



Michigan Quality Improvement Consortium Guideline
Adult Preventive Services (Ages 18-49)

The following guideline recommends clinical preventive services for adults. The [grade definitions](#) used for this guideline are as defined by the United States Preventive Services Task Force (USPSTF).

Screening	Recommendation
Personalized recommendations:	To offer any patient, for age, gender and risk factor-based recommendations, see Electronic Preventive Services Selector .
Health Assessment, History & Counseling	Recommend a periodic health visit according to risk status every 1-5 years to perform: Height, weight and Body Mass Index (BMI) [B]; risk evaluation and counseling for obesity (BMI ≥ 30) [B], tobacco use [A], and opioid and alcohol misuse. [B] Provide behavioral interventions for tobacco users [A] and those demonstrating risky alcohol use [B] or risky sexual behaviors. [B] All adults benefit from optimized diet and physical activity [C]. See individual MQIC guidelines on tobacco control, substance use disorder, and overweight and obesity in the adult.
Blood Pressure	Screen for high blood pressure in adults 18 years and older. [A]
Depression	Screen adults for depression using a validated screening tool ¹ with staff-assisted depression care supports in place to ensure accurate diagnosis, effective treatment, and follow-up [B]. Particular attention is called to pregnant and post-partum women. [B]
Diabetes Mellitus	Screen blood glucose in adults 40-75 with BMI > 25. [B]
Intimate Partner Violence	Screen women for intimate partner violence, such as domestic violence, and provide or refer for intervention services. [B]
Cervical Cancer/Pap Smear	Screen women age 21 to 65 years with cytology every 3 years, or, for women age 30 to 65 years who want to lengthen the screening interval, screen with a combination of cytology and human papillomavirus testing every 5 years. [A] Pap smear screening for benign disease not recommended in women with surgical absence of cervix, or age less than 21. [D]
Sexually Transmitted Infections	Screen for chlamydia and gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection. [B] Screen all populations at increased risk for syphilis [A], Hep B [B], Hep C. [B]
HIV	Screen all patients 15 to 65 years of age. [A] Screen all increased risk patients (no age limit) [A] annually.
Breast Cancer	Mammography screening before the age of 50 years should be an individual decision taking patient context into account, including patient's values regarding specific benefits and harms. [C] ² Consider BRCA risk assessment ³ for family history of breast or related gynecological cancer. Provide genetic counseling, including risk-reducing medications if indicated. [B] Recommend against teaching breast self-examination. [D] The current evidence is insufficient to assess the additional benefits and harms of digital tomosynthesis, or other adjunctive screening in women with dense breasts and negative screening mammogram. [I]
Skin Cancer	Fair-skinned people ages 10-24 should be counseled to minimize their exposure to UV radiation to reduce risk for skin cancer. [B]
Osteoporosis	Screen women with risk equal to a 65 year-old (9.3% in 10 years by US Fracture Risk Assessment tool [FRAX]). [B] See individual MQIC guideline on osteoporosis .
Tuberculosis	Screen populations at increased risk for latent TB. [B]
Preventive Therapies:	
Breast Cancer	For women at increased risk, use shared decision making to consider primary prevention for therapies like tamoxifen and raloxifene. [B] No routine use without increased risk. [D]
Dyslipidemia	Recommend low- to moderate-dose statin therapy for primary prevention in people with all three: a) age 40-75, b) DM, HTN , tobacco use, or dyslipidemia, and c) 10-year CVD risk > 10%. [B] Consider low- to moderate-dose if CVD risk is 7.5-10%. [C] See individual MQIC guideline on lipids .
Folic Acid Supplementation	All women capable of pregnancy should take 0.4 to 0.8 mg folic acid daily. [A]
Immunizations (Consult ACIP website for up-to-date recommendations and vaccine indications. Consult prior immunization record.)	
Tdap/Td	After primary series, Td every 10 years. Give Tdap once after age 12.
HPV series	Males and females ≤ 26 should receive one complete HPV series. (Males HPV4 or HPV9; Females HPV2, HPV4, or HPV9.)
MMR	One or two doses for persons who lack history of immunization or convincing history of infection.
Varicella	Two doses for persons who lack history of immunization or convincing history of infection.
Influenza	Annual vaccine.
Pneumococcal, Hep A, Hep B, Meningococcal, Hib	If risk factors present. Consult ACIP website .

¹[PHQ-2, PHQ-9](#)

²The Affordable Care Act considers mammography at age ≥ 40 as an "essential benefit".

³[B-RST™ \(Breast Cancer Genetics Referral Screening Tool, Emory University\)](#)

This guideline lists core management steps. It is based on Recommendations of the U.S. Preventive Services Task Force ([uspreventiveservicestaskforce.org](#)) and the Advisory Committee on Immunization Practices (ACIP) 2019 Immunization Recommendations ([cdc.gov/vaccines/schedules/hcp/adult.html](#)). Individual patient considerations and advances in medical science may supersede or modify these recommendations.