

# Health Standard #09-1

## Routine Preventive Health Care

Replaces Medical Advisory #98-8 and Medical Advisory #992 Family Health History

Issue Date: March, 2009

Implementation Date: May 1, 2009

Revised Date: July 2013

**PURPOSE:** The purpose of this Health Standard is to identify for health care providers, support providers, Families/guardians, and persons with intellectual/developmental disabilities those best practice interventions which have been acknowledged to be part of optimal preventive health care and those considerations which are unique to the care of persons with intellectual/developmental disabilities.

**APPLICABILITY:** This health standard is applicable to all individuals for whom the department bears direct or oversight responsibility for their medical care. It is to be applied to the planning and coordination of care for persons residing in residential placements and those receiving individual supports.

**INTRODUCTION:** Routine physical examination, preventive testing, and screenings, immunizations, and wellness education are part of established medical care for the general population. It is important that persons with intellectual/developmental disabilities receive the same preventive health care and wellness education although these persons may pose special needs and risks that expand or temper the recommendations made for the general population. The information contained in this standard is based upon a synthesis of preventive care recommendations made by authoritative organizations for the general population, and the best practice standards identified by other states. Due to continuing changes to recommendations for routine preventive healthcare DDS will continue to use U.S. Preventive Services Task Force, <http://www.uspreventiveservicestaskforce.org> recommendations as a basis for medical recommendations.

**STANDARD:** The minimum preventive care guidelines identified in this document shall serve as the benchmark to assist health care providers, support providers, and advocates for person with intellectual/developmental disabilities, to identify the interventions that should be provided/considered by health care practitioners to optimize health care to these persons.

### I. Minimum Preventive Care Guidelines

Attachment A of this document, "Minimum Preventive Care Guidelines for Persons With Intellectual/Developmental Disabilities" addresses the following areas:

- a. Preventive health visits
- b. Routine lab work
- c. Health screenings
- d. Cancer screenings
- e. Cardiac screenings
- f. Mental health screening
- g. Infectious disease screenings
- h. Immunizations
- i. Wellness Counseling

### II. Health History, Family History, and Social History

- a. The collection, maintenance, revision, and transfer of a person's health history is of critical importance in the care of persons with intellectual/developmental disabilities. This history should include information regarding all health problems and treatments the person has experienced or is currently receiving (i.e., past and present diagnoses, past and present medication regimen, untoward responses to treatment).

**State of Connecticut**  
**Department of Developmental Services**

Attachment B, “Health Problem and History List” is an example of a form developed for this purpose.

- b. The collection of information regarding the family health history of the biological parents, siblings and other blood relations of the person will enable a health care provider to target potential health concerns and identify appropriate screenings/actions. This information shall be obtained, as possible, upon admission and updated at least annually. Attachment C, the “Family History” form has previously been identified for this purpose. All unsuccessful attempts to collect this information shall be documented in the person’s medical record. The family health history will be shared with the primary doctor.
- c. The collection of additional information significant to the health of the person should be obtained by/provided to the health care provider for use in determining other health risks and further possible screenings. This includes the person’s:
  1. Dietary habits and weight status
  2. History of tobacco use, alcohol use, and use of illicit substances
  3. Sexual history
  4. History of self-injurious behavior or other behavior that may have significant health implications (i.e., PICA, unsafe eating habits/inappropriate acquisition of food)
  5. Dental history

**III. Modifications/considerations specific to persons with intellectual/developmental disabilities**

- a. A person with intellectual/developmental disabilities may present special challenges in cooperating with the recommended preventive health interventions that impact the intended benefit of the procedure. These include:
  - Diminished ability to comprehend the reason for the procedure and the need to cooperate (i.e., maintain position, tolerate preparation, tolerate process, physical disability).
  - Fear/dislike of being touched by another person or an unfamiliar person
  - Fear of testing situation especially those which may require some degree of mild discomfort (i.e., drawing of blood, cleaning of teeth).
- b. Some persons with intellectual/developmental disabilities may require mild sedation to improve their comfort and/or cooperation with the health care procedure. Individual consideration of the risk of sedation vs. the benefit of testing should be undertaken by the health care provider in conjunction with the person, guardian/family and support team. If pre-sedation is ordered, refer to DDS Procedure I.E. PR. 006 Pre-Sedation for Medical/Dental Procedures for further information.

**IV. Review of healthcare needs**

- Routine Preventive Healthcare serves as a guide for individuals, families, and teams to ensure individuals supported by DDS are receiving prompt, sufficient and appropriate medical and dental treatment. All decisions to defer, limit or decline preventive and/or recommended healthcare should be reviewed by the individuals support team. Refer to Health Standard #09-2 Guidelines for Deferred, Limited, or Declined Health Care for the specifics on reviewing deferral decisions.

**Attachments:**

Health Standard #09-1 Routine Preventive Health Care

Attachment A, Minimum Preventive Health Care Guidelines for Persons with Intellectual/Developmental Disabilities

Attachment B, Health Problems and Health History Form (example of format)

Attachment C, Family Health History Form

**References:**

DDS Medical Advisory #98-8 Routine Preventive Care for Persons with Mental Retardation  
Massachusetts Department of Mental Retardation Health Screening Recommendations 2003

Ohio Department of Mental Retardation and Developmental Disabilities Preventive Health Screening Recommendations

Wilkinson, Joanne E., MD MSc, Culpepper, Larry MD MPH, and Cerreto, Mary, PhD, Screening Tests for Adults with Intellectual Disabilities”, Journal of the American Board of Family Medicine, Volume 20, No. 4, July-August 2007, page 399-407, <http://www.jabfm.org/cgi/reprint/20/4/399.pdf>

**Other References consulted by Dr. Dolinsky:**

Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Disease, [www.cdc.gov/nip](http://www.cdc.gov/nip)

American Academy of Family Practice, Recommended Clinical Preventive Services for Women and Men, [www.aafp.org](http://www.aafp.org)

**The Guide to Clinical Preventive Services 2012**, US Preventive Services Task Force (USPSTF), Agency for Healthcare Research and Quality, [www.ahrq.gov](http://www.ahrq.gov)

DeGowin & DeGowin, **Diagnostic Examination**, Sixth Edition, McGraw-Hill, Inc., 1987.

Bates, Barbara, **A Guide to Physical Examination and History Taking**, Fourth Edition, J.B., Lippincott Co., 1997.

Report of the U.S Preventive Services Task force, **Guide to Clinical Preventive Services**, Second Edition, Williams & Wilkins, 1996.

Uno, Y., **Mental retardation, and colorectal disease: Colonoscopic mass screening to determine whether the risk of adenomatous polyposis syndrome is increased in the mentally retarded**, Journal of Gastroenterology & Hepatology, 11 (3):275-8, 1996 March.

Centers for Disease Control and Prevention. Preventing lead poisoning in young children. A statement by the Centers for Disease Control – October 1991. Atlanta: Department of Health and Human Services, 1991.

Diehl, A., **Prevention and Screening in Office Practice**, Churchill Livingstone, 1991.

Pommerenke, F.A. and Dietrich, A., **Improving and Maintaining Preventive Services, Part 2: Practical Principles of primary care**, Journal of Family Practice, Vol. 34, No. 1: 92-97, 1992.

Henry, C.A. and Bronson, D., **Commentary on the new Guide to Clinical Preventive Services**, Cleveland Clinic J of Medicine, Vol. 63, No. 3: 141-146 May/June 1996.

Smith, H.E., **Preventive practice among primary care physicians in British Columbia: relation to recommendations of the Canadian Task Force on the Periodic Health Examination**, Can Med Assoc J., Vol. 149, No. 12: 1795-1799, 12/15/93.

Laupacis, A., **Preventive Therapies: Weighing the Pros and Cons**, Can Med Assoc J, Vol. 154, No. 10: 1510-1512, 5/5/96.

Health Standard #09-1 Routine Preventive Health Care

US Public Health Service, **Implementing Preventive Care**, American Family Physician, Vol. 50, No. 1: 103-108, July 1994.

Marshall, Kenneth G., Prevention How much harm? How much benefit? Influence of reporting methods on perception of benefits, Can Med Assoc J., Vol. 154, No. 10, 1493-1499.