

NR511 Week 5 Collaboration Café

Initial Post

1. The practicum site I am currently using sees primary care and esthetic patients. On the primary care side of the clinic, we typically see older adults with multiple chronic disorders requiring frequent monitoring. The first preventative care screening recommendation for the current population I see is screening for hypertension in adults by the US Preventative Services Task Force (USPSTF). The two recommendations noted state to screen for blood pressure in the office in patients over the age of 18 and to obtain blood pressure readings outside of the office before starting treatment (Krista et al., 2021). The second preventative care screening recommendation for the current population I see is statin use for the primary prevention of cardiovascular disease in adults (Mangione et al., 2022). The USPSTF recommends that providers prescribe a statin for the primary prevention of CVD for individuals 40 to 75 years of age with one or more cardiovascular disease risk factors and an estimated 10-year cardiovascular disease risk of 10% or greater (Mangione et al., 2022). And for patients 40-75 with one or more cardiovascular disease risk factors and an estimated 10-year cardiovascular disease risk of 7.5-10%, the provider should selectively offer a statin for primary prevention (Mangione et al., 2022).

2. When needing to source something, whether it be prevention, screening, diagnostic, or treatment, my preceptor uses Up-to-date as are source. Occasionally, I have seen her reference the AHA, Healthy People 2030, and USPSTF. My preceptor will reference the American Cancer Society when discussing screening for different types of cancers such as breast, cervical, colorectal, or lung. The guideline or source she uses depends on the disease or disorder she is screening.

Most of the preventative care I have observed at this practicum site is primary and secondary prevention. The EMR used at this office has a specific tab labeled screenings. Under this tab will be a mix of auto generated screening suggestions for the visit/patient and additional screening tools my preceptor uses for that patient. The auto generated screening suggestions consider age, personal history, family history, and pertinent positives as noted in the ROS or PE. I have not noticed any specific biases in the care provided; however, I have noticed billing issues with Medicare, Medicaid, and other insurance companies. For example, we had an established patient