



# Healthcare Maintenance for Older Adults

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# Goals and Objectives

## Goal:

- Discuss basic aspects of healthcare maintenance for older adults in primary care

## Objectives:

- Review USPSTF recommendations for older adults
- Update on Immunization recommendations
- Discuss current thoughts on ASA and Statins
- Appreciate complexities of and techniques for Shared Decision Making in Cancer Screening
- Demonstrate basic understanding of what the Medicare AWW is and isn't



# Outline

1. USPSTF Guidelines
2. CDC Immunizations and PNA update
3. ASA and statin update
4. Cancer screening and shared decision making
5. Medicare AWW



## Poll

What percentage of patients have abnormal findings on LDCT for lung cancer screening

1. 6%
2. 12%
3. 27%
4. 38%

Answer: 38% on initial screen.

- With 94% being “false alarms.” 10-20% of cancers diagnosed felt to be overdiagnosis.<sup>1</sup>
- On baseline scans, Incidental (non-pulmonary) findings 41-94%, further investigation of incidental findings 9-15% of patients<sup>2</sup>



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# USPSTF Guidelines <sup>6</sup>



- Provide appropriate screenings and prevent harm
- Review of Nomenclature

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is 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.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

# USPSTF - Cancer Part 1



<b>Recommendation on:</b>	<b>Who:</b>	<b>Grade</b>
Colon Ca Screening	Adults 45-49 Adults 50-75 Adults 76-85	B A C
Breast Ca Screening with Biennial Mammogram	Women 40-49 Women 50-74 Women 75 and older	C B I
Lung Ca Screening with Low Dose CT - Stop if quit >15 yrs, life expectancy, no longer would want treatment, age criterion	Adults 50-80 (private insurance) or 50-77 (Medicare) with 20 pack year hx and currently smoke or quit within last 15 years	B
Bladder Ca Screening	Adults	I
Pancreatic Ca Screening Thyroid Ca Screening Ovarian Ca Screening Testicular Ca Screening	Adults	D



# USPSTF - Cancer Part 2



Recommendation on:	Who:	Grade
Cervical Ca Screening	Women 21-65 Women older than 65 with adequate screening*	A D
Prostate Ca Screening with PSA	Men 55-69 Men 70 and older	C D

\* “3 consecutive negative cytology results or 2 consecutive negative cotesting results within 10 years before stopping screening, with the most recent test occurring within 5 years. The guidelines further state that routine screening should continue for at least 20 years after spontaneous regression or appropriate management of a precancerous lesion, even if this extends screening past age 65 years. Once screening has stopped, it should not resume in women older than 65 years, even if they report having a new sexual partner.”

# USPSTF - Cardiovascular



<b>Recommendation on:</b>	<b>Who:</b>	<b>Grade</b>
AAA US Screening	Men Aged 65-75 ever smoked Men Aged 65-75 never smoked Women never smoked Women 65-75 ever smoked	B C D I
Primary Prevention with Statin	Adults 40-75 w/ 1 or more risk factor and >10% ASCVD risk Adults 40-75 w/ 1 or more risk factor and 7.5-10% ASCVD risk Adults 76 and older w/ no CVD	B (Being updated) C (Being updated) I (Being updated)
Aspirin for Primary Prevention of CVD	Adults 40-59 and >10% risk Adults 60 and older (initiating)	C D
Carotid Artery Stenosis Screening	Asymptomatic Adults	D

# USPSTF - Infectious Disease



<b>Recommendation on:</b>	<b>Who:</b>	<b>Grade</b>
Hep C Screening Hep B Screening	Adults 18-79 Anyone at high risk	B B
HIV Screening if at increased risk Syphilis if at increased risk Gonorrhea/Chlamydia if at increased risk Women Men	Older Adults	A A B I

# USPSTF - Misc

<b>Recommendation on:</b>	<b>Who:</b>	<b>Grade</b>
Osteoporosis Screening with DEXA	Women 65 and older Men	B I
Cognitive Impairment Screening	Older Adults	I
Unhealthy Alcohol Use Screening	Adults 18 and older	B
Screening for abuse and neglect	Older Adults	I
Fall Prevention with Exercise Multifactorial Interventions Vitamin D supplementation to prevent falls	Adults 65 and older at increased risk of falls	B C D
Thyroid Screening	Nonpregnant Asymptomatic Adults	I
Vitamin D Screening	Adults	I



## Poll

What is the 1 year mortality rate of older adults after hip fracture?

1. 2-5%
2. 4-11%
3. 13-19%
4. 22-30%

Answer: 22-30%<sup>4</sup>

How long of until Bisphosphonate has an impact?<sup>5</sup>

- <6 months has little effect
- >1 year to get more optimal benefit

# Helpful Medicare Lab link



[Quest Diagnostics Medicare Coverage Guide](#)



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# CDC Immunizations <sup>7</sup>



<b>Immunization</b>	<b>Frequency</b>	<b>Notes</b>
Influenza	Annually	
PNA Age 65 and No Prior or unknown Age 65 and prior PPSV23 Age 65 and prior PCV13 Age 65 and prior PCV13 and PPSV23	Give PCV20 Give PCV20 1 yr later Give PPSV23 (or PCV20) Await further guidance	Nothing further Nothing further
Td or TDAP	Every 10 years	
Shingrix (preferred) or Zostavax (being phased out)	Age 50 and older Age 60 and older	2 doses 2-6 months apart





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## Poll

What is the 10 yr MI/CVA ASCVD calculator risk of:

74 yr old caucasian woman with BP 110/70, Tot Chol 130, HDL 60,  
No HTN/DM/Smoking Hx

1. 4.3%
2. 7.9%
3. 10.4%
4. 15.1%

**Answer:**  
**10.4%<sup>3</sup>**



## ASCVD calculator<sup>9</sup>

- ASCVD risk calculator for 40-75 years old.
- “For adults >75 years of age, the clinician and patient should engage in a discussion about the possible benefits of preventive therapies appropriate to the age group in the context of comorbidities and life expectancy.”

# ACC/AHA ASA 2019 Guidelines <sup>9</sup>

## Recommendations for Aspirin Use

Referenced studies that support recommendations are summarized in Online Data Supplements 17 and 18.

COR	LOE	Recommendations
IIb	A	1. Low-dose aspirin (75-100 mg orally daily) might be considered for the primary prevention of ASCVD among select adults 40 to 70 years of age who are at higher ASCVD risk but not at increased bleeding risk. <sup>54,6-1-54,6-8</sup>
III: Harm	B-R	2. Low-dose aspirin (75-100 mg orally daily) should not be administered on a routine basis for the primary prevention of ASCVD among adults >70 years of age. <sup>54,6-9</sup>
III: Harm	C-LD	3. Low-dose aspirin (75-100 mg orally daily) should not be administered for the primary prevention of ASCVD among adults of any age who are at increased risk of bleeding. <sup>54,6-10</sup>

## ASA cont'd <sup>9</sup>



- Age >70, ASA no longer based on ASCVD risk
- “However, one caveat is that, although routine use is not recommended in these settings, there is also insufficient evidence to comment on whether there may be select circumstances in which physicians might discuss prophylactic aspirin with adults <40 years of age or >70 years of age in the context of other known ASCVD risk factors (eg, strong family history of premature MI, inability to achieve lipid or BP or glucose targets, or significant elevation in coronary artery calcium score). ”

## ASA cont'd <sup>9</sup> - Bleeding risk?



“A nonexhaustive list of conditions associated with increased bleeding risk includes: a history of previous gastrointestinal bleeding or peptic ulcer disease or bleeding at other sites, age >70 years, thrombocytopenia, coagulopathy, CKD, and concurrent use of other medications that increase bleeding risk, such as nonsteroidal anti-inflammatory drugs, steroids, direct oral anticoagulants, and warfarin”

# Statins <sup>10</sup>



“The ACC/AHA 2018 cholesterol guidelines state that in adults older than 75 years with diabetes mellitus, it may be reasonable to initiate statin therapy after a clinician–patient discussion of potential benefits and risks for prevention of ASCVD events. However, in individuals >75 years free of ASCVD (and without diabetes or low-density lipoprotein cholesterol [LDL-C]  $\geq 190$  mg/dL), the currently applicable guidelines do not make a specific recommendation for statin use”

# Statins - Future directions <sup>10</sup>



- Coming soon, if not already, to you
  - Coronary Artery Calcium Score (CAC score via CT scan)
- Hope for answers
  - [PREVENTABLE](#) (Pragmatic Evaluation of Events and Benefits of Lipid-Lowering in Older Adults) trial (National Heart, Lung, and Blood Institute grant U19AG065188). The PREVENTABLE trial is aiming to enroll 20,000 community-dwelling primary prevention patients age  $\geq 75$  and randomize individuals to atorvastatin 40 mg daily, or placebo. The primary outcomes include dementia and physical disability over 4 years.
  - Australian randomized, placebo-controlled trial called [STAREE](#) (A Clinical Trial of Statin Therapy for Reducing Events in the Elderly) are ongoing. The STAREE trial will assess the efficacy of atorvastatin 40 mg daily versus placebo in the improvement of overall survival or disability-free survival in 18,000 community-dwelling patients age  $\geq 70$  years.





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## Cancer Screening - When to stop?

- Is 75 the magic number?
- 71 yr old with A1c 10.2% and 3 hospitalizations in last 12 months for CHF VS 76 yr old with no medical issues
- How to discuss with patients
- [ePrognosis](#)
- What about colon polyps?



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## AWV - Annual Wellness Visit

- [Medicare Page](#)<sup>11</sup>
- Annual free preventative care visit
- NOT an annual physical exam
- NOT a chronic conditions visit
- Very prescribed, pre-established set of screenings and discussion topics
- Familiarize yourself with the components



## Conclusions

- Be aware of evidence grades for various older adults screenings
- Don't forget about osteoporosis screening
- Get familiar with PCV20
- Be aware of ASA and statin changing thoughts
- Don't apply a universal rule for when to stop cancer screening.  
Discuss with your patients and consider their co-morbidities.
- Help educate patients around what an AWW is and isn't and work on a standardized approach with your clinics



# References

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- 5 McClung, M.R. Bisphosphonate therapy: how long is long enough?. *Osteoporosis Int* 26, 1455–1457 (2015). <https://doi.org/10.1007/s00198-014-3019-4>
- 6 <https://www.uspreventiveservicestaskforce.org/uspstf/>
- 7 <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
- 8 <https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>
- 9 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *J Am Coll Cardiol* 2019;March 17
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