

Well-Woman Preventive Visits

Clinical Recommendations

The Women's Preventive Services Initiative 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 Women's Preventive Services Initiative 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 MAP

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 are obtained.

Systematic Reviews	Additional Studies	USPSTF; Bright Futures
2012 Cochrane review ¹ : no reductions in morbidity or mortality (overall, cardiovascular, or cancer related), but increases in the numbers of new diagnoses with annual health checks.	No studies evaluate the effectiveness of well-woman preventive visits; 3 observational studies of the effectiveness of the periodic health exam concern specific components of the visit rather than the visit itself. ¹⁻³	<ul style="list-style-type: none"> • USPSTF: No recommendation • Bright Futures⁴: 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.

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	USPSTF; Bright Futures
None	None	<ul style="list-style-type: none"> • USPSTF: Individual age-appropriate preventive services are supported by separate USPSTF recommendations.⁵ • Bright Futures: see above

Abbreviations: ACA=Affordable Care Act, USPSTF=U.S. Preventive Services Task Force

SUMMARY OF EVIDENCE

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 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) was the absence of coverage for well-woman preventive care visits for women ages 21 to 64 years.⁶ Support of 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 IOM committee recognized this gap in coverage, further emphasizing a disproportionate burden on women of childbearing age.

The U.S. Department of Health and Human Services (HHS) adopted the IOM Committee’s recommendation⁶ for at least one annual well-woman preventive visit (**Table 1**). 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.⁷ Under the ACA, at least 15 preventive services and one wellness visit are covered on Major Medical Plans sold after 2014 without copays and coinsurance, regardless of meeting deductibles.⁸⁻¹⁰

Clinical preventive services for adolescents are based on a package of preventive services¹¹ 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.⁴ Federal standards require the provision of prevention services for children under 21 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.¹² Medicare covers annual wellness visits for adults over age 65 years.¹³

Table 1. Summary of Recommendations Currently Covered by the Affordable Care Act

IOM Committee ⁶	At least one well-woman preventive care visit annually for adult women to obtain the recommended preventive services, including preconception and prenatal care. Several visits may be needed to obtain all necessary recommended preventive services, depending on a woman’s health status, health needs, and other risk factors.
USPSTF	Not addressed.
Bright Futures 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: IOM=Institute of Medicine; USPSTF=U.S. Preventive Services Task Force

Background

Preventive health care improves health and is a major component of medical practice in the United States.^{14,15} Well-woman preventive visits are important to women of all ages, including adolescents, and its goals vary by age, risk factors, and comorbidities.^{4,6,16}

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, and health maintenance visit. Few studies have been done to determine the effectiveness of the visit in improving health outcomes,³ although the effectiveness of many services that would be delivered in this setting is well supported, including A and B Level recommendations from the USPSTF.⁵ Routine visits have been associated with subsequent use of increased preventive care and cancer screening.³ 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 provider,^{20,21} as well as by the perceived value of routine exams by both physicians²²⁻²⁴ and the public.²⁵ In a survey of primary care physicians, 65% agreed that a periodic health exam was necessary for asymptomatic adults.²² Despite variation, several professional groups recommend periodic preventive health visits (**Table 2**).

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.²⁶ 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.²⁷ Another potential model of focused preventive visits is the Medicare Annual Wellness visit, 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. In this case, compliance with the visit may affect coverage or reimbursement.

Table 2. Recommendations of Professional Organizations

American College of Obstetricians and Gynecologists (ACOG) ¹⁸	Annual health assessments and routine annual exams for women ages 13 and above as an opportunity to counsel patients about preventive care and to provide or refer for recommended services. These assessments should include screening, laboratory and other tests, counseling, and immunizations based on age and risk factors. The interval for individual services varies.
American Academy of Family Physicians (AAFP) ²⁸	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.
Centers for Disease Control and Prevention (CDC) ²⁹	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.

Based on 2015 data from the DHHS, 137 million Americans now have insurance coverage for preventive services without cost sharing under the ACA, including over 55 million women.³⁰ A study of the impact of coverage for young adults, age 18 to 26 years, after the implementation of the ACA demonstrated higher rates for receiving routine examinations (47.8% vs 44.1%, $P < 0.05$) and preventive services from 2009 to 2011.³¹ While implementation of the ACA has provided women access to well-woman preventive visits, many women are unaware of the benefit and providers may not be sure what is covered despite consumer and provider oriented materials³² to help them understand and access services.

UPDATE OF EVIDENCE

Most studies of the effectiveness of the periodic health exam concern specific components of the visit rather than the visit itself.^{1-3,33}

A 2012 Cochrane systematic review quantified the benefits and harms of general health checks, or preventive health exams, focusing on morbidity and mortality outcomes. Data from 14 randomized trials comparing health checks versus no health checks (182,880 patients) found no reduction in morbidity or mortality (overall, cardiovascular, or cancer related), but an increase in the number of new diagnoses. Harmful outcomes were infrequently studied or reported.¹ However, the clinical applicability of these studies to U.S. population is low. Eleven of the studies included in the Cochrane review were conducted in Europe, where health care delivery and coverage differ greatly from the United States. In addition, most patients in the Cochrane studies had regular contact with primary care physicians. The three U.S. studies were conducted between 1964 and 1980, before the wide-spread implementation of routine, evidence-based screening.

The effectiveness of routine well-woman physical exams has not been supported by studies. Traditionally, these exams were tied to screening, such as for cervical and breast cancer, that are themselves effective health services. However, more recent studies³⁴ demonstrate the limited utility of routine pelvic exams outside of cervical cancer screening.³⁵

CONCLUSIONS

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. These visits also serve to facilitate access to health care services. Few studies have been done to determine the effectiveness of the visit 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).

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