THE WOMEN’S PREVENTIVE SERVICES INITIATIVE (WPSI) OVERVIEW AND UPDATES

DAVID CHELMOW, MD & CEE ANN DAVIS, MD, MPH, CPC, FACOG, FACPM
This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UH0MC29440, Bright Futures for Women’s Health: Standard Practice Guidelines for Well Women Care.

This information or content and conclusions are those of the author and should not be construed as the official position nor policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.
CONFLICTS OF INTEREST

- Chelmow: No financial conflicts. ASCCP President. Serves on USPSTF, guideline development committees for ACS, ASCCP, and ACOG.

- Davis: No financial conflicts to disclose. Represents NACCHO to WPSI-DISC
OUR SPEAKERS:

David Chelmow, MD
Former WPSI Multidisciplinary Steering Committee (MSC) Chair and Advisory Panel Member
Interim Dean VCU School of Medicine

Cee Ann Davis, MD, MPH, CPC, FACOG, FACP
NACCHO representative for the WPSI Dissemination and Implementation Steering Committee (DISC)
LEARNING OBJECTIVES

- Understand the WPSI aims, structure, and methodology.
- Be able to implement the 2021 WPSI recommendation updates.
- Learn how to access and use the 2022 WPSI Well-Woman Chart and additional WPSI materials and resources.
Federal program supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS)

Five-Year cooperative agreement awarded to ACOG by HRSA’s Maternal and Child Health Bureau, 3/21 – 2/26

GOALS:

- Identify and recommend evidence-based updates to the HRSA-supported Women’s Preventive Services Guidelines
- Raise awareness and knowledge of the Guidelines
- Increase clinicians’ adoption and utilization of the Guidelines
WHY WPSI?

▪ Gaps in preventive care for *average risk* women across the lifespan
▪ Inconsistency in guidelines
▪ Need to develop, update, and review women’s preventive services across the lifespan
AIM #1

Build upon and refine the existing WPSI process for developing recommendations to update the guidelines and adhere to NAMs (formally IOM) standards for developing trustworthy guideline

- Adherence to NAMs Standards for Developing Trustworthy Guidelines
  - Transparency, management of COIs, group composition, systematic review and clinical practice guidelines, strength of evidence, external review, routine review

- Routine review cycle for recommendations

- Public Topic Nominations
WPSI PROCESS FLOW CHART FOR DEVELOPING RECOMMENDED UPDATES TO THE WOMEN’S PREVENTIVE SERVICE GUIDELINES
AIM #2

Convene a multidisciplinary panel of experts representing women’s health professional organizations for the purpose of developing and recommending guidelines

- Convene and coordinate Advisory Panel and Multidisciplinary Steering Committee to develop recommendations
- Panel and committee comprised of health professional organizations with expertise in women’s health, public health professionals, patients, consumer organizations, and other stakeholders
Advisory Panel

WPSI Chair, Advisory Panel Chair, MSC Chair, DISC Chairs, Pilot Project Chairs
American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP)
American Academy of Family Physicians (AAFP), National Association of Nurse Practitioners in Women’s Health (NPWH)
National Academy of Medicine (NAM) Former Members

WPSI Organizational Chart

Advisory Panel

- Multidisciplinary Steering Committee (MSC)
  - Topic Specific Subgroups (as needed)

- Dissemination and Implementation Steering Committee (DISC)
  - Topic Specific Subgroups (as needed)
MULTIDISCIPLINARY STEERING COMMITTEE (MSC)

- Coalition of:
  - National level provider organizations
  - Public health professionals
  - Consumer organizations
  - Patients and other stakeholders
- Methodologists, content experts, and clinicians with expertise across a woman’s lifespan—adolescent, early, middle and late adulthood, including reproductive health and pregnancy
MULTIDISCIPLINARY STEERING COMMITTEE (MSC)

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American College of Nurse-Midwives
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American College of Preventive Medicine
- American Geriatrics Society
- American Osteopathic Association
- American Psychiatric Association
- Association of Maternal and Child Health Programs
- National Medical Association
- National Association of Nurse Practitioners in Women’s Health
- National Partnership for Women & Families
- Society of General Internal Medicine
- Topic Expert Organizations (as necessary)
ADDITIONAL PARTNERS:

Pacific Northwest Evidence-Based Practice Center (EPC) & Kaiser Research Foundation Institute

- Extensive experience in evidence-based analyses on women’s health topics for the USPSTF and AHRQ
- Led by Heidi Nelson, MD, Panel member of the 2011 IOM Women’s Preventive Services committee & Amy G. Cantor MD, MPH, FAAFP

AAP Bright Futures

- To share lessons learned, knowledge, and expertise in implementation and dissemination.
- Staff and Editorial Board member to provide insight into process development plans and dissemination
Aim #3
Develop guidelines that are culturally and linguistically competent

Aim #4
Review/update/synthesize existing recommendations, based on emerging scientific evidence
- **Clinical Recommendations**: Summary recommendation based on best available evidence and clinical expertise
  - Supported by HRSA
  - Non-grandfathered plans are required to provide coverage *without cost sharing* consistent with these guidelines
WHAT DOES “COVERAGE PROVIDED WITHOUT COST SHARING” MEAN?

- Most private plans (large & small group, & individual plans including ACA marketplace plans) must cover the following preventive services without charging a copayment or coinsurance, for those who use in-network providers:
  - USPSTF “A” or “B” recommendations, ACIP immunizations, WPSI recommendations & AAP/Bright Futures guidelines
  - States participating in the ACA’s Medicaid Expansion program are required to provide the same level of preventive services for the expansion populations as private plans.
  - Medicare covers the full cost of an annual wellness visit and preventive services that are rated ‘A’ or ‘B’ by the USPSTF.

For More: https://www.hrsa.gov/womens-guidelines/index.html
RECOMMENDATION COMPONENTS

- **Implementation Considerations:** addresses aspects of clinical and practical applications of the recommendation
  - Not included as part of the HRSA-supported guidelines
  - Provide additional clarity on implementation of the guidelines into clinical practice
  - Considered informational and not part of the formal action by the HRSA Administrator
- **Research Recommendations:** research questions that would strengthen the current evidence base
Year 1

• Breast Cancer Screening for Average Risk Women
• Breastfeeding Services and Supplies*
• Contraception*
• Counseling for STIs*
• Screening for Cervical Cancer
• Screening for Gestational Diabetes Mellitus
• Screening for HIV*
• Screening for Interpersonal and Domestic Violence
• Well-Woman Preventive Visits *

* = newly updated
SUBSEQUENTLY APPROVED RECOMMENDATIONS:

December 2017
- Screening for Diabetes Mellitus After Pregnancy
- Screening for Urinary Incontinence

December 2019
- Screening for Anxiety

*NEW*
December 2021
Preventing Obesity in Midlife Women
Clinical Recommendation:

- Expanded the definition of lactation support services to include consultation; counseling, education by clinicians and peer support services, and breastfeeding equipment and supplies.

- Includes description of breastfeeding equipment and supplies.

Implementation Considerations

- Expanded definition of lactation support services and clinical lactation professionals.
2021 UPDATE: COUNSELING FOR SEXUALLY TRANSMITTED INFECTIONS (STIS)

- This clinical recommendation is consistent with the 2016 WPSI recommendation. The WPSI continues to recommend behavioral counseling for sexually active adolescents and adults at an increased risk for STIs.

2021 UPDATE: SCREENING FOR HUMAN IMMUNODEFICIENCY VIRUS INFECTION (HIV)

- This clinical recommendation is consistent with the 2016 WPSI recommendation. The WPSI continues to recommend screening test for HIV at least once during their lifetime for adolescents, 15 and older, and adults.

- Risk assessment and prevention education for HIV infection for all adults and adolescents, age 13 and over, as determined by risk.

- Screening test for HIV for all pregnant women upon initiation of prenatal care.
Clinical Recommendation:

- The WPSI clarified the intent of the term “contraceptive care” to include **screening**, **education**, counseling, and **provision of contraceptives** (including in the immediate postpartum period).

- Contraceptive care also includes follow-up care (e.g., management, evaluation, and changes, including the removal, **continuation**, and discontinuation of contraceptives).
Clinical Recommendation:

- Counsel women 40 to 60 years with normal or overweight BMI to maintain weight or limit weight gain to prevent obesity.
- Counseling may include individualized discussion of healthy eating and physical activity.

Implementation Considerations:

- Offer or refer for individualized counseling based on assessment of BMI and diet and exercise habits.
- Patients with normal weight and healthy habits can receive positive reinforcement.
- Women with overweight BMI and with unhealthy diet and exercise habits should receive at least brief counseling.
<table>
<thead>
<tr>
<th>Question</th>
<th>Number of Studies; Design; Participants, n</th>
<th>Outcome</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>KQ 1. Effectiveness of interventions to prevent obesity in midlife women</td>
<td>9 RCTs (n=21,337)</td>
<td>Weight</td>
<td>Five trials reported statistically significant reductions in weight with intervention compared with control including high-intensity* (24, 25, 26, 31, 33, 34); moderate-intensity (27, 30, 31); and low-intensity counseling (28). Differences in weight loss were not statistically significant in four trials of high-intensity (35, 36) and moderate-intensity counseling (37, 29).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quality of life</td>
<td>Higher SF-36 physical functioning and mental health for the intervention group in one trial (29); no differences in another (27, 30, 31).</td>
</tr>
<tr>
<td>KQ 2. Harms of interventions</td>
<td>2 RCTs (n=1,624)</td>
<td>Depression</td>
<td>One trial (535 women) demonstrated reduction in depressive symptoms from baseline to 6-month follow-up for the intervention group (25).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Falls and injuries</td>
<td>One trial (1039 women) demonstrated increased self-reported falls and injuries in the intervention group at 12 and 24 months (29).</td>
</tr>
</tbody>
</table>

KQ=Key question; RCT=randomized controlled trial

*Intervention intensity was categorized as low (fewer than two contacts during the intervention period), moderate (three to 11 contacts), and high (12 or more contacts).
AIM #5

Disseminate the guidelines for use in clinical practice and by patient populations

- Develop comprehensive resources/tools based on the updated guidelines to improve utilization
- Expand WPSI website
- Partner annual meeting exhibits and sessions
- Participate/attend HRSA and federal agencies meetings
- Multi-year marketing plan
DISSEMINATION AND IMPLEMENTATION STEERING COMMITTEE (DISC)

Tasked with developing strategies, tools, and resources to implement and disseminate HRSA-accepted WPSI recommendations.

Goals:

- Increase health care provider knowledge of preventive services through existing, adapted, and new tools and resources
- Increase consumer knowledge of preventive services through existing, adapted, and new tools and resources
- Increase utilization of Women’s Preventive Services Initiative recommendations and resources
American Academy of Family Physicians

Association of American Medical Colleges

American College of Obstetricians and Gynecologists

American College of Physicians

Association of Maternal & Child Health Programs

Association of State and Territorial Health Officials

Blue Cross Blue Shield

Cigna

City MatCH

Kaiser Permanente – Northern California

National Medical Association

National Association of City and County Health Officers

National Association of Nurse Practitioners in Women’s Health

National Association of Community Health Centers

Society of General Internal Medicine

United Healthcare
Use WPSI’s Well-Woman Chart
THE WELL-WOMAN VISIT AND THE 2022 WELL-WOMAN CHART

WPSI
Women's Preventive Services Initiative

![Image of the cover page with a graphic of a woman and children]

---

### RECOMMENDATIONS FOR WELL-WOMAN CARE

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Recommended Age Range</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pap Smear</td>
<td>21-29 yrs</td>
<td>Annually</td>
</tr>
<tr>
<td>2. Stool Test</td>
<td>40-49 yrs</td>
<td>Annually</td>
</tr>
<tr>
<td>3. Chlamydia Test</td>
<td>21-29 yrs</td>
<td>1x in 3 yrs</td>
</tr>
<tr>
<td>4. Gonorrhea Test</td>
<td>21-29 yrs</td>
<td>1x in 3 yrs</td>
</tr>
<tr>
<td>5. Mammogram</td>
<td>40 yrs</td>
<td>Annually</td>
</tr>
<tr>
<td>6. Breast Exam</td>
<td>40 yrs</td>
<td>Annually</td>
</tr>
<tr>
<td>7. Blood Pressure</td>
<td>35 yrs</td>
<td>Annually</td>
</tr>
<tr>
<td>8. Cholesterol</td>
<td>35 yrs</td>
<td>Annually</td>
</tr>
<tr>
<td>9. Diabetes Test</td>
<td>30 yrs</td>
<td>Annually</td>
</tr>
<tr>
<td>10. Lipid Profile</td>
<td>30 yrs</td>
<td>Annually</td>
</tr>
</tbody>
</table>

---

![Image of the chart with columns and rows]

---

![Image of the chart with columns and rows]

---

![Image of the chart with columns and rows]

---

---

---

---

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 the provision of all recommended preventive services. The primary purpose of well-woman visits is the delivery and coordination of recommended preventive services as determined by age and risk factors. These services may be completed at a single visit or as part of a series of visits that take place over time to obtain all necessary services depending on a woman’s age, health status, reproductive health needs, pregnancy status, and risk factors. Well-women visits also include prepregnancy, prenatal, postpartum and interpregnancy visits.
Comprehensive tool summarizing preventive services recommendations for women from the WPSI, U.S. Preventive Services Task Force (USPSTF) and Bright Futures based on age, health status & risk factors.

Clinical practice considerations, risk assessment methods, and the age and frequency to deliver services are described in the Clinical Summary Tables that accompany the chart.

The Well-Woman Chart is divided into General Health Infectious Diseases, Cancer, Pregnancy and Postpartum.

Now Available in Spanish
2022 WPSI WELL-WOMAN UPDATES

- Changes to the Clinical Summary Tables to update and/or revise references or provide additional clarifications
- Addition of new WPSI recommendation: Preventing Obesity in Midlife Women
- Addition of the following 2021 USPSTF recommendations: Healthy Weight Gain during Pregnancy and Colorectal Cancer: Screening, Adults ages 45 to 49 years
- Will be released in February 2022
## ORGANIZATION OF THE WELL-WOMAN CHART

<table>
<thead>
<tr>
<th>PREVENTION SERVICES</th>
<th>AGE (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13–17 hep.</td>
</tr>
<tr>
<td><strong>GENERAL HEALTH</strong></td>
<td></td>
</tr>
<tr>
<td>Alcohol use screening &amp; counseling</td>
<td>🗳️</td>
</tr>
<tr>
<td>Anxiety screening</td>
<td>🗳️</td>
</tr>
<tr>
<td>CVD &amp; CRC prevention with aspirin hep.</td>
<td>🗳️</td>
</tr>
<tr>
<td>Blood pressure screening</td>
<td>🗳️</td>
</tr>
<tr>
<td>Contraceptive counseling &amp; methods</td>
<td>🗳️</td>
</tr>
<tr>
<td>Depression screening</td>
<td>🗳️</td>
</tr>
<tr>
<td>Diabetes screening^</td>
<td>🗳️</td>
</tr>
<tr>
<td>Fall prevention</td>
<td>🗳️</td>
</tr>
<tr>
<td>Folic acid supplementation^</td>
<td>🗳️</td>
</tr>
<tr>
<td>Healthy diet &amp; activity counseling^</td>
<td>🗳️</td>
</tr>
<tr>
<td>Interpersonal &amp; domestic violence screening</td>
<td>🗳️</td>
</tr>
<tr>
<td>Lipid screening</td>
<td>🗳️</td>
</tr>
<tr>
<td>Obesity screening &amp; counseling</td>
<td>🗳️</td>
</tr>
<tr>
<td>Osteoporosis screening^</td>
<td>🗳️</td>
</tr>
<tr>
<td>Statin use to prevent CVD^</td>
<td>🗳️</td>
</tr>
<tr>
<td>Substance use screening &amp; assessment</td>
<td>🗳️</td>
</tr>
<tr>
<td>Tobacco screening &amp; counseling</td>
<td>🗳️</td>
</tr>
<tr>
<td>Urinary incontinence screening^</td>
<td>🗳️</td>
</tr>
<tr>
<td>INFECTIONOUS DISEASES</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>---</td>
</tr>
<tr>
<td>Gonorrhea &amp; chlamydia screening</td>
<td>●</td>
</tr>
<tr>
<td>Hepatitis B screening</td>
<td>●</td>
</tr>
<tr>
<td>Hepatitis C screening (at least once)</td>
<td>●</td>
</tr>
<tr>
<td>HIV preexposure prophylaxis</td>
<td>●</td>
</tr>
<tr>
<td>HIV risk assessment</td>
<td>●</td>
</tr>
<tr>
<td>HIV screening (at least once)</td>
<td>●</td>
</tr>
<tr>
<td>Immunizations</td>
<td>●</td>
</tr>
<tr>
<td>STI prevention counseling</td>
<td>●</td>
</tr>
<tr>
<td>Syphilis screening</td>
<td>●</td>
</tr>
<tr>
<td>Tuberculosis screening</td>
<td>●</td>
</tr>
<tr>
<td>CANCER</td>
<td></td>
</tr>
<tr>
<td>Breast cancer screening</td>
<td>●</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>●</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>●</td>
</tr>
<tr>
<td>Lung cancer screening</td>
<td>●</td>
</tr>
<tr>
<td>Medications to reduce breast cancer risk</td>
<td>●</td>
</tr>
<tr>
<td>Risk assessment for BRCA 1/2 testing</td>
<td>●</td>
</tr>
<tr>
<td>Skin cancer counseling</td>
<td>●</td>
</tr>
</tbody>
</table>
# Postpartum

## Prevention Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety screening</td>
<td>●</td>
</tr>
<tr>
<td>Bacteriuria screening</td>
<td>●</td>
</tr>
<tr>
<td>Breastfeeding counseling, services &amp; supplies</td>
<td>●</td>
</tr>
<tr>
<td>Contraceptive counseling &amp; methods</td>
<td>●</td>
</tr>
<tr>
<td>Depression and Perinatal Depression Screening[^10]</td>
<td>●</td>
</tr>
<tr>
<td>Folic acid supplementation</td>
<td>●</td>
</tr>
<tr>
<td>Gestational diabetes screening</td>
<td>●</td>
</tr>
<tr>
<td>Gonorrhea &amp; chlamydia screening</td>
<td>●</td>
</tr>
<tr>
<td>Hepatitis B screening</td>
<td>●</td>
</tr>
<tr>
<td>HIV screening (each pregnancy)</td>
<td>●</td>
</tr>
<tr>
<td>Interpersonal violence screening</td>
<td>●</td>
</tr>
<tr>
<td>Preeclampsia screening</td>
<td>●</td>
</tr>
<tr>
<td>Rh(D) blood typing</td>
<td>●</td>
</tr>
<tr>
<td>Syphilis screening</td>
<td>●</td>
</tr>
<tr>
<td>Tobacco screening &amp; counseling</td>
<td>●</td>
</tr>
</tbody>
</table>

[^10]: Prevention services may vary between providers.
[^11]: Preventive care may depend on individual health status.
# Anxiety Screening

**Rationale:** Anxiety disorders include several related conditions characterized by excessive, uncontrollable worry. They are the most frequent mental health disorders in the general U.S. population; and prevalence rates are higher in women than men, with approximately 40% of women experiencing anxiety disorders during their lifetimes. Anxiety is a common manifestation of posttraumatic stress disorder, stress, bullying, sexual harassment and assault, and other experiences common in women, and is associated with depression and substance abuse.

**WPSI Recommendation:** Screen for anxiety in adolescent and adult women age 13 and older, including those who are pregnant or postpartum. Given the high prevalence of anxiety disorders, lack of recognition in clinical practice, and multiple problems associated with untreated anxiety, clinicians should consider screening women who have not been recently screened.

<table>
<thead>
<tr>
<th>Ages and Frequency</th>
<th>≥ 13 years; optimal screening intervals are unknown and clinical judgement should be used to determine screening frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Practice</td>
<td>Consider screening for anxiety in conjunction with screening for depression, which is already recommended, because of their frequent co-occurrence. Validated instruments that screen simultaneously for both disorders may be clinically efficient in practice settings (e.g. Patient Health Questionnaire and the Hospital Anxiety and Depression Scale, among others). When screening suggests the presence of anxiety, further evaluation is necessary to establish the diagnosis and determine appropriate treatment. Screening should ideally be implemented in conjunction with collaborative and team-based approaches to ensure accurate diagnosis, effective treatment, and appropriate follow up.</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>All women are susceptible to anxiety and universal screening is recommended.</td>
</tr>
</tbody>
</table>
WPSI MOBILE SHORTCUT FOR INTERACTIVE WELL-WOMAN CHART

Instructions for Apple and Android devices can be found on the WPSI website
▪ Introduction to Coding
▪ Coding Guidance for all WPSI recommendations
▪ Medicare and Medicaid information
▪ *NEW* - Coding Case Studies
▪ Will be released in February 2022
ADDITIONAL RESOURCES:

- Well-Woman Chart FAQ
- Telehealth Webinar & FAQ
- How I Practice Video Series
  *NEW*
- WPSI and Partner Events Webpage
- *UPDATED* Performance Measures Webpage
- 2021 Recommendations One-Pagers *COMING SOON*
The Women’s Preventive Services Initiative (WPSI) has developed a Social Media Kit to support women’s health care providers. This kit provides resources and shareable content for promoting women’s health care services on various social media platforms. The kit includes shareable graphics, social media messages, and hashtags.

**Social Media Messages**
- Look for the #WPSIWomenHealthChat & #WPSIWeeklyChat hashtags to engage with others on health care topics.
- Hashtags: #WomenHealth, #WPSI, #WPSIWeeklyChat

**Hashtags**
- #WPSIWeeklyChat
- #WPSIWomenHealthChat

**Downloadable Graphics**
Click the link to download the graphics:

- Download All
▪ Download the Well-Woman chart and clinical summary tables
▪ Request free hardcopies of WPSI materials
▪ Explore and download additional resources
  ▪ Visit our website and provide feedback
▪ Participate in public comment opportunities
  ▪ Nominate new topics
  ▪ Join our listserv
QUESTIONS? CONTACT WPSI STAFF

- General WPSI E-mail – wpsi@acog.org

- Michelle Jones, MSc, Program Manager – mjones@acog.org