

The Community Preventive Services Task Force (CPSTF):

Recommendations Relevant to QIN-QIOs



QIN-QIO Task	CPSTF Topic	Recommendations
B.1 - Cardiac Health / Hypertension Control	Cardiovascular Disease: Interventions Engaging Community Health Workers	<ul style="list-style-type: none"> Engage community health workers to prevent cardiovascular disease (CVD) using a team-based care model to improve blood pressure and cholesterol in patients at increased risk for CVD. Engage community health workers for health education, and as outreach, enrollment, and information agents to increase self-reported health behaviors (physical activity, healthful eating habits, and smoking cessation). Read the full Finding and Rationale Statement
	Cardiovascular Disease: Self-Measured Blood Pressure Monitoring Interventions for Improved Blood Pressure Control – When Used Alone	<ul style="list-style-type: none"> Improve blood pressure outcomes in patients with high blood pressure using self-measured blood pressure monitoring interventions. Read the full Finding and Rationale Statement
	Cardiovascular Disease: Clinical Decision-Support Systems (CDSS)	<ul style="list-style-type: none"> Implement clinical decision-support systems (CDSS) for the prevention of cardiovascular disease (CVD). Improve screening for CVD risk factors and practices for CVD-related preventive care services, clinical tests, and treatments using CDSS. Read the full Finding and Rationale Statement
	Cardiovascular Disease: Reducing Out-of-Pocket Costs (ROPC) for Cardiovascular Disease Preventive Services for Patients with High Blood Pressure and High Cholesterol	<ul style="list-style-type: none"> Provide team-based care with medication counseling, and patient education to reduce patient out-of-pocket costs (ROPC) for medications to control high blood pressure and high cholesterol. Encourage policy and program changes that make preventive services more affordable. Read the full Finding and Rationale Statement
B.2 - Diabetes	Diabetes Prevention: Interventions Engaging Community Health Workers	<ul style="list-style-type: none"> Implement interventions that engage community health workers for diabetes prevention to improve glycemic (blood sugar) control and weight-related outcomes among people at increased risk for type 2 diabetes. Read the full Finding and Rationale Statement
		<ul style="list-style-type: none"> Hold intensive lifestyle interventions for patients with type 2 diabetes to

	Diabetes: Intensive Lifestyle Interventions for Patients with Type 2 Diabetes	<p>improve glycemic control and reduce risk factors for cardiovascular disease.</p> <ul style="list-style-type: none"> • Provide intensive individual and group counseling and extended interpersonal support for dietary modification, regular physical activity, and weight management. • Read the full Finding and Rationale Statement
F.1 - Adult Immunizations	Vaccination Programs: Client Reminder and Recall Systems	<ul style="list-style-type: none"> • Implement client reminder and recall interventions to increase vaccination rates in children, adolescents, and adults. • Read the full Finding and Rationale Statement
	Vaccination Programs: Provider Reminders	<p>Use effective provider reminders to increase vaccination rates among adults, adolescents, and children when used alone or with additional interventions. Implement the following strategies:</p> <ul style="list-style-type: none"> • Employ a range of intervention characteristics (e.g., computerized or simple reminders, checklists, flowcharts); and • Try a range of settings and populations • Read the full Finding and Rationale Statement
	Vaccination Programs: Health Care System-Based Interventions Implemented in Combination	<ul style="list-style-type: none"> • Use health care system-based interventions in combination with two or more interventions to increase vaccination rates in targeted client populations. • Read the full Finding and Rationale Statement
	Vaccination Programs: Community-Based Interventions Implemented in Combination	<ul style="list-style-type: none"> • Apply community-based interventions in combination to increase vaccinations in targeted populations. • Studies evaluated coordinated interventions to: <ul style="list-style-type: none"> ○ Increase community demand ○ Enhance access to vaccination services ○ Reduce missed opportunities by vaccination providers • Read the full Finding and Rationale Statement
G.1 - Behavioral Health	Mental Health and Mental Illness: Interventions to Reduce Depression Among Older Adults – Clinic-Based Depression Care Management	<ul style="list-style-type: none"> • Implement depression care management in primary care clinics for older adults with major depression or chronic low levels of depression (dysthymia) • Actively screen for depression • Read the full Finding and Rationale Statement

	<p>Mental Health and Mental Illness: Interventions to Reduce Depression Among Older Adults – Home-Based Depression Care Management</p>	<ul style="list-style-type: none"> • Implement home-based depression care management at home for older adults to improve short-term depression outcomes. • Read the full Finding and Rationale Statement
	<p>Mental Health and Mental Illness: Collaborative Care for the Management of Depressive Disorders</p>	<ul style="list-style-type: none"> • Engage collaborative care for the management of depressive disorders by: <ul style="list-style-type: none"> ○ Improving depression symptoms ○ Adherence to treatment ○ Response to treatment ○ Remission and recovery from depression • Uses case managers to link primary care providers, patients, and mental health specialists. • Read the full Finding and Rationale Statement