## Health screenings

#### **Presenters**:

Herbert A. Schumm, MD, MBA

Faculty, Mercy Anderson Family and Community Medicine Residency

#### **Barbara Bawer, MD**

Assistant Professor – Department of Family and Community Medicine The Ohio State University Wexner Medical Center



1

### Health Screenings in Primary Care: A Lunch-and-Learn Series

May 8<sup>th</sup>

**Oncology** 

June 5<sup>th</sup>

**Cardiovascular Medicine** 

July 10<sup>th</sup>

**Behavioral Health** 

Aug. 7th

Renal

Sept. **⊿**th

**Vaccines** 

Nov. 6<sup>th</sup>

**Pediatrics** 







## History and principles of health screening

- Why?
- What?
- Who?
- How?

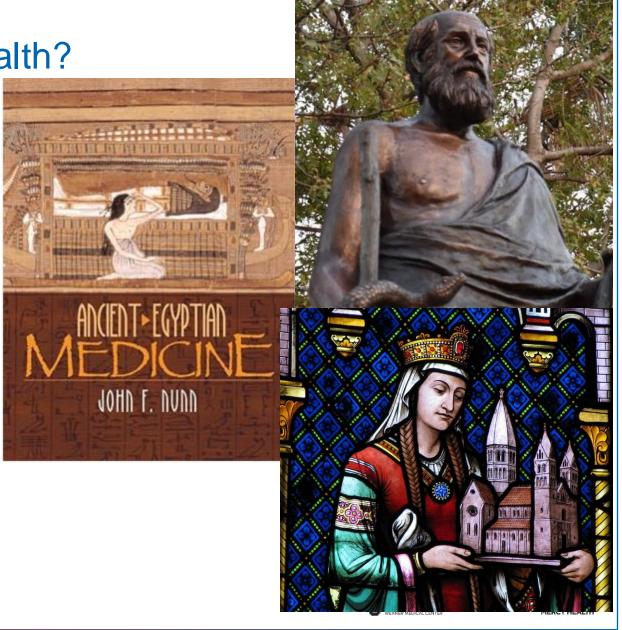


Who first practiced preventive health?

2000 BC Egyptians

400 BC Romans and Greeks

500 AD- 1400 AD Middle Ages



#### "Modern Medicine"

1749-1823	Edward Jenner
1822-1895	Louis Pasteur
1843-1910	Robert Koch
1857-1943	Arthur Newsholme

#### 20th Century

1900-Industrial Revolution and Public Health 1920-PCN, insulin, vitamins 1950-Salk/Sabin Vaccines

#### 21st Century

2009-HITECH Act 2010- Affordable Care Act 2020-Covid 19 ???-Genome, SDOH

#### Poll

What disease has killed the most people?

- A. Bubonic Plague
- B. Black Plague
- C. Tuberculosis
- D. Malaria



#### Poll

Who was the most important figure in preventive medicine?

- A. Edward Jenner
- B. Robert Koch
- C. Louis Pasteur
- D. Arthur Newsholme
- E. Salk/Sabin
- F. Other



## Prevention- what do you mean?

Measures taken to maintain health, prevent diseases, and reduce the risk of illness or injury

**Primordial**- reduce development of chronic disease.

**Primary**-reduce risk factors. *Incidence* 

**Secondary**- Early detection and management to reduce complications *Prevalence* 

**Tertiary**-Prevent further damage *Disability* 



## **Ideal Screening Test**

Sensitive-low false negative

Specific-low false positive

Cheap-low cost

Improve health outcomes

Available

Accepted



#### Who?

Government agencies- NIH, CDC

Professional Organizations- AAFP, AAP, ACOG, ACR

Health Organizations- ACS, AHA, NCCN

United States Preventive Services Task Force USPSTF



## **USPSTF**

Grade	Definition	Suggestions for Practice
А	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
В	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.
С	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.
<b>I</b> 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-Abdominal Aortic Aneurysm Screening**

Population	Recommendation	Grade
Men aged 65 to 75 years who have ever smoked	The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked.	В
Men aged 65 to 75 years who have never smoked	The USPSTF recommends that clinicians selectively offer screening for AAA with ultrasonography in men aged 65 to 75 years who have never smoked rather than routinely screening all men in this group. Evidence indicates that the net benefit of screening all men in this group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of evidence relevant to the patient's medical history, family history, other risk factors, and personal values.	C
Women who have never smoked	The USPSTF recommends against routine screening for AAA with ultrasonography in women who have never smoked and have no family history of AAA.	D
Women aged 65 to 75 years who have ever smoked	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for AAA with ultrasonography in women aged 65 to 75 years who have ever smoked or have a family history of AAA.	I

**Healthy State Alliance** 





## Closing

What opportunities do we have today?

What challenges do we face today?

How can we manage today's challenges to maximize our opportunities?



#### Common screens and their sources

#### CANCER

- Breast cancer
- Colon/Colorectal cancer
- Cervical Cancer
- Prostate Cancer
- Lung Cancer

#### **GENERAL**

Physical exam, Blood testing, BP, Vision/Hearing

#### **OTHER**

- Depression
- Osteoporosis
- AAA



## Impact of screens on individual patients and populations

- Early disease prevention
- Improved health outcomes
- Enhanced quality of life
- Cost effectiveness
- Impacts on public health
- Supports a culture of health



### Managing screening in a medical practice

- Identifying patients at risk
  - Age/gender
  - Family history
  - Lifestyle
  - Specific conditions
- Recommending appropriate screenings
  - Proper education and collaboration with patient
  - Tools to conducts screenings in office
  - Good record keeping and tools
- Ensuring timely follow-up and treatments
  - Setting up systems for follow ups and referrals



## Improving screening compliance

- Scheduling yearly physicals
- Using clinic resources care managers, medical assistants, LPN/RN's
- Pre-filled release of records forms



# Discussion





BON SECOURS MERCY HEALTH