adequate systems – such as the Patient Health Questionnaire-9 (PHQ-9) – in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	➤ MRR	B
Gonorrhea prophylactic medication: newborns	The USPSTF recommends prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum. All newborns should receive prophylaxis. However, some newborns are at increased risk, including those with a maternal history of no prenatal care, sexually transmitted infections, or substance abuse.	➤ MRR	A
Hemoglobinopathies screening: newborns	The USPSTF recommends screening for sickle cell disease in newborns, which is mandated in all 50 states and the District of Columbia. In most states, one of these tests is used for the initial screening: Thin-layer isoelectric focusing (IEF), and High-Performance Liquid Chromatography (HPLC). Both IEF and HPLC have extremely high sensitivity and specificity for sickle cell anemia.	➤ MRR	A
HIV screening: nonpregnant adolescents and adults	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. Men who have sex with men (MSM) and active injection drug users are at very high risk for new HIV infection. Other persons at high risk include those who have acquired or have requested testing for other sexually transmitted infections. Behavioral risk factors for HIV infection include: Having unprotected vaginal or anal intercourse, having sexual partners who are HIV-infected, bisexual, or injection drug users, exchanging sex for drugs or money. The USPSTF recognizes that the above categories are not mutually exclusive, the degree of sexual risk is on a continuum, and individuals may not be aware of their sexual partners' risk factors for HIV infection.	➤ MRR	A

# IEHP Services for Children and Adolescents (cont'd)

Topic	Description	IEHP QPN Monitoring Process	USPSTF Classification
Hypothyroidism screening: newborns	The USPSTF recommends screening for congenital hypothyroidism in newborns. Infants should be tested between 2 and 4 days of age. Two methods of screening are used most frequently in the United States: Primary TSH with backup T4, and Primary T4 with backup TSH. Screening for congenital hypothyroidism (CH) is mandated in all 50 states and the District of Columbia. Clinicians should become familiar with the tests used in their area and the limitations of the screening strategies employed. Infants discharged from hospitals before 48 hours of life should be tested immediately before discharge. Specimens obtained in the first 24-48 hours of age may be falsely elevated for TSH regardless of the screening method used.	➤ MRR	A
Obesity screening: children and adolescents	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status. Screen children ages 6 years and older for obesity. Offer or refer for intensive counseling and behavioral interventions.	➤ MRR	B
Phenylketonuria screening: newborns	The USPSTF recommends screening for phenylketonuria (PKU) in newborns. Screening for PKU is mandated in all 50 states. Methods of screening vary. Three main methods are used to screen for PKU in the United States: 1) Guthrie Bacterial Inhibition Assay (BIA), 2) Automated fluorometric assay, and 3) Tandem mass spectrometry.	➤ MRR	B
Sexually transmitted infections counseling	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs). All sexually active adolescents are at increased risk for STIs and should be offered counseling. Adults should be considered at increased risk and offered counseling if they have: Current STIs or have had an STI within the past year, or multiple sexual partners. In communities or populations with high rates of STIs, all sexually active patients in non-monogamous relationships may be considered at increased risk.	➤ MRR	B
Skin cancer behavioral counseling	The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer. Individuals with a fair skin type are at greatly increased risk for skin cancer. Fair skin type can be defined by eye and hair color, freckling, and historical factors such as usual reaction to sun exposure (always or usually burning or infrequently tanning).	➤ MRR	B

# IEHP Services for Children and Adolescents (cont'd)

Topic	Description	IEHP QPN Monitoring Process	USPSTF Classification
Tobacco use interventions: children and adolescents	The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents. The strongest factors associated with smoking initiation in children and adolescents are parental smoking and parental nicotine dependence. Other factors include low levels of parental monitoring, easy access to cigarettes, perception that peers smoke, and exposure to tobacco promotions.	➤ MRR	B
Vision screening: children	The USPSTF recommends vision screening at least once in all children ages 3 to 5 years to detect amblyopia or its risk factors. Various screening tests are used in primary care to identify visual impairment in children, including: Visual acuity test, Stereoacuity test, Cover-uncover test, Hirschberg light reflex test, Autorefractometry, and Photoscreening.	➤ MRR	B

# IEHP Services for All Adults

Topic	Description	IEHP QPN Monitoring Process	USPSTF Classification
Alcohol misuse: screening and counseling	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. For men, risky or hazardous drinking is often considered as having more than four drinks in one day. For women, risky or hazardous drinking is often considered as having more than three drinks in one day.	➤ MRR	B
Aspirin preventive medication: adults aged 50 to 59 years with a $\geq 10\%$ 10-year cardiovascular risk	The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults ages 50 to 59 years who have the following: a 10 percent or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.	➤ MRR	B

# IEHP Services for All Adults (cont'd)

Topic	Description	IEHP QPN Monitoring Process	USPSTF Classification
Blood pressure screening: adults	<p>The USPSTF recommends screening for high blood pressure in adults age 18 years or older.</p> <p>The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment (see the Clinical Considerations section). The American Heart Association recommends blood pressure measurement at each regular health care visit or at least once every two years in adults with blood pressure less than 120/80 mm Hg.<sup>57</sup> The recommendation by the American Academy of Family Physicians is similar to that of the USPSTF.</p>	➤ MRR	A
Colorectal cancer screening	<p>The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary. See the Clinical Considerations section and the table for details about screening strategies. In 2015, the American College of Physicians recommended that average-risk adults ages 50 to 75 years should be screened for colorectal cancer by one of four strategies:</p> <ol style="list-style-type: none"> <li>1) Annual high-sensitivity gFOBT or FIT,</li> <li>2) Flexible sigmoidoscopy every 5 years,</li> <li>3) High-sensitivity gFOBT or FIT every three years plus flexible sigmoidoscopy every five years, or</li> <li>4) Colonoscopy every 10 years. It is advised that average-risk adults younger than 50 years, older than 75 years, or with an estimated life expectancy of less than 10 years should not be screened.</li> </ol>	➤ MRR	A
Depression screening: adults	<p>The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. Adults ages 18 and over – when staff-assisted depression care supports are in place. Individuals at increased risk for depression are considered at risk throughout their lifetime. Groups at increased risk include persons with other psychiatric disorders, including substance misuse; persons with a family history of depression; persons with chronic medical diseases; and persons who are unemployed or of lower socioeconomic status. Also, women are at increased risk compared with men. Significant depressive symptoms are associated with common life events in older adults, including medical illness, cognitive decline, bereavement, and institutional placement in residential or inpatient settings. However, the presence of risk factors alone cannot distinguish depressed patients from non-depressed patients.</p>	➤ MRR	B

# IEHP Services for All Adults (cont'd)

Topic	Description	IEHP QPN Monitoring Process	USPSTF Classification
Diabetes screening	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults ages 40 to 70 years who are overweight or obese. Clinicians should (offer or) refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. These recommendations apply to adults with no symptoms of type 2 diabetes mellitus or evidence of possible complications of diabetes. Blood pressure measurement is an important predictor of cardiovascular complications in people with type 2 diabetes mellitus. The first step in applying this recommendation should be measurement of blood pressure (BP). Adults with treated or untreated BP 130/80 mm Hg should be screened for diabetes.	➤ MRR	B
Fall prevention in older adults: exercise or physical therapy	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults ages 65 years and older who are at increased risk for falls. No single recommended tool or brief approach can reliably identify older adults at increased risk for falls, but several reasonable and feasible approaches are available for primary care clinicians. See the Clinical Considerations section for additional information on risk assessment.	➤ MRR	B
Fall prevention in older adults: vitamin D	The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults ages 65 years and older who are at increased risk for falls.	➤ MRR	B
HIV screening: nonpregnant adolescents and adults	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. Men who have sex with men and active injection drug users are at very high risk for new HIV infection. Other persons at high risk include those who have acquired or requested testing for other sexually transmitted infections. Behavioral risk factors for HIV infection include: Having unprotected vaginal or anal intercourse, having sexual partners who are HIV-infected, bisexual, or injection drug users, exchanging sex for drugs or money. The USPSTF recognizes that the above categories are not mutually exclusive, the degree of sexual risk is on a continuum, and individuals may not be aware of their sexual partners' risk factors for HIV infection.	➤ MRR	A

# IEHP Services for All Adults (cont'd)

Topic	Description	IEHP QPN Monitoring Process	USPSTF Classification
Lung cancer screening	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 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.	➤ MRR	B
Obesity screening and counseling: adults	The USPSTF recommends screening all adults for obesity. Clinicians should (offer or) refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions.	➤ MRR	B
Sexually transmitted infections counseling	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs). All sexually active adolescents are at increased risk for STIs and should be offered counseling. Adults should be considered at increased risk and offered counseling if they have: Current STIs or have had an STI within the past year, and/or multiple sexual partners. In communities or populations with high rates of STIs, all sexually active patients in non-monogamous relationships may be considered at increased risk.	➤ MRR	B
Statin preventive medication: adults ages 40–75 years with no history of CVD, one or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low-dose to moderate-dose statin for the prevention of CVD events and mortality when all the following criteria are met: 1) they are ages 40 to 75 years; 2) they have one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10 percent or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.	➤ MRR	B
Tobacco use counseling and interventions: nonpregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.	➤ MRR	A

## IEHP Services for All Adults (cont'd)

Topic	Description	IEHP QPN Monitoring Process	USPSTF Classification
Tuberculosis screening: adults	The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk. Populations at increased risk for LTBI based on increased prevalence of active disease and increased risk of exposure 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 (e.g., homeless shelters and correctional facilities).	> MRR	B

## IEHP Services for Men

Topic	Description	IEHP QPN Monitoring Process	USPSTF Classification
Abdominal aortic aneurysm screening: men	The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.	> MRR	B

# IEHP Services for Women

Topic	Description	IEHP QPN Monitoring Process	USPSTF Classification
BRCA risk assessment and genetic counseling/testing	The USPSTF recommends that Primary Care Providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). BRCA1 and BRCA2 are human genes that produce tumor suppressor proteins. When either of these genes is mutated or altered, DNA damage may not be repaired properly. As a result, cells are more likely to develop additional genetic alterations that can lead to cancer. Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing. Family history factors associated with increased likelihood of potentially harmful BRCA mutations include: breast cancer diagnosis before age 50 years; bilateral breast cancer family history of breast and ovarian cancer; presence of breast cancer in one male family member; multiple cases of breast cancer in the family; one or more family member(s) with two primary types of BRCA-related cancer; and Ashkenazi Jewish ethnicity.	➤ MRR	B
Breast cancer preventive medications	The USPSTF recommends that clinicians engage in shared, informed decision-making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene. Important risk factors for breast cancer include patient age, race/ethnicity, age at menarche, age at first live childbirth, personal history of ductal or lobular carcinoma in situ, number of first-degree relatives with breast cancer, personal history of breast biopsy, body mass index, menopause status or age, breast density, estrogen and progestin use, smoking, alcohol use, physical activity, and diet. Available risk assessment models can accurately predict the number of breast cancer cases that may arise in certain study populations, but their capability to accurately predict which women will develop breast cancer is modest.	➤ MRR	B
Cervical cancer screening	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every three years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every five years. Women after hysterectomy with removal of the cervix and with no history of high-grade precancer or cervical cancer.	➤ MRR	A

## IEHP Services for Women (cont'd)

Topic	Description	IEHP QPN Monitoring Process	USPSTF Classification
Chlamydia screening: women	The USPSTF recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection. Age: Women and men ages 24 years and younger are at greatest risk. History of: Previous chlamydial infection or other sexually transmitted infections, new or multiple sexual partners, inconsistent condom use, sex work. Demographics: African-Americans and Hispanic women and men have higher prevalence rates than the general population in many communities.	➤ MRR	B
Folic acid supplementation	The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. Risk factors include: A personal or family history of a pregnancy affected by a neural tube defect, the use of certain anti-seizure medications, mutations in folate-related enzymes, maternal diabetes, or maternal obesity. Note: This recommendation does not apply to women who have had a previous pregnancy affected by neural tube defects or women taking certain anti-seizure medicines. These women may be advised to take higher doses of folic acid.	➤ MRR	A
Gonorrhea screening: women	The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection. Women and men younger than age 25 years—including sexually active adolescents—are at highest risk for gonorrhea infection. Risk factors for gonorrhea include a history of previous gonorrhea infection, other sexually transmitted infections, new or multiple sexual partners, inconsistent condom use, sex work, and drug use. Risk factors for pregnant women are the same as for non-pregnant women.	➤ MRR	B
Intimate partner violence screening: women of childbearing age	The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse. While all women are at potential risk for abuse, factors that elevate risk include young age, substance abuse, marital difficulties, and economic hardships.	➤ MRR	B
Osteoporosis screening: women	The USPSTF recommends screening for osteoporosis in women ages 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors. As many as one in two postmenopausal women and one in five older men are at risk for an osteoporosis-related fracture. Osteoporosis is common in all racial groups but is most common in white persons. Rates of osteoporosis increase with age. Elderly people are particularly susceptible to fractures.	➤ MRR	B

# IEHP Services for Pregnant Women

Topic	Description	IEHP QPN Monitoring Process	USPSTF Classification
Bacteriuria screening: pregnant women	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later. Risk factors of preterm delivery include: African-American women, pelvic infection, and previous preterm delivery. Bacterial vaginosis is more common among African-American women, women of low socioeconomic status, and women who have previously delivered low-birth-weight infants.	<ul style="list-style-type: none"> <li>➤ MRR</li> <li>➤ OB Section/1st OB visit</li> </ul>	A
Breastfeeding interventions	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding. Interventions to promote and support breastfeeding have been found to increase the rates of initiation, duration, and exclusivity of breastfeeding. Consider multiple strategies, including: Formal breastfeeding education for mothers and families, direct support of mothers during breastfeeding, training of primary care staff about breastfeeding and techniques for breastfeeding support, and peer support.	<ul style="list-style-type: none"> <li>➤ MRR</li> <li>➤ OB Section/1st OB visit</li> </ul>	B
Gestational diabetes mellitus screening	The USPSTF recommends screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation. Risk factors that increase a woman's risk for developing GDM include obesity, increased maternal age, history of GDM, family history of diabetes, and belonging to an ethnic group with increased risk of developing type 2 diabetes mellitus (Hispanic, Native American, South or East Asian, African-American, or Pacific Islands descent).	<ul style="list-style-type: none"> <li>➤ MRR</li> <li>➤ OB Section/1st OB visit</li> </ul>	B
Hepatitis B screening: pregnant women	The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit. Re-screen women with unknown HBsAg status or new or continuing risk factors at admission to hospital, birth center, or other delivery setting.	<ul style="list-style-type: none"> <li>➤ MRR</li> <li>➤ OB Section/1st OB visit</li> </ul>	A
HIV screening: pregnant women	The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown. Behavioral risk factors for HIV infection include: Having unprotected vaginal or anal intercourse, having sexual partners who are HIV-infected, bisexual, or injection drug users, or exchanging sex for drugs or money. The USPSTF recognizes that the above categories are not mutually exclusive. The degree of sexual risk is on a continuum, and individuals may not be aware of their sexual partners' risk factors for HIV infection.	<ul style="list-style-type: none"> <li>➤ MRR</li> <li>➤ OB Section/1st OB visit</li> </ul>	A
Preeclampsia: screening	The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	<ul style="list-style-type: none"> <li>➤ MRR</li> <li>➤ OB Section/1st OB visit</li> </ul>	B

# IEHP Services for Pregnant Women (cont'd)

Topic	Description	IEHP QPN Monitoring Process	USPSTF Classification
Preeclampsia prevention: aspirin	<p>The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia. Important risk factors for preeclampsia include history of preeclampsia (including early-onset preeclampsia), intrauterine growth restriction (IUGR), or preterm birth; placental abruption or fetal death; maternal comorbid conditions (including type 1 or 2 pre-gestational diabetes, chronic hypertension, renal disease, and autoimmune diseases); and multifetal gestation.</p> <p>The disorder is defined by the onset of hypertension (blood pressure <math>\geq 140/90</math> mm Hg) and proteinuria (<math>\geq 0.3</math> g of protein in the urine within a 24-hour period) during the second half of pregnancy (<math>&gt;20</math> weeks). In the absence of proteinuria, preeclampsia is classified as hypertension with any of the following: Thrombocytopenia, impaired liver function, renal insufficiency, pulmonary edema, or cerebral or visual disturbances.</p>	<ul style="list-style-type: none"> <li>➤ 1st OB visit</li> <li>➤ MRR</li> </ul>	B
Rh incompatibility screening: first pregnancy visit	<p>The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p>	<ul style="list-style-type: none"> <li>➤ MRR</li> <li>➤ OB Section/1st OB visit</li> </ul>	A
Rh incompatibility screening: 24–28 weeks' gestation	<p>The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks of gestation, unless the biological father is known to be Rh (D)-negative.</p>	<ul style="list-style-type: none"> <li>➤ MRR</li> <li>➤ OB Section/1st OB visit</li> </ul>	B
Tobacco use counseling: pregnant women	<p>The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. For providers: Ask about tobacco use, advise to quit through clear personalized messages, assess willingness to quit, assist to quit, arrange follow-up and support, intensity of counseling matters: brief one-time counseling works; however, longer sessions or multiple sessions are more effective. Telephone counseling "quit lines" also improve cessation rates.</p>	<ul style="list-style-type: none"> <li>➤ MRR</li> <li>➤ OB Section/1st OB visit</li> </ul>	A
Syphilis screening: pregnant women	<p>The USPSTF recommends that clinicians screen all pregnant women for syphilis infection. Most organizations recommend testing high-risk women again during the third trimester and at delivery.</p> <p>Groups at increased risk include: uninsured women, women living in poverty, sex workers, illicit drug users, those diagnosed with other sexually transmitted infections (STIs), other women living in communities with high syphilis morbidity (prevalence is higher in southern United States and in metropolitan areas and in Hispanic and African-American populations).</p>	<ul style="list-style-type: none"> <li>➤ MRR</li> <li>➤ OB Section/1st OB visit</li> </ul>	A

# IEHP Services for Other Populations

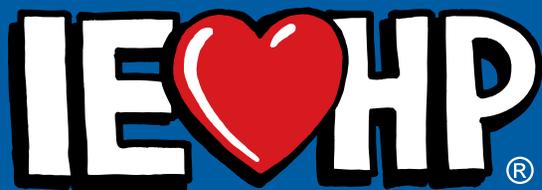
Topic	Description	IEHP QPN Monitoring Process	USPSTF Classification
Hepatitis B screening: nonpregnant adolescents and adults	The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection. A major risk factor for HBV infection is country of origin. The risk for HBV infection varies substantially by country of origin in foreign-born persons in the United States. Persons born in countries with a prevalence of HBV infection of 2 percent or greater account for 47 percent to 95 percent of those with chronic HBV infection in the United States. Additional risk groups for HBV infection with a prevalence of 2 percent or greater that should be screened include HIV-positive persons, injection drug users, household contacts or sexual partners of persons with HBV infection, and men who have sex with men (MSM).	➤ MRR	B
Syphilis screening: nonpregnant persons	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection. Men who have sex with men (MSM) and men and women living with HIV have the highest risk for syphilis infection. Factors associated with increased prevalence that clinicians should consider include history of incarceration, history of commercial sex work, certain racial/ethnic groups, and being a male younger than 29 years. Screening for syphilis infection is a two-step process involving an initial nontreponemal test (Venereal Disease Research Laboratory [VDRL] or rapid plasma reagin [RPR] test) followed by a confirmatory treponemal antibody detection test (fluorescent treponemal antibody absorption [FTA-ABS] or Treponema pallidum particle agglutination [TPPA] test).	➤ MRR	B

\*USPSTF assigns one of five letter grades, and defined the grades below in May 2007 and again in July 2012:

A = "Grade A" – The USPSTF recommends the service. There is a high certainty that the net benefit is substantial. Offer or provide this service.

B = "Grade B" – The USPSTF recommends the service. There is a high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. Offer or provide this service.





A Public Entity

Inland Empire Health Plan

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