



THE SECRETARY OF HEALTH AND HUMAN SERVICES  
WASHINGTON, D.C. 20201

MAY 08 2002

The Honorable Richard B. Cheney  
President of the Senate  
Washington, D.C. 20510

Dear Mr. President:

I am respectfully submitting the enclosed report, entitled "Clinical Preventive Services for Older Americans." This report is being submitted to Congress in response to requirements of Public Law 106-554, the Medicare and Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), section 126.

This is the first of what will be a series of annual reports based on the ongoing work of the U.S. Preventive Services Task Force (USPSTF). The USPSTF is an independent panel of experts in prevention and primary care that reviews various clinical preventive services and makes recommendations on how the services can be improved. The USPSTF is managed by the Agency for Healthcare Research and Quality (AHRQ) in the U.S. Department of Health and Human Services (DHHS). Key findings include the following.

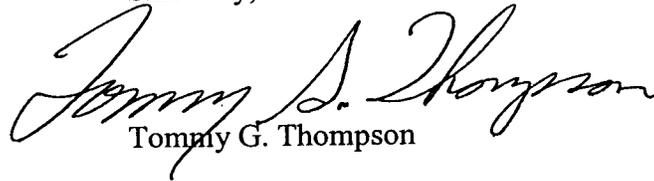
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Sincerely,

A handwritten signature in cursive script that reads "Tommy G. Thompson". The signature is written in black ink and is positioned above the printed name.

Tommy G. Thompson

Enclosure



THE SECRETARY OF HEALTH AND HUMAN SERVICES  
WASHINGTON, D.C. 20201

MAY 08 2002

The Honorable Edward M. Kennedy  
Chairman  
Senate Committee on Health, Education, Labor and Pensions  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Mr. Kennedy:

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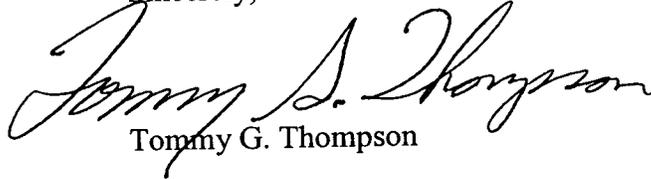
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**MAY 08 2002**

The Honorable Max S. Baucus  
Chairman  
Committee on Finance  
U.S. Senate  
Washington, D.C. 20510

Dear Senator Baucus:

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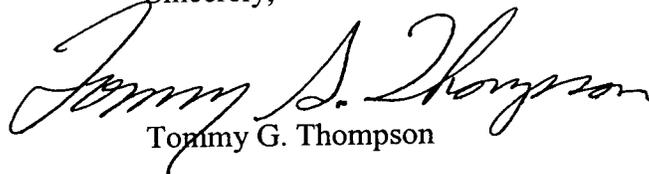
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**MAY 08 2002**

The Honorable John B. Breaux  
Chairman  
Special Committee on Aging  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Mr. Breaux:

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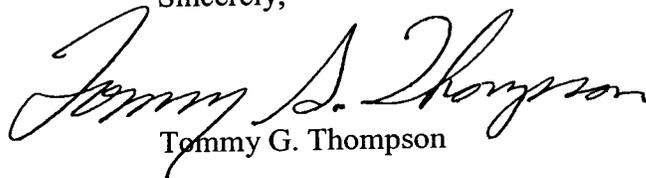
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**MAY 08 2002**

The Honorable J. Dennis Hastert  
Speaker of the House  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Mr. Speaker:

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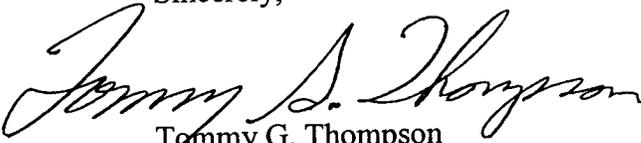
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MAY 08 2002

The Honorable W.J. (Billy) Tauzin  
Chairman  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, D.C. 20515

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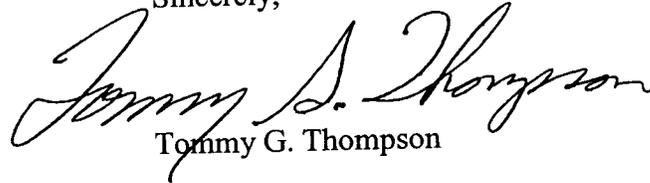
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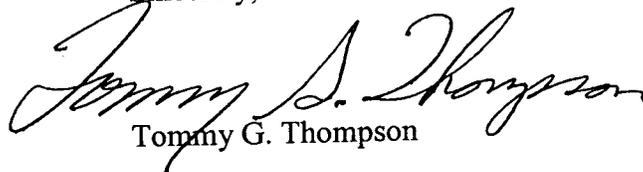
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Enclosure

**Clinical Preventive Services for Older Americans**

A Report to Congress from the Agency for Healthcare Research and Quality

Clinical Preventive Services Program  
Center for Practice and Technology Assessment  
Agency for Healthcare Research and Quality  
6010 Executive Blvd., Suite 300  
Rockville, MD 20852

March 8, 2002

## Effective Clinical Preventive Care for Older Americans

Prevention offers the potential to reduce many of the leading causes of death and disability in older Americans. Although Medicare covers a wide and continually changing array of medical treatments, coverage of preventive services (e.g. flu shots, mammograms) requires specific Congressional legislation. Within the past five years, legislation included within the Balanced Budget Act of 1997 and the Medicare and Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) expanded coverage for preventive care under Medicare and Medicaid (see Table I). As part of BIPA (section 126), the Agency for Healthcare Research and Quality (AHRQ) was directed to provide Congress with annual reports summarizing evidence of effective preventive care for the Medicare population.

### Scope of report

Prevention encompasses many activities that can be carried out at various levels of the health system, but the primary care clinician plays a central role in prevention for older Americans. The average Medicare recipient makes 13 medical visits per year [1], providing opportunities for doctors and nurses to deliver a range of clinical preventive services, including common screening tests, counseling about health behaviors, immunizations, and advice about preventive medications such as aspirin or hormone therapy. This report focuses on interventions that are delivered in clinical settings and applicable to the broad population of Medicare beneficiaries. As such, the report covers *primary* and *secondary prevention* services. Primary prevention would include immunizations, counseling and preventive medications, all used to prevent illnesses from occurring. Secondary prevention services are important for identifying existing conditions and include common screening tests to detect a silent disease before complications

develop (e.g., high blood pressure) or detect a disease in an earlier, more treatable stage (e.g. Pap smears to detect cervical cancer). *Tertiary preventive* medical services are not covered in this report. Tertiary prevention aims to prevent worsening of complications in patients who already have a specific condition (e.g. treating high blood sugar in diabetic patients to prevent progression of disease). Other preventive services not covered in this report are interventions that are delivered at the community level (e.g. seat-belt promotion campaigns) and interventions to improve *delivery* of preventive care. Community interventions are being addressed by the Centers for Disease Control and Prevention's (CDC) Task Force on Community Preventive Services. Improving delivery of effective preventive care is addressed in AHRQ's *Step-by-step Guide to Delivering Clinical Preventive Services: A Systems Approach*, which was released on December 13, 2001, and which is a central theme of many of the studies being funded through our Translating Research Into Practice initiative. Some specific implementation issues have also been addressed by the Healthy Aging Project of the Centers for Medicare and Medicaid Services. At the request of Representative James C. Greenwood, the General Accounting Office is currently collecting information regarding utilization of preventive care and interventions to improve utilization.

### **Sources of Information**

For many years, a variety of Federal and private organizations have produced recommendations about preventive services. For the past decade, the U.S. Preventive Services Task Force (USPSTF) has been one of the only bodies to address the broad range of preventive care delivered in the healthcare setting using a consistent and scientifically rigorous process [3-5]. The information in this report summarizes current recommendations of the USPSTF on screening and counseling services for the Medicare population. Updated recommendations on

tobacco cessation from the 2000 Department of Health and Human Services guideline on treating tobacco use and dependence [6] were also incorporated, as was information from the 1996 Surgeon General's Report on physical activity [7]. Immunization information is taken from the recommendations of the CDC's Advisory Committee on Immunization Practices, which have been updated more recently than the USPSTF immunization recommendations [8].

The USPSTF was convened in 1984 by the U.S. Public Health Service to rigorously evaluate clinical research in order to assess the evidence supporting a complete range of clinical preventive services. The first USPSTF report was the 1989 *Guide to Clinical Preventive Services* [3]; a second edition of the *Guide* was published in 1996 [4], covering over 200 individual services. In 1999, AHRQ was authorized to support the work of the USPSTF as part of its mission to produce evidence-based healthcare information for clinicians. The USPSTF is currently updating its assessments and recommendations on topics for which there is important new evidence, and it released the first in a series of new recommendations in April 2001. The complete 1996 *Guide* and new recommendations are available as electronic versions on the USPSTF web page (<http://www.ahrq.gov/clinic/uspstfix.htm>). AHRQ's Put Prevention Into Practice (PIIP) program will work to disseminate USPSTF information through a variety of resources and tools developed for clinicians, patients and healthcare systems (<http://www.ahrq.gov/clinic/ppipix.htm>).

Due to their broad scope and the rigorous process for developing them, the USPSTF recommendations are now used by a variety of different audiences. Professional societies such as the American Academy of Family Physicians and the American College of Physicians - American Society of Internal Medicine use USPSTF assessments as a basis for guidelines for

their members. Health plans and insurers use them to help inform coverage decisions and efforts to promote delivery of preventive care. Organizations developing measures of health care quality have used the recommendations to define the most important areas of quality [9]. USPSTF recommendations helped guide the development of national disease prevention objectives relating to clinical practice in *Healthy People 2010* [2]. Finally, the *Guide* has become a key reference on prevention for undergraduate and post-graduate medical and nursing education. The work of the USPSTF documenting the strong evidence supporting many preventive services has helped further the steady progress over the past decade in awareness, delivery, and coverage of preventive care as an integral part of quality primary health care.

## **I. Preventive Services Recommended by USPSTF for General Population of Older Patients**

The USPSTF issues age- and gender-specific recommendations for screening tests, counseling, immunizations and chemoprevention. Because most chronic conditions become more common as patients age, the number of services recommended by the USPSTF is higher for patients 65 and older than for middle-aged patients.

### A. Screening Tests Recommended by USPSTF for the General Elderly Population

The USPSTF recommends the following screening tests to detect silent risk factors for disease and early disease which may be asymptomatic or unrecognized:

- *Height and weight exam.*

Obesity increases the risk of developing many chronic diseases including high blood pressure, diabetes, heart disease and stroke. Experts recommend using the body mass index (BMI - a calculation based on height and weight) rather than weight alone to determine health risk. The

National Heart Lung and Blood Institute has issued recent guidelines defining levels of overweight and obesity based on BMI that pose a health risk [10]. Weight loss through diet and exercise can help lower blood pressure and high cholesterol, and prevent diabetes. Weight loss is also likely to reduce the risk for heart disease, and other conditions.

- *Periodic blood pressure measurement, at least every 2 years.*

High blood pressure is a major risk factor for heart disease and stroke, the leading causes of death in the Medicare population. It also contributes to other serious problems including kidney disease and eye disease. Medications and lifestyle changes such as exercise and improved diet can reduce blood pressure. Lowering blood pressure with medication could reduce the numbers of patients with heart disease by 13% and strokes by 42%.

- *Blood test for abnormal cholesterol: Measure the total serum cholesterol and the high-density lipoprotein cholesterol (HDL-C) levels at least every 5 years.*

High levels of total cholesterol or low levels of HDL-C can identify persons at risk of heart disease. Medications that lower cholesterol and raise the level of HDL-C can reduce the risk of heart disease by up to 30%, even in the elderly. Similar, but smaller, benefits can be obtained with lifestyle changes, e.g. diet, weight loss, and exercise. Measurement of serum lipoproteins, which is recommended by the National Cholesterol Education Program, provides more specific information for treatment decisions, but requires fasting and is less convenient for screening.

- *Mammography, usually combined with a clinical examination of the breasts checking for the presence of lumps, every 1-2 years to detect breast cancer.*

The risk of breast cancer increases with advancing age. Between the ages of 60 and 80, a woman in the U.S. has a 7% chance of developing breast cancer. Mammograms can help detect breast cancers at an earlier stage, when treatments are more effective. The USPSTF concluded that

existing large studies of mammography, despite some limitations, provide evidence that regular mammograms can reduce deaths from breast cancer by 25% or more. Although few women over age 70 have been enrolled in studies of mammography, the USPSTF concluded that benefits of mammography are likely to extend to older women provided they do not have serious conditions that would limit their life expectancy.

- *Colorectal cancer screening: Options for colorectal cancer screening include annual fecal occult blood testing (FOBT) or periodic flexible sigmoidoscopy (every 5-10 years), or both combined. Revised USPSTF recommendations on colonoscopy and other tests are scheduled for release in mid-2002.*

Colorectal cancer is the second leading cause of cancer death in the U.S. with nearly 55,000 deaths each year. Large studies show that annual FOBT (a test to check for blood in the stool) can reduce the deaths from cancer by one-third, and other studies show a comparable benefit from sigmoidoscopy (a procedure to look for cancer and growths in the rectum and a portion of the lower large intestine). Additional tests, such as colonoscopy and barium enema, are recommended as options by some organizations, and are currently under review by the USPSTF.

- *Pap smear, an examination of cells collected during a pelvic exam to detect cervical cancer or lesions that might progress to cancer -- at least every 3 years.*

Cervical cancer is more commonly associated with younger women, but continues to take a toll in women over the age of 65. The majority of new cases in older women occur among those who have never been screened or who have been screened inadequately. Women older than 65 who have never been screened or irregularly screened should continue to get periodic Pap smears if they have an intact uterus. Older women who have had adequate routine Pap screening that

has been consistently negative for cervical cancer and who are not otherwise at increased risk may choose to discontinue regular screening.

- *Test of vision with an eye chart.*

Vision problems are common in the elderly, with up to one fourth of older persons wearing inadequate visual correction, and between 30% and 50% of elderly having some form of cataract. Periodic vision screening by primary care providers using eye charts can identify patients with potentially correctable causes of impaired vision. Patients with problems should be referred to a qualified eye specialist.

- *Screen for hearing problems with questions about hearing during the health examination.*

Many elderly persons have correctable hearing problems, over a third with objective hearing loss, but many of these problems go undetected. Simple questions can be administered quickly in the office which will help identify patients who might benefit from a more comprehensive hearing evaluation. Referral to trained hearing specialists, such as audiologists or otolaryngologists, for a more comprehensive exam is appropriate once a hearing problem is identified.

#### B. Counseling Recommended by USPSTF for the General Elderly Population:

The USPSTF recommends that clinicians counsel older Americans about a range of lifestyle issues (see below). Lifestyle is a leading contributor to many of the most important preventable causes of death in the Medicare population. Behaviors such as smoking, unhealthy diets, lack of exercise, and excessive drinking are estimated to cause approximately half of all the deaths from cancer, heart disease and other preventable conditions [11]. For some of these, even brief advice has been shown to help patients make necessary changes; other recommendations are based on

the proven benefits of changing lifestyle, although effective counseling may be more difficult in the typical office visit.

- *Tobacco cessation: Advice to quit smoking, referral for support, and medication to treat nicotine dependency should be offered to all current smokers and those who use other tobacco products.*

Smoking is the leading cause of cancer, heart disease, and stroke and is estimated to account for 400,000 deaths (one out of every five deaths) in the U.S. Health benefits are seen within one to two years of quitting tobacco, even in persons over age 65, and increase steadily over time. Even brief counseling can increase the number of smokers who successfully quit, and the addition of medications such as nicotine replacement or bupropion or use of more intensive counseling improves quit rates.

- *Alcohol use: Brief screening questionnaire to identify alcohol problems and brief, directive advice to at-risk patients to reduce or stop drinking.*

Excessive alcohol consumption raises blood pressure, increases the risk for liver disease, cancer, and accidents, and increases the overall risk of dying. An estimated 135,000 seniors in the U.S. are alcoholics or drink at levels that put them at risk for future problems [12]. These problems are often not recognized by their health care providers. A series of brief questions can identify persons with alcohol problems, and brief advice can help patients quit drinking or reduce the amount they drink to safer levels.

- *Healthy diet: Advice to reduce saturated fats; increase grains, fruits and vegetables; ensure adequate calcium (women); and balance calories with activity so as to maintain a healthy weight.*

Unhealthy diets are an important cause of heart disease in the U.S, and increase the risk of obesity, diabetes, high blood pressure, and high cholesterol. Poor diets also increase the risks of certain cancers. Inadequate calcium intake can lead to osteoporosis and fractures, and high intakes of salt raise blood pressure for some people. Counseling in the clinical setting can help patients make necessary dietary changes, especially in persons who already have conditions affected by diet (e.g., diabetes, heart disease).

- *Increasing Physical Activity: Advice to incorporate regular physical activity into daily routines.*

Regular physical activity can help lower cholesterol levels and blood pressure, and it reduces the risk of many chronic conditions, including obesity, heart disease and stroke, diabetes, osteoporosis, depression and colon cancer [7]. Health benefits are seen even at moderate levels of physical activity, but fewer than one third of people over 65 [2] get this level of exercise.

- *Household and Motor Vehicle Injury Prevention: Advice about smoke detectors, fall prevention, safe storage of firearms, hot water settings, regular use of seatbelts and bicycle/motorcycle helmets.*

Elderly patients are at greater risk from certain injuries in the home, especially those due to falls, which can be prevented by interventions to identify hazards in the home. Regular use of seatbelts, motorcycle helmets and bike helmets can reduce the risk of serious injury in an accident by more than 50%.

- *Dental care: Advise patients to have periodic dental care checkups.*

Healthy teeth and gums are necessary to ensure a healthy diet and they contribute to good self-image. Primary care providers can counsel patients on measures to improve dental care, but

regular visits to a dental care provider are necessary to detect early dental and oral disease and provide preventive care such as cleaning.

### C. Preventive Medications Recommended by USPSTF for Consideration in the General Elderly Population

A number of medications may prevent diseases in older patients. Because these may have harms as well as benefits for healthy people, the USPSTF recommends that clinicians discuss these tradeoffs with their patients, consider patient preferences, and individualize treatment decisions.

- *Aspirin: Discuss benefits and harms with those at increased risk of heart disease.*

Heart disease and stroke are the leading causes of death in the United States. Aspirin has been shown to reduce coronary events by one third in healthy persons, but it also has potential harms, such as gastrointestinal bleeding and hemorrhagic stroke. Aspirin appears to provide the greatest benefits to people at high risk of heart disease, many of whom are over 65 years old.

- *Hormone Replacement Therapy (HRT): Discuss risks and benefits of hormone therapy for women after menopause.*

Hormone therapy (estrogen with or without progestin) is one of the most commonly prescribed medications in the U.S. In addition to relieving symptoms of menopause, it can help prevent bone loss and osteoporosis. There are risks to HRT, however, including an increased risk of blood clots, gallbladder disease, and cancer of the uterus – the latter risk is reduced if women take both estrogen and progestin. The effects of HRT on many other important diseases (e.g., breast cancer, heart disease and Alzheimer’s disease) are not yet established, but are the subject of major ongoing scientific studies.

#### D. Immunizations Recommended by USPSTF and CDC for the General Elderly Population:

A number of immunizations were recommended by the USPSTF in their 1996 report; updated recommendations for older patients have been released by CDC.

- *Influenza vaccine: Annually for persons over age 50 and others with specific risk factors.*

Influenza is a significant cause of morbidity and mortality in the elderly, causing 10,000-20,000 deaths annually in patients over 65. In large studies of elderly patients over time, routine administration of influenza vaccine cut the hospitalization rate for influenza-related pneumonia in half.

- *Pneumococcal vaccine: At least once after age 65.*

Like influenza, *Streptococcus pneumoniae* (pneumococcus) remains one of the top five causes of death in patients over 65. Pneumococcus accounts for most of the aggressive community-acquired pneumonias in the elderly, with case-fatality rates as high as 46% in patients over 65. Half of the deaths from pneumococcal pneumonia might be prevented with immunization.

- *Tetanus/ Diphtheria boosters: Every 10 years.*

Largely as a result of routine immunization, the numbers of diphtheria and tetanus cases in the U.S. are quite low. As shown recently in the former Soviet Union, these diseases can re-emerge when levels of immunization decline, and cause significant morbidity and mortality. Case-fatality rates for tetanus can be as high as 60%.

#### **II. Preventive Services Recommended by USPSTF for Select High Risk Groups**

Certain groups of elderly (e.g., institutionalized patients) are at increased risk of infections or other preventable diseases. The following list outlines services which are recommended by the USPSTF for certain higher risk older patients, but not for the general population.

### Screening:

Tuberculosis skin testing: *Periodic testing for nursing home and institutionalized patients.*

HIV blood test: *In IV drug users and other persons at high risk.*

Glaucoma screening: *Refer high-risk patients for screening by eye specialists. The effectiveness of screening for glaucoma in primary care setting is not established.*

### Counseling:

Skin Cancer: *Avoid excessive sun, for patients with family or personal history of skin cancer or at increased risk for skin cancer (e.g. persons with numerous or atypical moles, poor tanning ability, or light skin, hair and eye color).*

### Immunizations:

Varicella: *For patients who might be susceptible to chickenpox.*

Hepatitis A: *For institutionalized patients, IV drug users, Native Americans, and others at increased risk for hepatitis A (including communities with high rates of hepatitis A.)*

Hepatitis B: *For IV drug users, patients on dialysis (including Medicare eligible patients less than 65 yrs old), and others at increased risk for hepatitis B.*

## **III. Screening Exams of Possible Benefit Being Reassessed by USPSTF**

The following services were not recommended for widespread use by the USPSTF in 1996, but are currently being reassessed due to new scientific evidence and/or the lack of consensus among other organizations.

- *Prostate cancer: Blood test for prostate specific antigen (PSA).*

Prostate cancer is the leading cause of cancer deaths in men. Although PSA can detect cancer earlier, evidence that screening reduces deaths from prostate cancer is limited. The test also produces frequent false-positive results, and the treatments for prostate cancer have potentially significant consequences. The benefits of screening, and of different treatments for early prostate cancer, are under study and not completely resolved. As prostate cancer is often slow-growing, the benefits of finding prostate cancer are smaller in older men. The American Cancer Society and the American Urological Association recommend offering screening to all men over 50 who have at least a ten year life expectancy, while acknowledging that current evidence does not yet

prove that the PSA test saves lives. Revised USPSTF recommendations are expected in late 2002.

- *Osteoporosis: Bone density measurement, a specialized x-ray to measure the amount of mineral present within the bone.*

Osteoporosis is a leading cause of fractures in elderly patients, especially women. Fractures can have serious and lasting consequences, especially hip fractures, which are associated with increased morbidity and mortality. Tests that measure bone mass (also known as bone density tests) can identify women with osteoporosis and others at risk of fracture. New studies demonstrate the benefits of certain medications in preventing fracture in osteoporotic women, so the USPSTF is revisiting this recommendation. The National Osteoporosis Foundation recommends bone density testing for women over the age of 65.

- *Thyroid disease: Blood tests of thyroid stimulating hormone to detect hyper- and hypothyroidism.*

Thyroid dysfunction, especially hypothyroidism, is relatively common in older persons. Routine blood tests may help detect individuals who have symptomatic thyroid disease that might otherwise be overlooked by their clinicians. More controversy exists about the benefits of finding and treating *subclinical* thyroid disease (i.e., condition where abnormal thyroid function is indicated by blood tests but is not causing symptoms) which is more common than symptomatic disease. The Centers for Medicare and Medicaid Services has contracted with the Institute of Medicine, in conjunction with the USPSTF and AHRQ's Evidence-based Practice Centers, to evaluate the appropriateness of Medicare coverage of blood tests for thyroid disease. A report is due in 2003.

### Other Services Currently Being Evaluated by the USPSTF:

The USPSTF is currently updating its 1996 recommendations on a variety of screening tests, preventive therapies, and counseling interventions relevant to an older population. It is also addressing two completely new topics – vitamin supplementation and breast cancer chemoprevention. Recommendations on the topics listed below will be released between mid-2002 and mid-2003.

#### Screening:

Diabetes mellitus type II: *Blood test for glucose*

Coronary artery disease: *Electrocardiogram (EKG) or exercise EKG (stress test)*

Asymptomatic carotid artery disease: *Ultrasound of the carotid arteries*

Ovarian cancer: *Blood tests or ultrasound*

Lung cancer: *Chest x-ray, CT scan, or sputum cytology*

Depression: *Brief screening questionnaire*

Dementia: *Brief mental status exam*

Family violence: *Brief screening questionnaire*

Thyroid disease: *Blood test and clinical exam*

#### Preventive Therapies:

Postmenopausal Hormone Replacement Therapy (HRT): *Possible benefits ( e.g. in preventing heart disease, osteoporosis, or dementia) and harms (e.g. causing or promoting blood clots or cancer.)*

Vitamin supplementation to prevent cancer and cardiovascular disease: *Vitamins A, C, E, and multivitamins*

Breast cancer chemoprevention: *Tamoxifen and raloxifene*

#### Counseling:

Prevention of unintended household injuries

Identification of suicide risk

### **IV. Preventive services evaluated but not recommended by the USPSTF:**

The following services have been evaluated by the USPSTF, which did not find adequate evidence to recommend them for widespread use in the general population of older persons.

Selective use may be appropriate for individual patients based on clinical judgment.

Screening (Date evaluated):

Peripheral arterial disease: *Clinical exam and/or ultrasound (1996)*

Pancreatic cancer: *Blood test (1996)*

Bladder cancer: *Urine test (1996)*

Thyroid cancer: *Clinical exam and/or ultrasound (1996)*

Hepatitis B infection: *Blood test (1996)*

Skin cancer screening: *Total body skin examination (evaluated with Institute of Medicine - 2001)*

Vaccination against rubella in the elderly.

**TABLE I**  
**Preventive Services Currently Included in Medicare Covered Services**

Mammography, annual

Pap smear, exam and laboratory, every 2 years if not at high risk, annually if at high risk

Colorectal cancer screening:

    Fecal occult blood testing (FOBT), annually

    Colonoscopy, every 10 years if not at high risk, every 2 if at high risk

    Flexible sigmoidoscopy, every 4 years

    Barium enema, as alternative to either colonoscopy or sigmoidoscopy

Prostate cancer screening:

    Prostate specific antigen (PSA) laboratory, annually

    Digital rectal exam, annually

Bone mass measurement

Glaucoma screening, annually for people at high risk, with a family history of glaucoma, or with diabetes

Medical nutrition therapy for people with diabetes, chronic renal disease, and post-transplant patients

Immunizations:

    Influenza

    Pneumococcus

    Hepatitis B, in patients at moderate to high risk

Summarized from the Center for Medicare and Medicaid Services, cited 2001 Dec 18, available at URL: <http://www.hcfa.gov/news/pr2001/pr010629.htm>

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# FACT SHEET

## The New U.S. Preventive Services Task Force

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[www.ahrq.gov](http://www.ahrq.gov)

AHRQ is the lead Federal agency charged with supporting research designed to improve the quality of health care, reduce its cost, address patient safety and medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on health care outcomes; quality; and cost, use, and access. The information helps health care decisionmakers—patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve the quality of health care services.



U.S. Department of Health  
and Human Services  
Public Health Service

### Background and Mission

The U.S. Preventive Services Task Force (USPSTF), an independent panel of private-sector experts in primary care and prevention, was first convened by the U.S. Public Health Service in 1984 to systematically review the evidence of effectiveness of clinical preventive services, including screening tests, counseling, immunizations, and chemoprevention. The mission of the Task Force is to evaluate the benefits of individual services; to create age-, gender-, and risk-based recommendations about services that should routinely be incorporated into primary medical care; and to identify a research agenda for clinical preventive care. The pioneering efforts of the Task Force to develop evidence-based recommendations covering a broad range of clinical preventive care culminated in the 1989 (first edition) and the 1995 (second edition) *Guide to Clinical Preventive Services*. The second edition of the *Guide* included assessments of more than 200 services offered in primary care settings for adults, pregnant women, and children.

### Impact of the USPSTF

Over time, the audience for the work of the USPSTF has expanded well beyond the original target of primary care physicians and nurses. USPSTF recommendations have formed the basis of clinical guidelines developed by professional societies, have helped guide the coverage policies of many health plans and insurers, and have figured prominently in the development of health care quality measures and national health objectives. The *Guide* has been used widely in undergraduate and post-graduate medical and nursing education as a key reference for teaching preventive care. The work of the USPSTF documenting the strong evidence supporting many preventive services has helped further the steady progress over the past decade in awareness, delivery, and coverage of preventive care as an integral part of quality primary health care. Conversely, its attention to gaps in the evidence for other preventive services has helped focus the research agenda.

### Current Activity

In November 1998, the Agency for Healthcare Research and Quality (then the Agency for Health Care Policy and



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