

WELL-WOMAN PREVENTIVE VISITS

WOMEN'S PREVENTIVE SERVICES INITIATIVE EVIDENCE UPDATE

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CURRENT WPSI RECOMMENDATIONS

Clinical Recommendations (2016)¹

The Women's Preventive Services Initiative (WPSI) recommends that women receive at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure that the recommended preventive services, including preconception and many services necessary for prenatal and interconception care, are obtained. The primary purpose of these visits should be the delivery and coordination of recommended preventive services as determined by age and risk factors.

Implementation Considerations

The WPSI recommends as a preventive service for women, that women receive at least one preventive care visit per year. Additional well-woman visits may be needed to obtain all necessary services depending on a woman's age, health status, reproductive health needs, pregnancy status, and risk factors. Visits should allow sufficient time to address and coordinate services, and a team-based approach may facilitate delivery of services.

Well-woman preventive services may include, but are not limited to, assessment of physical and psychosocial function, primary and secondary prevention and screening, risk factor assessments, immunizations, counseling, education, and preconception, prenatal, and interconception care. Recommended services are evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force, immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved, with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration, and with respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

EVIDENCE SUMMARY

New Evidence

New evidence published since the previous WPSI recommendation is summarized in **Table 1**.²

Table 1. New Evidence Since the 2016 WPSI Recommendation

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| At least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure that the recommended preventive services are obtained. | |
| Systematic Reviews | Additional Studies |
| None | No studies evaluate the effectiveness of well-woman preventive visits. |
| The primary purpose of these visits should be the delivery and coordination of recommended preventive services as determined by age and risk factors. | |
| Systematic Reviews | Additional Studies |
| None | A narrative review of general health checks in adult primary care ³ found no association with reduced mortality or cardiovascular events, but an association with increased detection and treatment of chronic disease, preventive service uptake, risk factor control (e.g., blood pressure and cholesterol), and improved patient-reported outcomes (e.g., quality of life and self-rated health). |

Abbreviations: USPSTF=U.S. Preventive Services Task Force; WPSI=Women’s Preventive Services Initiative

Introduction

A well-woman preventive visit is a clinical encounter that addresses issues of general wellness and provides screening, immunizations, counseling, and other prevention services for a variety of health conditions. Visits may facilitate access to health care services, identify risk factors, and reduce the likelihood or delay the onset of disease. Well-woman visits apply to women of all ages and stages of life, and are individualized for delivery of appropriate screening recommendations and prevention services.

Current Recommendations and Coverage of Services

The gap in services provided under the provisions of the Patient Protection and Affordable Health Care Act of 2010 (ACA) previously identified by the Institute of Medicine (IOM), now the National Academy of Medicine (NAM), was the absence of coverage for well-woman preventive care visits for women ages 21 to 64 years.⁴ Support for these visits was based on current policies (Medicaid, Medicare), professional guidelines, and private health plan policies that included mandated coverage for preventive visits for children and adolescents up to age 21 and for some adults age 65 and older. The NAM committee recognized this gap in coverage, further emphasizing a disproportionate burden on women of childbearing age.

In 2016, the WPSI recommended that women receive at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure that the recommended preventive services are obtained. The WPSI recommendation was an extension of the NAM recommendation to ensure the continuation of this coverage under the ACA. Consequently, the

U.S. Department of Health and Human Services (HHS) adopted WPSI recommendation for at least one annual well-woman preventive visit (**Table 2**). These visits include a full evaluation, separate from any other visit for sickness or injury, and focus on preventive care that may include immunizations, screening tests, education, and counseling. In order to obtain all of the recommended services, several visits may be necessary for some women depending on age, health status, health needs, and risk factors.⁵

Clinical preventive services for adolescents are based on a package of preventive services⁶ through the Bright Futures health initiative, a nationally recognized pediatric periodicity schedule that recommends preventive health care visits annually for children ages 3 through 21 years.⁷ Federal standards require the provision of prevention services for children under age 21 years through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, which provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.⁸ Medicare covers annual wellness visits for adults over age 65 years.⁹ The WPSI recommendation includes adolescents age 13 and older and adult women.¹

Table 2. Summary of Recommendations Currently Covered by the Affordable Care Act

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| WPSI ¹ | At least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure that the recommended preventive services are obtained. The primary purpose of these visits should be the delivery and coordination of recommended preventive services as determined by age and risk factors. Additional well-woman visits may be needed to obtain all necessary services depending on a woman’s age, health status, reproductive health needs, pregnancy status, and risk factors. |
| USPSTF | Not addressed. |
| Bright Futures ^{10,11} | Preventive pediatric health care visits for children annually from ages 3 through 21 years, including initial/interval medical histories, measurements, sensory screening, developmental/behavioral assessments, physical examination, age-appropriate procedures, oral health, and anticipatory guidance. |

Abbreviations: USPSTF=U.S. Preventive Services Task Force; WPSI = Women’s Preventive Services Initiative

Background

Preventive health care improves health and is a major component of medical practice in the United States.^{12,13} Well-woman preventive visits are important to women of all ages, including adolescents, and its goals vary by age, risk factors, and comorbidities.^{4,7,14}

There are no standard definitions for the well-woman preventive visit, and various other terms have been used to describe these types of visits including the periodic health exam, annual physical, general health check, and health maintenance visit. Few studies have been conducted to determine the effectiveness of the visit itself in improving health outcomes,¹⁵ although the effectiveness of many services that would be delivered in this setting is well supported, including A and B Level recommendations from the USPSTF¹⁶ and recommendations from the WPSI.²

Routine visits have been associated with subsequent use of increased preventive care and cancer screening.^{3,15} They may serve as entry points to additional prevention care, as well as opportunities to reach marginalized individuals who would not otherwise seek regular health care.¹⁷

A well-woman preventive visit consists of various components that often vary among medical specialties.^{18,19} In addition, the scope of services may vary by clinician,^{20,21} as well as by the perceived value of routine exams by both physicians²²⁻²⁴ and the public.²⁵ One study reported increased patient satisfaction associated with general health checks.²⁶ In a survey of primary care physicians, 65% agreed that a periodic health exam was necessary for asymptomatic adults.²² While the Society of General Internal Medicine makes a recommendation against annual health checks for asymptomatic adults,²⁷ several professional groups recommend periodic preventive health visits (**Table 3**).

Several models of care may improve delivery of these services. The concept of the patient centered medical home has been proposed as a model for streamlining women's health care as it emphasizes care coordination, continuity, evidence-based practice, enhanced access, and payment reform.²⁸ In early 2008, the National Committee for Quality Assurance (NCQA), in collaboration with four medical specialty societies (AAFP, ACP, AAP, and the AOA) and the Patient Centered Primary Care Collaborative, further refined the concept of the patient centered medical home by defining specific practice standards and reporting measures.²⁹ Another potential model of focused preventive visits is the Medicare Annual Wellness visit (AWV), which is a tailored, evidence-based approach to an annual exam that includes a medical history, recommended immunizations and screenings with further tests depending on health and medical history. Studies that have specifically evaluated the effectiveness of the AWV have demonstrated increased odds of receiving preventive services within a year,³⁰ opportunities for advanced care planning,³¹ fall risk screening,³² and pneumococcal vaccination. However, studies may be limited by the fact that compliance with the visit may be linked to coverage or reimbursement.

Most studies of the effectiveness of the periodic health exam concern specific components of the visit rather than the visit itself.^{15,33-35} The effectiveness of routine well-woman physical exams themselves has not been supported by studies.³⁶ Traditionally, these exams are tied to screening, such as for cervical and breast cancer, that are known effective health services.^{37,38} However, more recent studies³⁹ demonstrate the limited utility of routine pelvic exams outside of cervical cancer screening.⁴⁰

Table 3. Recommendations of Professional Organizations

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| <p>American College of Obstetricians and Gynecologists (ACOG)⁴¹</p> | <p><i>Endorses WPSI recommendation.</i> A well-woman visit provides an excellent opportunity to counsel patients about maintaining a healthy lifestyle and minimizing health risks. The visit should include screening, evaluation and counseling, and immunizations based on age and risk factors. The interval for specific individual services may differ for individual patients, and the scope of services provided may vary in different ambulatory care settings. Team-based care, including obstetrician–gynecologists, physician assistants, nurse practitioners, and other health care professionals, may facilitate meeting the needs of preventive care for women. A comprehensive history is one of the most important aspects of a well-woman visit. Although components of a physical examination may not be required at a well-woman visit, obstetrician–gynecologists can play a critical role in engaging patients in shared decision making, encouraging and facilitating healthy behaviors, and counseling about a wide array of effective preventive health practices.</p> |
| <p>American Academy of Family Physicians (AAFP)⁴²</p> | <p>Policy recommendations for a number of clinical preventive services for general and specific populations, but no specific recommendation for or against a well-woman exam or routine physical.</p> |
| <p>Centers for Disease Control and Prevention (CDC)⁴³</p> | <p>See a doctor or nurse for a well-woman visit every year. These visits include a full checkup, separate from any other visit for sickness or injury, and focus on preventive care for women. Recommended for women under 65.</p> |

The Affordable Care Act of 2010 expanded access to preventive health services without cost sharing in the United States. By 2019, nearly 89% of women ages 19 to 64 years had some form of insurance coverage in 2019.⁴⁴ A study of the impact of coverage for young adults, age 18 to 26 years, after the implementation of the ACA demonstrated higher rates of receiving routine examinations (47.8% vs 44.1%, $P < 0.05$) and preventive services from 2009 to 2011.⁴⁵ While implementation of the ACA has provided women access to well-woman preventive visits, many women may still be unaware of the benefit and providers may not be sure what is covered despite consumer and provider oriented materials⁴³ to help them understand and access services.

The Well Woman Chart⁴⁶ is a landmark clinical tool that was created by the WPSI in 2018 to inform recommendations for well woman care that is updated annually. The Well Woman Chart summarizes age-based preventive service recommendations for women from adolescence and throughout the lifespan and provides a framework for

incorporating preventive health services for women into clinical practice. These services may be completed at a single visit or as part of a series of visits that take place over time. Recommendations from the WPSI and the USPSTF for preventive services for pregnant and postpartum women are also provided in the Well-Woman Chart. All recommendations listed on the Well-Woman Chart include clinical preventive services that most private insurance plans and many Medicaid state programs cover without cost-sharing as required by the Affordable Care Act.

Update of Evidence

WPSI Update

A literature search to identify relevant studies published since the 2016 WPSI Well Woman exam review included Ovid® MEDLINE®, Cochrane CENTRAL, and Cochrane Database of Systematic Reviews libraries from July 1, 2016 through October 26, 2021. Search terms included “physical, exam, appointment, or visit;” “woman or women;” “routine, annual, or yearly.” The search for the effectiveness of well woman visits in adults and adolescents, including those who are pregnant, yielded 426 citations. Fourteen papers were pulled for full-text review and were excluded for the wrong intervention, outcome, or publication type.

A narrative review of general health checks in adult primary care supported the findings that routine preventive visits can facilitate access to preventive services, may increase chronic disease detection, can improve some health behaviors, and improve some patient reported outcomes. However, only seven studies were conducted in the United States and many of the studies included populations of men or were conducted in health systems unlike U.S. practice. Across studies, there was substantial variability in the approach to the delivery of routine health visits, as well as the frequency and number of visits.

Conclusions

A well-woman preventive visit, often referred to as a wellness visit or periodic health examination, is a clinical encounter that addresses issues of general wellness and provides screening, immunizations, counseling, and other prevention services for a variety of health conditions.⁴⁷ These visits also serve to facilitate access to health care services and may include, but are not limited to the assessment of physical and psychosocial function, primary and secondary prevention and screening, risk factor assessments, immunizations, counseling, education, prepregnancy care, and many services necessary for prenatal care.⁴¹ Few studies have been done to determine the effectiveness of the visit itself in improving health outcomes, although the effectiveness of many services that would be delivered in this setting is well supported. These include A and B level recommendations from the USPSTF such as screening for different types of cancer (e.g. cervical, breast, colon) and sexually transmitted infections, risk assessment for chronic diseases (e.g., cardiovascular disease, osteoporosis), and counseling for healthy behavior changes (e.g., smoking cessation). The Well Woman Chart is an important resource to help facilitate the timely delivery of key preventive services.

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