

# Preventive Health Care for Women: Women's Preventive Services Initiative

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WOMEN'S HEALTH PRIMARY CARE UPDATE  
OREGON HEALTH & SCIENCE UNIVERSITY



# Disclosures

- No conflicts of interest to disclose
- Research funding from AHRQ, PCORI, HRSA

CPD

# Objectives

- Understand the rationale for screening and current preventive service recommendations
- Identify methods for evaluating evidence to inform clinical recommendations
- Review the application of recommendations for eligible populations
- Understand the impact of recommendations in clinical care and policy

# Research Team

## Investigators

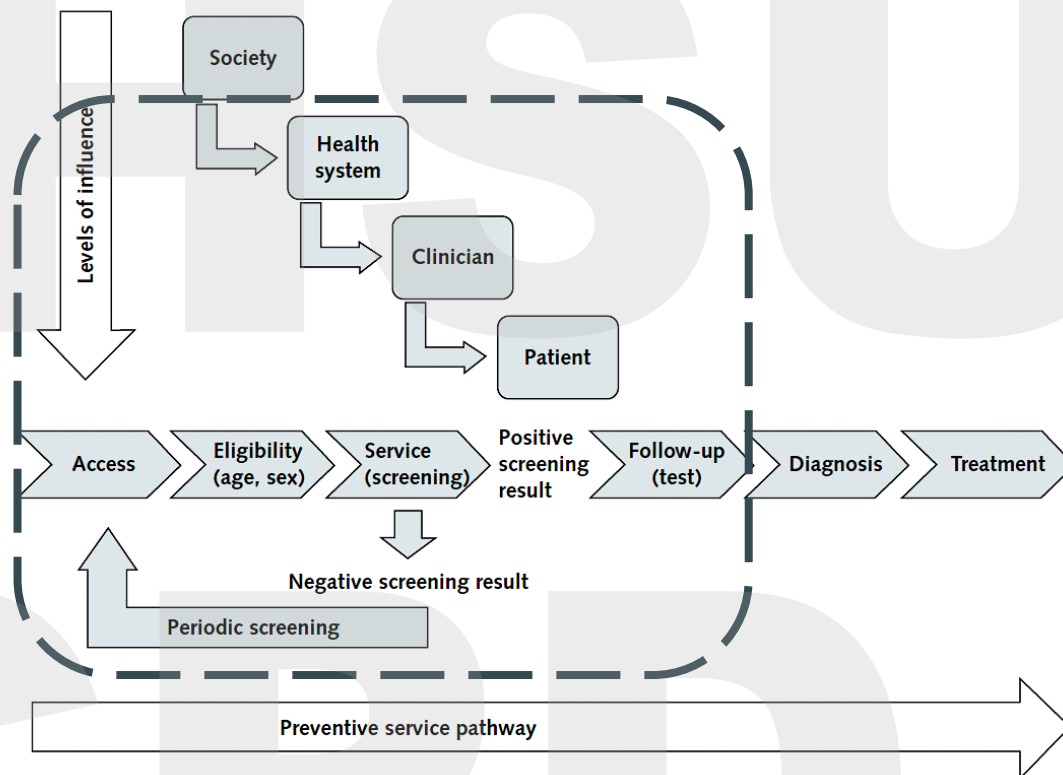
- Amy Cantor, MD, MPH, FAAFP (PI, OHSU)
- Heidi D. Nelson, MD, MPH (PI, KPSOM)
- Miranda Pappas, MA
- Keeley Blackie

# OHSU

## **PREVENTIVE SERVICES OVERVIEW**

# CPD

# Preventive Health Services Framework



Nelson HD, Cantor AG, et al. *Ann Intern Med* 2020;172:258-271.

# U.S. Preventive Services Task Force



- An *independent, non-governmental* panel of experts in primary care and prevention.
- Develops recommendations for clinical preventive services for primary care clinicians.
- Based on rigorous review of existing peer-reviewed evidence.
- Preventive services include:
  - Screening tests
  - Counseling
  - Preventive medications

# U.S. Preventive Services Task Force

Grade	Definition	Practice
<b>A</b>	Recommend the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
<b>B</b>	Recommend 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.
<b>C</b>	Recommend 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.



# U.S. Preventive Services Task Force

Grade	Definition	Suggestions for Practice
<b>D</b>	Recommend 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>	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.



- National collaborative of women's health professional societies to develop, review, update, and disseminate recommendations for women's preventive health services.
- Launched in 2016 to continue the work of the IOM
- Supported by HRSA, led by ACOG since 2016
- <http://www.womenspreventivehealth.org>

MEMBERS OF THE ADVISORY PANEL SUPPORT THE WPSI



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS





# WPSI

Women's Preventive Services Initiative

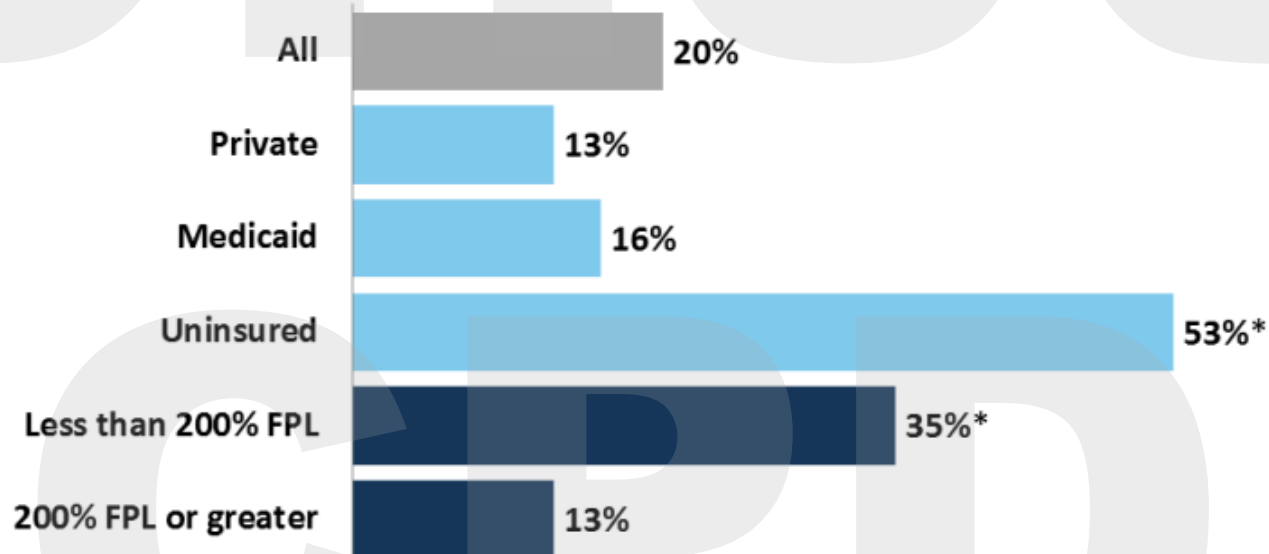
- Target preventive health service *gaps*:
  - Not addressed by the U.S. Preventive Health Services Task Force (USPSTF) or Bright Futures
  - Research is limited or currently inconclusive
- Recommendations are based on evidence analyzed by the Evidence Review Team (ERT)
- Recommendations used to guide clinical practice and inform coverage of services for the ACA and other stakeholders.

# Barriers for Women

## Gaps in Services and Cost

### Cost Barriers To Use of Preventive Services for Women Prior To Full Implementation of the ACA

In 2013, share of women reporting they put off or postponed preventive services in prior year due to cost:



NOTE: Among women ages 18-64. Federal Poverty Level (FPL) was \$19,530 for a family of three in 2013. \*Indicates a statistically significant difference from Private and 200% FPL or greater,  $p < .05$ .

SOURCE: Kaiser Family Foundation, 2013 Kaiser Women's Health Survey.



Figure 1: Cost Barriers To Use of Preventive Services for Women Prior To Full Implementation of the ACA



# WPSI Topic Criteria

## Condition to be prevented:

- Addresses a gap
- Is specific to women, affects women more than men, manifests differently in women
- Affects a broad population
- Prevention has a large potential impact on health and well-being

## Health service:

- Is a 1<sup>o</sup> or 2<sup>o</sup> prevention service in clinical practice in the U.S. (screening, testing, counseling, immunization, prevention medication, preventive treatment)
- The quality and strength of evidence supports its effectiveness

# Expansion of a Topic

## Breastfeeding Services and Supplies:

### USPSTF

Provide interventions during pregnancy and after birth to support breastfeeding (B recommendation; 2016). Interventions may include more than one component and be delivered over prenatal, perinatal, and postpartum periods.\*

### WPSI

Access to comprehensive lactation support services (consultation, counseling, education, peer support, and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding.  
Access to breastfeeding equipment and supplies.

\*update in progress

# Expansion of a Topic

## Intimate Partner Violence:

### USPSTF

Recommendation for screening women of childbearing age, and provide or refer women who screen positive to intervention services (B recommendation; 2013).

### WPSI

Screening and counseling adolescents and women for interpersonal and domestic violence and when needed, providing or referring for initial intervention services.

# WPSI New Topics

Topic	Gap?	Prevention?	Women?	Broad population?	Large impact?	Evidence support?
Anxiety screening	✓	✓	✓	✓	✓	✓
Urinary incontinence screening	✓	✓	✓	✓	✓	✓
Preventing midlife obesity	✓	✓	✓	✓	✓	✓



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**EVALUATING EVIDENCE**

CPD

# Evidence

## Research to Answer Clinical Questions

- Describes the research needed to answer clinical questions using specific methods to identify, critically appraise, and synthesize relevant information
- Clinical recommendations require evidence demonstrating:
  - Effectiveness: Does it work?
  - Harms: Does it cause adverse effects?
  - Other issues essential for clinical practice: Which test? How frequent? Who? Etc.

# Evidence

## Based on Systematic Reviews of Research

- Summary of available scientific evidence
- Studies are collected, evaluated, and synthesized in accordance with an organized, structured, explicit, and transparent methodology
- Provides accurate, independent information of benefits and harms of prevention interventions for specific populations
- Defines sources, type, strengths, and limitations of evidence
- Avoids bias in finding, selecting, or analyzing evidence

# Evidence Review Methods

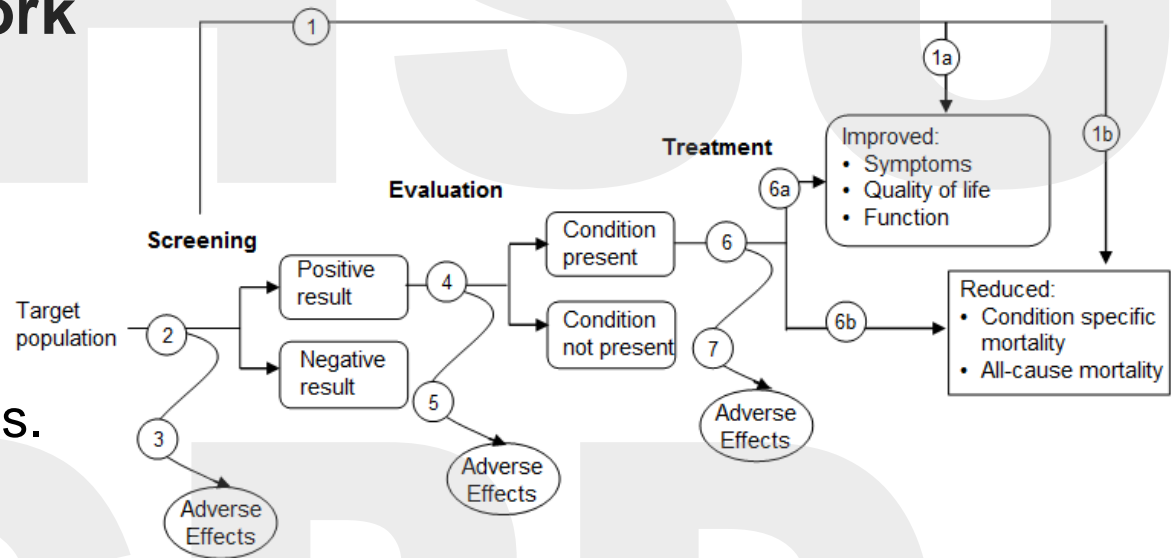
- WPSI evidence reviews use methods of the USPSTF and the AHRQ Effective Healthcare Program.
  - U.S. Preventive Services Task Force. Methods and processes. Accessed at [www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes](http://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/methods-and-processes)
  - Effectiveness and Comparative Effectiveness Reviews. AHRQ publication no. 10(14)-EHC063-EF. 2014. Accessed at <https://effectivehealthcare.ahrq.gov/topics/ceer-methods-guide/overview>
  - WPSI Methodology Summary. Accessed at <https://149858107.v2.pressablecdn.com/wp-content/uploads/WPSI-Methodology-1.pdf>

# Key Questions

- A first step after the topic is selected
- Pre-specified research questions that direct the systematic review
- Effectively communicate scope and intent
- Contain predefined PICOTS criteria:
  - Population
  - Intervention
  - Comparator
  - Outcome
  - Timing
  - Setting
  - Study design

## Analytic Framework

- Outlines target population, interventions, outcomes, and adverse effects.
- Links to key questions.



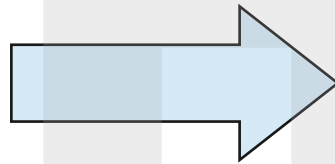
**Direct evidence:** RCTs of screening vs no screening with health outcomes (arrow 1).

**Indirect evidence:** Studies addressing intermediate links (arrows 2, 4, 6).

# Evidence

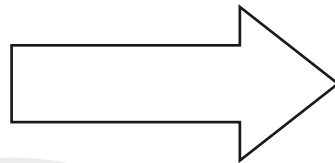
## Defines Screening Target Population

Women age 40  
and older



### *Screening Pool*

Average-risk women with no previous or current breast abnormalities



### *Not in Screening Pool*

- Current physical finding
- Previous breast cancer or other breast abnormality (DCIS, LCIS, ADH, ALH)
- BRCA deleterious mutation
- Strong family history (>15% risk)
- Familial cancer syndromes
- Extensive chest radiation

***OUTCOMES***  
**INCLUDING**  
**BENEFITS**  
**AND**  
**HARMS**

**Possible Benefits**

Breast cancer  
mortality

All-cause mortality

Advanced breast  
cancer

Treatment

**Possible Harms**

False +/- results  
and biopsies

Over diagnosis

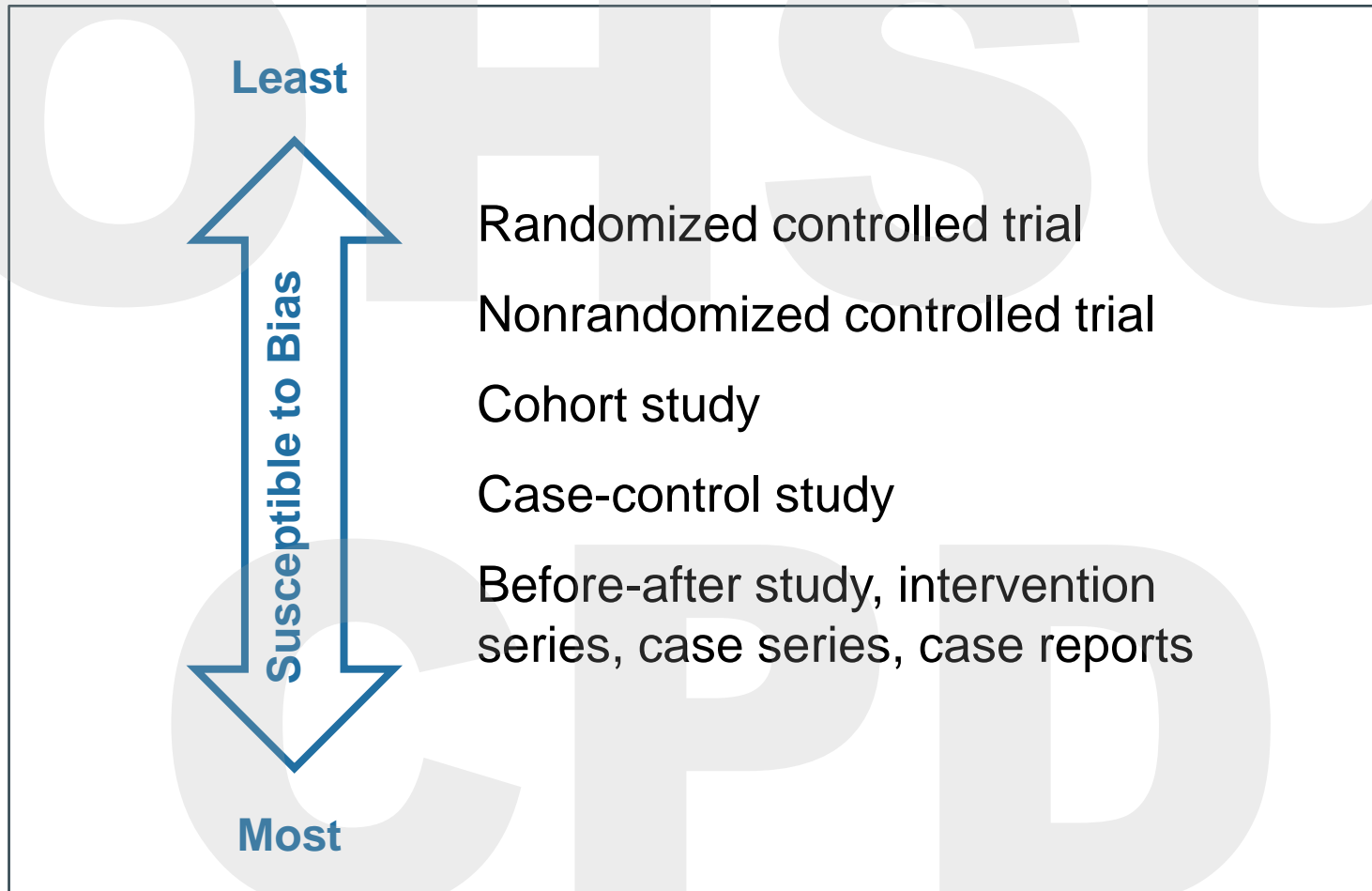
Anxiety, distress,  
pain

Radiation  
exposure

**Mammography**



# Hierarchy of Evidence





# **IMPACT AND APPLICATION**



## Evidence

Based on Standards  
for Systematic  
Reviews



## Practice Guideline

Based on Standards  
for Clinical Guidelines  
USPSTF  
WPSI



## ACA Mandate



## Insurance

Private & Public



CLINICAL PRACTICE  
GUIDELINES WE CAN  
TRUST



# COVERAGE

Under the ACA:

- Over 150 million people with private insurance – including 58 million women and 37 million children – are eligible to receive preventive services without cost-sharing
- 20 million Medicaid adult expansion enrollees

- Most private plans must cover the following preventive services without charging a copayment or coinsurance:
  - USPSTF “A” or “B” recommendations
  - ACIP immunizations
  - WPSI recommendations
  - AAP/Bright Futures for Children 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.

# Preventive Services Under Threat

## A ruling in *Braidwood Management v. Becerra* could affect millions



- The government may no longer be able to require insurance plans to cover certain services and items, like cancer screenings, at no cost.
- Insurers and employers would decide whether and how to cover preventive services.
- Federal agencies may have limited authority to address a wide range of issues through regulation.

**KFF**

# Recent Challenges

## Braidwood Management v. Becerra

- Challenged coverage of all preventive services without cost-sharing
  - USPSTF
  - HRSA/WPSI
  - ACIP
  - Bright Futures
- Alleges the requirement to cover preexposure prophylaxis (PrEP), medication for HIV prevention, violates religious rights

## Ruling Summarized

- Blocks federal government from requiring health plans to cover services recommended or updated by the USPSTF on or after March 23, 2010
- USPSTF recommendations prior to this date are still covered
- Requirement to cover PrEP medications for HIV prevention violates the rights of the plaintiffs who have religious objections to PrEP
- Does not affect the requirement for plans to cover Women's Preventive Services recommended by Health Resources and Services Administration (HRSA) (WPSI Recommendations)
- Does not affect the requirement for plans to cover vaccines recommended by the CDC's Advisory Committee on Immunization Practices (ACIP)

# WPSI Recommendations for Coverage

*13 recommendations adopted for coverage under ACA, 2016-2023*

## **Cervical Cancer Screening**

Depending on your age and other risk factors, you may need this screening. Talk with your clinician about how often to get screened for cervical cancer.

## **Breast Cancer Screening**

Discuss your risk of breast cancer with your clinician. Ask when to start and how often to get screened for breast cancer.

## **Contraception**

If you don't want to get pregnant, talk with your clinician about choosing the right birth control method for you. Some examples include an intrauterine device (IUD), implant, birth control pill, ring, or patch.

## **Counseling for Sexually Transmitted Infections (STIs)**

Learn more about preventing sexually transmitted infections (STIs) such as chlamydia, genital herpes, and gonorrhea.

## **Human Immunodeficiency Virus (HIV) Screening**

Your clinician could talk with you about HIV at your well-woman visit. You may not need to get tested, but it's best to be informed.

## **Interpersonal and Domestic Violence**

Every woman deserves healthy and safe relationships. Your clinician is there for support if help is needed.

## **Preventing Obesity in Midlife Women**

If you are between the ages of 40 and 60, your clinician can speak with you about eating healthy and staying active during this stage of your life.

## **Screening for Anxiety**

Feeling worried, nervous or on edge? Speak to your clinician about anxiety and resources available to you.

## **Screening for Urinary Incontinence**

There's no need to be embarrassed about leaking urine. Talk with your clinician about how this impacts your daily activities and quality of life.

## **Gestational Diabetes (GD)**

GD is diabetes during pregnancy. All pregnant women should have their blood sugar tested after 24 weeks of pregnancy.

## **Diabetes Mellitus After Pregnancy**

Talk with your clinician about being screened for diabetes after pregnancy if you had a history of diabetes during pregnancy.

## **Breastfeeding Services and Supplies**

Are you thinking about breastfeeding? Are you breastfeeding now? Ask your clinician why breastfeeding is important and what supplies you need.



# WPSI UPDATES

Topic	Last update
Screening for anxiety	Upcoming
Screening for cervical cancer	Upcoming
Screening for breast cancer	Upcoming
Screening for intimate partner violence	2023
Screening for urinary incontinence	2023
Screening for diabetes in and after pregnancy	2022
Contraception and contraceptive care	2021
Counseling for STI prevention	2021
Breastfeeding counseling, services, and supplies	2021
Well woman visit	2021
Screening for HIV	2021



# Publications

## Annals of Internal Medicine

### Preventing Obesity in Midlife Women: A Recommendation From the Women's Preventive Services Initiative

David Chelmos, MD; Kimberly D. Gregory, MD, MPH; Catherine Witkop, MD, PhD, MPH; Susan Hoffstetter, PhD, WHNP-BC; Linda Humphrey, MD, MPH; Carla Picardo, MD, MPH; James J. Stevermer, MD, MSPH; Amy G. Cantor, MD, MPH; Heidi D. Nelson, MD, MPH; Sarah Son, MPH; Jeanne A. Conry, MD, PhD; Francisco Garcia, MD, MPH; Susan M. Kendig, JD; Nancy O'Reilly, MHS; Amir Qaseem, MD, PhD, MHA; Diana Ramos, MD, MPH; Alina Salganicoff, PhD; Julie K. Wood, MD, MPH; and Christopher Zahn, MD; for the Women's Preventive Services Initiative\*

## CLINICAL GUIDELINE

## Annals of Internal Medicine

### Preventing Obesity in Midlife Women: A Systematic Review for the Women's Preventive Services Initiative

Amy G. Cantor, MD, MPH; Heidi D. Nelson, MD, MPH; Miranda Pappas, MA; and Chandler Atchison, MPH

**Background:** Despite high prevalence rates of obesity in the United States, no clinical guidelines exist for obesity prevention in midlife women who commonly experience weight

versus control groups (mean difference of weight change,  $-0.87$  to  $-2.5$  kg), whereas 1 trial of counseling and 2 trials of

## REVIEW

## CLINICAL GUIDELINE

### Screening for Urinary Incontinence in Women: A Recommendation From the Women's Preventive Services Initiative

Nancy O'Reilly, MHS; Heidi D. Nelson, MD, MPH; Jeanne M. Conry, MD, PhD; Jennifer Frost, MD; Kimberly D. Gregory, MD, MPH; Susan M. Kendig, JD, WHNP-BC; Maureen Phipps, MD, MPH; Alina Salganicoff, PhD; Diana Ramos, MD, MPH; Christopher Zahn, MD; and Amir Qaseem, MD, PhD, MHA; for the Women's Preventive Services Initiative\*

## Annals of Internal Medicine

## Annals of Internal Medicine

### Screening for Urinary Incontinence in Women: A Systematic Review for the Women's Preventive Services Initiative

Heidi D. Nelson, MD, MPH; Amy Cantor, MD, MPH; Miranda Pappas, MA; and Liev Miller, BA

**Background:** Urinary incontinence is infrequently addressed during routine health care despite its high prevalence and adverse effects on health.

agnosis or results of diagnostic tests. Of these, 14 poor-quality studies were based in referral clinics, enrolled only symptomatic women, or had other limitations. One good-quality and 2 fair-quality studies (evaluating 4 methods) enrolled women not recruited on the basis of symptoms. Areas under the receiver-

## REVIEW

## CLINICAL GUIDELINE

### Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women's Preventive Services Initiative

Kimberly D. Gregory, MD, MPH; David Chelmos, MD; Heidi D. Nelson, MD, MPH; Maureen Sayres Van Niel, MD; Jeanne A. Conry, MD, PhD; Francisco Garcia, MD, MPH; Susan M. Kendig, JD, WHNP-BC; Nancy O'Reilly, MHS; Amir Qaseem, MD, PhD, MHA; Diana Ramos, MD, MPH; Alina Salganicoff, PhD; Sarah Son, MPH; Julie K. Wood, MD, MPH; and Christopher Zahn, MD; for the Women's Preventive Services Initiative\*

## Annals of Internal Medicine

## Annals of Internal Medicine

### Screening for Anxiety in Adolescent and Adult Women: A Systematic Review for the Women's Preventive Services Initiative

Heidi D. Nelson, MD, MPH; Amy Cantor, MD, MPH; Miranda Pappas, MA; and Chandler Weeks, MPH

**Background:** Anxiety disorders are infrequently recognized during routine health care even though they are common in adolescent girls and adult women.

views (171 studies; 112 574 participants) evaluated the diagnostic accuracy of 27 screening instruments and their variations against a clinical diagnosis or other instruments. Most demonstrated moderate to high accuracy for adults (Cohen's kappa, 0.41-0.61).

## REVIEW

Preventive Health: *Current Commentary*

### Women's Preventive Services Initiative's Well-Woman Chart

*A Summary of Preventive Health Recommendations for Women*

Maureen G. Phipps, MD, MPH, Sarah Son, MPH, Christopher Zahn, MD, Nancy O'Reilly, MHS, Amy Cantor, MD, MPH, Jennifer Frost, MD, Kimberly D. Gregory, MD, MPH, Michelle Jones, MS, Susan M. Kendig, JD, WHNP-BC, Heidi D. Nelson, MD, MPH, Miranda Pappas, MA, Amir Qaseem, MD, PhD, MHA, Diana Ramos, MD, MPH, Alina Salganicoff, PhD, Gabrielle Taylor, MPH, and Jeanne Conry, MD, PhD, for the Women's Preventive Services Initiative\*

See related editorial on page 663.

The Well-Woman Chart summarizes current recommendations for preventive health services for women from adolescence and continuing across the lifespan. It

\*For a list of members of the Women's Preventive Services Initiative, see Appendix 1.



# The Well- Woman Chart – a framework for incorporating preventive health services into clinical practice

**RECOMMENDATIONS FOR WELL-WOMAN CARE**

Service/Recommendation	18-24	25-29	30-39	40-49	50-59	60-69	70+
Annual gynecologic exam	✓	✓	✓	✓	✓	✓	✓
Annual breast exam					✓	✓	✓
Mammogram					✓	✓	✓
Contraception counseling	✓	✓	✓	✓	✓	✓	✓
STI screening	✓	✓	✓	✓	✓	✓	✓
HPV testing			✓	✓	✓	✓	✓
Smoking cessation counseling	✓	✓	✓	✓	✓	✓	✓
Alcohol use counseling	✓	✓	✓	✓	✓	✓	✓
Depression screening	✓	✓	✓	✓	✓	✓	✓
Domestic violence screening	✓	✓	✓	✓	✓	✓	✓
Substance use screening	✓	✓	✓	✓	✓	✓	✓
Immunization counseling	✓	✓	✓	✓	✓	✓	✓
Weight management counseling	✓	✓	✓	✓	✓	✓	✓
Physical activity counseling	✓	✓	✓	✓	✓	✓	✓
Healthy eating counseling	✓	✓	✓	✓	✓	✓	✓
Oral health counseling	✓	✓	✓	✓	✓	✓	✓
Eye health counseling	✓	✓	✓	✓	✓	✓	✓
Hearing health counseling	✓	✓	✓	✓	✓	✓	✓

**When Women Are Healthy, Communities Thrive.**

Good quality and affordable health care is important for everyone. The Women's Preventive Services Initiative (WPSI) believes that the health and well-being of every woman is important.

**How can we do today to address these topics?**

- Contraception: Are you thinking about becoming pregnant? Do you have a method of birth control? Do you have a partner? Do you have a partner who is not using a condom? Do you have a partner who is not using a condom? Do you have a partner who is not using a condom?
- Breastfeeding: Are you thinking about breastfeeding? Are you breastfeeding now? Ask your provider why breastfeeding is important.
- Accounting for Breast Cancer: Talk with your health care provider about when and how often to screen for breast cancer.
- Screening for Cervical Cancer: Depending on your age and other risk factors, you may need this screening. Talk with your health care provider about when and how frequently.
- Accounting for Human Immunodeficiency Virus (HIV): Your health care provider should talk with you about HIV or your sexual activity. You may not need to get tested, but it's great to get tested.
- Accounting for Intergenerational and Domestic Violence: Talk with your health care provider about healthy and safe relationships, and where to get help if needed.
- Accounting for Genitourinary Infections (GIs): All pregnant women should be screened for GIs after the first trimester of pregnancy.
- Screening for Diabetes Before Pregnancy: Talk to your provider about being screened for diabetes in the prepregnancy period if you have a history of GDM and weren't diagnosed with type 2 diabetes before pregnancy.

### Summary for Patients: Preventing Obesity in Midlife Women

#### What is the problem and what is known about it so far?

Obesity increases risks for many health conditions including cardiovascular disease, cancer, and type 2 diabetes. Women in midlife are particularly at risk for weight gain. Over 70% of women aged 40 to 60 years in the United States are overweight or obese.

#### Why did the researchers do this particular study?

Previous studies and guidelines have focused on benefits and harms of behavioral weight loss approaches among patients who are already obese. This review addresses prevention of obesity among midlife women who are not obese. A review was commissioned by the Women's Preventive Services Initiative (WPSI) to provide evidence to inform their recommendation on preventing obesity in midlife women. The WPSI makes recommendations

From: Cantor A, Nelson HD, Pappas M, et al. Preventing obesity in midlife women: a systematic review for the Women's Preventive Services Initiative. Ann Intern Med. 2022;175:1275-84. doi:10.7326/M22-0140 and

### CLINICAL GUIDELINE

<https://www.acpjournals.org/doi/10.7326/M22-2063>

### Annals of Internal Medicine

## Preventing Obesity in Midlife Women: A Recommendation From the Women's Preventive Services Initiative

David Chelmow, MD; Kimberly D. Gregory, MD, MPH; Catherine Witkop, MD, PhD, MPH; Susan Hoffstetter, PhD, WHNP-BC; Linda Humphrey, MD, MPH; Carla Picardo, MD, MPH; James J. Stevermer, MD, MSPH; Amy G. Cantor, MD, MPH; Heidi D. Nelson, MD, MPH; Sarah Son, MPH; Jeanne A. Conry, MD, PhD; Francisco Garcia, MD, MPH; Susan M. Kendig, JD; Nancy O'Reilly, MHS; Amir Qaseem, MD, PhD, MHA; Diana Ramos, MD, MPH; Alina Salganicoff, PhD; Julie K. Wood and Christopher Zahn, MD; for the Women's Preventive Services Initiative\*

**Description:** The Women's Preventive Services Initiative (WPSI), a national coalition of women's health professional organizations and patient advocacy representatives, developed a recommenda-

randomized clinical trials including 51 638 participants and using various counseling and behavioral interventions were included. Trials indicated favorable weight changes with interventions that

### Annals Video Summary - Preventing Obesity in Midlife Women



2,300 Abstracts

350 Articles

7 Trials





# WPSI

Women's Preventive Services Initiative



When women are healthy,  
communities thrive.

## Questions?

[cantor@ohsu.edu](mailto:cantor@ohsu.edu)

