

Purpose of the Preventive Care Guideline

The 2014 National PACE Association's "Preventive Care Guideline" (PCG) provides relevant diagnostic and management recommendations to PACE® primary care providers (PCPs). The PCG was adapted specifically for PACE® participants from evidence-based published guidelines for older adults using the collective review of experienced PACE® Medical Directors and Primary Care Physicians and is offered with the belief that shared decision-making between individual PCPs and participants/caregivers is optimal. This PCG is not intended to replace the clinical judgment of the individual provider or establish a standard of care.

PACE® participants are a heterogeneous group, with differing health profiles, prognoses, preferences, and goals of care. Life expectancy and quality of life issues require an individualized context within which to apply practice guidelines that may have been developed from and for a population of non-frail adults. We recommend that whether a PCP follows any of the summary recommendations for an individual participant will depend upon factors specific to that participant, including the participant's preferences, prognosis and life expectancy, co-morbid conditions, functional status, and goals of care. PACE® enrollment starts at age 55, as does this guideline.

This PCG assumes that the goals of care for PACE® participants can be divided into three broad categories: promoting longevity, optimizing function, and comfort care. Accordingly, the PCG suggests different approaches depending on whether the goal is life-extension, function, or palliation. The PCP will need to determine which recommendations are appropriate for each individual participant, considering the participant's preferences, life expectancy, and the expected benefit versus burdens of specific interventions.

Goals of Care:

Longevity- Participant expresses a preference for life-prolonging treatment. A participant with a goal of longevity typically desires unrestricted use of medically-indicated treatments, including CPR, invasive procedures, life-sustaining treatments (ACLS, surgery, ventilator support, dialysis, IV fluids and tube feedings) and is willing to try to follow recommended medication dietary and intervention regimens.

Functional- Participant's main goal is to maintain function. Participant makes individualized choices to limit some invasive procedures that are not consistent with that goal. Limited procedures may include CPR, mechanical ventilation, and other life-sustaining treatments. This participant may choose to modify adherence to diet and medication recommendations.

Comfort Care- Participant desires treatments aimed at providing comfort only. Treatment choices focus on relieving pain and other symptoms and limiting invasive, life-sustaining treatments such as CPR, mechanical ventilation, dialysis, surgery, and perhaps hospitalization.

Definitions:

Consider - do the test or intervention if you will act on the result

N - no, do not follow the test or intervention

Y- yes, do the test or intervention at the interval noted

Initially - the first 6 months of enrollment of the patient

LE - life expectancy

Nursing - Registered Nurse or under the direction of a RN

PACE regulations - the federal regulations for PACE found in Federal Regulations, Title 42, Chapter IV, Subchapter E

PCP - Primary Care Provider, usually a physician, NP, or PA

RD - Registered Dietician or Masters in Nutrition

RN - Registered Nurse

Screening - look for disease or findings that are not previously known to be present

SW- Social Worker

General	Longevity	Functional	Comfort Care	Interval/Comments
Medication Adherence	Y	Y	Y	Initially and semiannually
Medications Review	Y	Y	Y	Initially and at each transition of care
Health Care Directives	Y	Y	Y	Initially, annually, and with changes in status
Alcohol Misuse and Illicit Drug Use Screen	Y	Y	N	Initially and annually. If positive, institute intervention.
Tobacco screen, Cessation Counseling	Y	Y	N	Initially and counsel semiannually if initial screen is positive
Injury Prevention; Safety/Driving	Y	Y	Y	Initially and annually for: fall prevention, seatbelts, cooking, firearms in house, driving
Functional Assessment	Y	Y	Y	Initially, then annually, and with changes in status
Immunization	Longevity	Functional	Comfort Care	Interval/Comments
Tetanus/Tdap	Y	Consider	N	Administer 1 dose of Tdap vaccine regardless of interval since prior Td or Tdap vaccination. Tdap is preferred over Td for all adults. Td is then given every 10 years.
Influenza	Y	Y	Y	Annually. CDC and ACIP have no preference of formulations (standard, high dose trivalent, and/or quadrivalent), although the nasal spray is not indicated due to age limit.
Pneumococcal (PPSV23)/(PCV13)	Y	Y	Y	All adults 65 years and older should get one dose. Pneumococcal polysaccharide vaccine (PPSV23) is preferred over PCV13 if has had at least one pneumococcal vaccine in the past. Adults 55-64 years administer PCV 13 initially then repeat if >5 years since last. May substitute with PPSV23 if complex medical conditions and has had one dose of PCV13 in the past.
Zoster Herpes	Y	Consider	N	Once age 60-69 on request. Over age 70 there is evidence of decreased efficacy
Hepatitis B	Consider	N	N	Yes if ESRD on hemodialysis and to be considered for diabetics under age 60
Disease or Injury Prevention	Longevity	Functional	Comfort Care	Interval/Comments
Vitamin D	Y	Consider	Consider if LE > 6 mos.	Suspected or proven vitamin D deficiency or otherwise at risk increased fall
Assess Risk of Falls	Y	Y	Y	Initially and then annually using standardized tool. Full fall risk assessment with first fall.
Assess Risk of Skin Ulcer	Y	Y	Y	Initially and annually using standardized tool

Nutrition Evaluation	Y	Y	Y	Initially then annually per PACE regulation (460.104)
Aspirin for Primary Prevention	Consider	Consider	N	Daily in men age 55-79 when the potential benefit due to a reduction in MI outweighs the potential harm due to an increase in GI hemorrhage. Daily in women age 55-79 when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in GI Hemorrhage.
Examinations	Longevity	Functional	Comfort Care	Interval/Comments
Dental Status	Y	Y	Y	Initially by PACE regulation (460.104)
Physical Exam	Y	Y	Y	Comprehensive physical examination with consideration of the participant's goals of care. Perform semiannually per PACE regulation (460.104(a and c)).
Feet	Y	Y	Y	Initially then semiannually
Skin	Y	Y	Y	Initially then semiannually
Height	Y	Y	N	Initially then semiannually
Weight	Y	Y	N	Initially then monthly
BMI	Y	Y	N	Initially then at least semiannually
Blood Pressure screen for HTN	Y	Y	N	Initially then semiannually
Depression Screen	Y	Y	Y	Initially then as needed
Assessing Cognitive Function	Y	Y	Y	Initially then annually
Cancer Screening	Longevity	Functional	Comfort Care	Interval/Comments
Colorectal Cancer Screening	Yes if LE>10 yrs and age 75 and younger	Consider if LE>10 yrs and age 75 and younger	N	Options for Testing: 1. Annual fecal occult blood testing (FOBT) with sensitive test; 2. Flexible sigmoidoscopy every 5 years with FOBT every 3 years; 3. Colonoscopy every 10 years. Consider: 1. Computed tomographic colonoscopy (CTC) every 5 years; 2. Double contrast barium enema every 5 years
Cervical Cancer Screening (PAP)	Yes if 55-65 and if no regular testing	Consider if age 55-65 and if no regular testing	N	Cytology alone every 3 years; co-testing cytology/HPV every 5 years

Prostate Cancer Screening (PSA)	Consider if LE>10 yrs and age 55-69	Consider if LE>10 yrs and age 55-69	N	Every 2 years
Breast Cancer Screening (Mammography)	Yes if LE>5 yrs, age 55-75	Consider	N	Every 2 years
Lung Cancer Screening	Yes, age 55-80, 30 pack/year history of smoking and current smoker or quit w/in 15 yrs (may stop at 15 yrs of smoking cessation or LE<5 yrs.)*	N	N	Annual low-dose CT scan (age 55-80) *No if participant has a health problem that limits life expectancy or is unwilling to have curative surgery.
Testing	Longevity	Functional	Comfort Care	Interval/Comments
Lipids Screening	Y	Consider	N	Initially then every 5 years if initial is at goal; quarterly if not at goal; annually if being treated
Fasting Plasma Glucose	Y	Consider	N	Annually for persons with Hypertension, Hyperlipidemia, BMI>30, and if taking risk-associated medications, e.g. antipsychotics
Tuberculin skin test (PPD)	Y	Y	Y	Initially then only if needed per State Board of Health
Osteoporosis screen via DEXA	Y	Consider if LE > 2 years	N	Initially if not previously done; Consider treating for OP if fractures without DEXA
Aortic Aneurysm Screening by ultrasound	Consider if LE > 5 years and male age 65-75 who had ever smoked	N	N	One time if participant will have a repair
Vision: Visual Acuity and Intraocular Pressure	Y	Y	Consider	Initially then every 2 years
Hearing: Office Evaluation	Y	Y	Consider	Annual screening with questionnaire to see if hearing loss affects Quality of Life (QOL)

Recommendations Reviewed From:

Advisory Committee on Immunization Practices (ACIP), American Cancer Society, Assessing Care of Vulnerable Elders (ACOVE), American College of Obstetrics and Gynecology, American College of Physicians, American Gastroenterology Association, American Geriatrics Society, American Medical Directors Association, American Urology Association, Canadian Task Force on Preventive Health Care, United States Preventive Service Task Force (USPSTF)