First Stop Health
Primary Care Management Guidelines

Welcome!

We are thrilled to welcome you to our primary care practice, where we are excited to partner with you in providing exceptional access to healthcare for our patients, most with a $0 copay. These clinical guidelines have been created to clarify the conditions that we can best treat virtually, ensuring that we deliver high-quality, patient-centered care. We recognize that not every condition is listed in these guidelines, so we encourage you to use your clinical expertise and evidence-based medicine to provide excellent care. Your role is crucial to our mission, and we are honored to have you on board. Thank you for joining us and being the foundation of our company in providing high-quality, compassionate care for our patients.

Cole Barfield, MD, MBA

Chief Medical Officer

These guidelines are intended to support our healthcare providers in delivering consistent and high-quality care for patients. To jump to a condition below, press control (ctrl) on your keyboard and click the hyperlink.

Condition Management:

- Obesity
- Hypertension
- Hyperlipidemia
- Type II Diabetes
- Prediabetes
- Metabolic Syndrome
- Nonalcoholic Fatty Liver Disease (NAFLD)/ Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)
- Cardiovascular Prevention and Risk Identification
- Vitamin D Deficiency
- Hypothyroidism

Prevention:

- Annual Wellness Examination
- Screening Guidelines

Mental Health:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Anxiety
- Depression
- Bipolar Depression

Women's and Men's Health:

- Hormone Replacement
- Female Pattern Hair Loss
- Male Pattern Hair Loss
- Men's Health Erectile Dysfunction
- Men's Health Hormone Replacement

Specialized Evaluations:

- Pre-Operative Clearance
- Workmans Compensation

Controlled Substance Management:

- Controlled Substances

Purpose

This document serves as an introduction to the clinical guidelines for conditions commonly treated in our primary care practice. These guidelines are designed to clarify practices for certain conditions and demonstrate how we treat patients in a multi-disciplinary setting.

Key Terms:

Virtual Primary Care

Our employer clients who signed up for our virtual primary care between 2022 and 2025 have access to *you*, our primary care providers! Members from clients who purchased this model do *not* have access to our specialists such as health coaches, dietitians and certified diabetes educators.

Enhanced Primary Care

Since 8/1/2024, we have employer clients with access to our enhanced primary care services. This service includes everything included in virtual primary care, with the enhancements of our multi-disciplinary care team, which includes:

- **Board-Certified Health Coaches:** Provide personalized coaching to help patients achieve health goals through behavior change and lifestyle modification.
- **Registered Dietitians:** Offer nutritional counseling and meal planning to support healthy eating habits and manage dietary needs.
- **Certified Diabetes Educators:** Educate patients on managing prediabetes and diabetes, including medication adherence, blood glucose monitoring and lifestyle adjustments.

These specialists help manage conditions including weight management, hypertension, hyperlipidemia, cardiovascular disease, prediabetes and type II diabetes, among others.

Multi-Disciplinary Care Approach

Our goal is to move most of our clients to our enhanced primary care practice. We are committed to a collaborative, team-based approach to healthcare.

Risk Stratification and Co-Management

If a patient's condition is too complex for virtual primary care management, please make us aware. However, also, be aware that if a patient has access to enhanced primary care, our specialists can co-manage complex illnesses with the patient's in-person clinicians, ensuring comprehensive care for conditions like:

- Renal failure
- Heart failure
- Post-bariatric surgery
- Uncontrolled hypertension
- Uncontrolled type II diabetes
- Type I diabetes
- And more

Mental Health Services

Many patients can access mental health therapists to assist with mental health concerns, providing additional support and resources. We strongly believe in the importance of taking care of patients' physical and mental needs. Do not hesitate to refer to mental health!

For those with access to mental health through First Stop Health, please refer them to us (when appropriate) so that we can provide convenient, wraparound care for that individual. If the patient does not have access to mental health through our program, place a referral in Elation so that our referral team can find an appropriate in-network provider.

Referral Team Support

Our referral team ensures that patients are referred to convenient, accessible, cost-effective and high-quality providers. This includes:

- Physician specialists

- Lab companies
- Imaging centers
- Health systems

When you place a referral, you can trust that our referral team will support you and your patients in finding the best possible care.

Conclusion

Our clinical guidelines aim to support our Primary Care providers in delivering high-quality, patient-centered care within a multi-disciplinary framework. By leveraging the expertise of our specialists, we ensure that patients receive comprehensive care tailored to their individual needs. Our commitment to multi-disciplinary care fosters a supportive and encouraging environment where patients can thrive.

Please let us know if you have any questions.

Cole Barfield, MD
Chief Medical Officer

Brittany Brooks, MD
Assistant Medical Director of Primary Care

First Stop Health Obesity Treatment Guidelines

Introduction: This section provides comprehensive and holistic guidelines for the treatment and management of obese patients, incorporating physical, mental and nutritional health aspects. The program includes patients with a BMI greater than or equal to 30 and those with a BMI of 27 with comorbidity such as hypertension, hyperlipidemia /or type II diabetes.

Goals of Treatment

- **Weight Reduction and Maintenance:** Achieve clinically significant weight loss of at least 5-10% in 3-6 months.
- **Sustainable Weight Management**: Develop strategies to maintain weight loss long-term and prevent weight gain.
- **Health Improvement and Risk Reduction**
    - Improve Metabolic Health: lower risk factors such as high blood pressure, dyslipidemia and insulin resistance.
    - Reduce Obesity-Related Comorbidities: decrease the incidence and severity of conditions like type II diabetes, cardiovascular disease and fatty liver disease.
- **Behavioral and Lifestyle Modification**
- **Patient Education and Empowerment**
- **Support and Accountability with Integrated Care Delivery**
    - Integrate primary care, mental health and lifestyle modifications with expertise from our care team of health coaches, dietitians and diabetes educators.

Multidisciplinary Approach

If the patient with obesity has access to enhanced primary care:

- Refer to a **health coach** to assist with lifestyle modifications, goal-setting and provide ongoing motivational support for our weight management program.
- Refer to a **dietitian** to assist with individualized dietary plans, nutritional counseling related to patient's condition in our weight management program
- Refer patients with comorbid diabetes to a **certified diabetes educator** for support managing diabetes.

If the patient has access to First Stop Health Mental Health Care:

- Refer to a mental health provider if the patient scores high on the GAD-7 and PHQ-9, then internally refer to our mental health team.
- Integrated Care: Collaborate with mental health providers to address psychological factors related to obesity.

If the patient does NOT have access to First Stop Health Mental Health Counseling, send a referral to our care team and we will direct the patient to a high-quality, in-network provider.

Patient Assessment

Initial Evaluation:

- **Medical History:** Review patient's medical history, including previous weight loss attempts, eating habits, physical activity levels and family history of obesity-related conditions. Additionally, request historic records or labs if previously on weight loss medications.
- **Review Comorbidities**
- **Physical Examination:** Measure BMI, waist circumference and blood pressure.
- **Laboratory Tests:** Obtain baseline blood tests, including lipid profile, fasting glucose, HbA1c, liver function tests and thyroid function tests.
- **Mental Health Assessment:** Screen for depression and anxiety using the PHQ-2, PHQ-9 and GAD-7.

Lifestyle Modifications

Dietary Management:

- **Assessment:** Evaluate current dietary habits and preferences.
- **Nutrition Plan:** Develop a personalized nutrition plan. *If a patient has access to enhanced primary care, then internally refer to our health coaches and dietitians for our weight management program.*

- **Caloric Intake:** Establish appropriate caloric intake for weight loss (typically 500-1000 kcal/day deficit).
- **Macronutrient Distribution:** Balanced intake of carbohydrates, proteins and fats.
- **Dietary Patterns:** Promote whole foods, high in fiber, lean proteins and healthy fats. Limit refined sugars and processed foods.
- **Meal Planning:** Encourage regular meals and snacks, mindful eating and portion control.

Physical Activity:

- **Assessment:** Evaluate current physical activity levels and preferences.
- **Exercise Plan:** Develop a tailored exercise regimen that includes:
  - **Aerobic Exercise**
  - **Strength Training**

Pharmacotherapy

Addressing comorbidities:

We are fortunate to have a program centered on providers who are experts in treating comorbid conditions. Therefore, it is essential, as part of the initial evaluation for prescription therapy, that clinicians assess weight-related conditions and medications. Health complications of excess weight span a wide range of body systems and include type II diabetes, dyslipidemia, hypertension, heart disease, obstructive sleep apnea, symptomatic osteoarthritis, hepatic steatosis, mental health disorders and difficulty with physical function.

We promote a holistic approach to weight management. This means prioritizing comorbidity treatments that promote weight loss or are weight-neutral, when possible. Therefore, when a patient is being treated with a medication that causes weight gain, we should evaluate whether the patient needs to avoid this medication or potentially decrease the medication. Medications for diabetes, depression and autoimmune diseases are particularly notorious for causing weight gain. For patients already on a chronic medication that promotes weight gain, we try to change to one that promotes weight loss or is weight-neutral before considering additional weight loss medications.

Prescription Management:

- **Eligibility:** Consider pharmacotherapy for patients with BMI ≥30 or BMI ≥27 with comorbid conditions (e.g., hypertension, type II diabetes).
- **Principles to consider:**
    - Cost and coverage are primary drivers for initiation of and compliance with weight loss medications.
    - Comorbid conditions must be considered when deciding on first-line therapy for the patient.
    - Side effect profile of the medications

- **Medication options you might consider:**
    - **Metformin:** Consider as primary agent, particularly for those who have prediabetes.
    - **Topomax:** Consider as primary agent, specifically in patients who have concomitant migraines.
    - **Orlistat:** Lipase inhibitor that reduces fat absorption. Dose: 120 mg orally three times a day with meals containing fat.
    - **Naltrexone-Bupropion:** Consider those who smoke or have concomitant obesity and depression. May prescribe as combination medication or two singular medications.
    - **Phentermine:** We do not prescribe phentermine given that it is a controlled substance.
    - **Semaglutide / Tirzepatide:**
        - Consider treatment in those who meet criteria.
        - Beware that some plans will not cover medications — even if they meet FDA criteria.
        - Some plans may have more stringent criteria for authorization such as BMI >35, etc. We will attempt prior authorization if patients have failed step therapy.

Monitoring and Follow-Up:

- **Regular Monitoring:** Schedule follow-up appointments every 4-12 weeks to monitor progress, medication adherence and side effects.
- **Adjustments:** Adjust medications based on efficacy and tolerance.
- **Long-term Management:** Once target weight is achieved, continue to monitor and support patient to prevent weight regain.

- **Record Keeping:** Maintain detailed and accurate records of patient interactions, progress and treatment plans, including accurate weights and BMI calculations.

Conclusion

First Stop Health's approach to treating obesity is holistic, integrating medical, nutritional, physical, and mental healthcare. By following these guidelines, we aim to provide comprehensive and patient-centered care that supports sustainable weight loss and overall health improvement.

First Stop Health Hypertension Treatment Guidelines

Introduction

To provide comprehensive and holistic guidelines for the treatment and management of patients with Hypertension, incorporating physical, mental and nutritional health aspects. This guideline outlines the recommended steps for the treatment and management of hypertension in our patients.

Goals of Treatment

- Achieve and maintain target blood pressure (BP) levels.
- Reduce the risk of cardiovascular events and organ damage.
- Enhance patient adherence to treatment plans through personalized care.
- Incorporate lifestyle modifications alongside pharmacological interventions.
- Address comorbid conditions and mental health as part of holistic care.

Criteria for Diagnosis:

BP	Category	Treatment	If Enhanced Primary Care
<120 / 80	Normal	Ideal Blood Pressure	
>= 120/80	Elevated	Lifestyle Changes / Program	Refer to FSH program
>= 130/80	Stage I Hypertension	Start Rx in cardiovascular disease, type II DM, CKD, >10% CV Risk	Refer to FSH Program
>140/90	Stage II Hypertension	Start Rx if not already, or escalate therapy	Refer to FSH program

Multidisciplinary Approach

If a patient with hypertension has access to Enhanced Primary Care:

- Refer to **health coach** to assist with lifestyle modifications, goal setting and provide ongoing motivational support for our Hypertension Program.
- Refer to Dietitian to assist with individualized dietary plans, nutritional counseling related to patient's condition.
- Refer patients with comorbid diabetes to a **certified diabetes educator** for support.

Patient Assessment

Initial Evaluation:

- **Medical History:** Review patient's medical history, including family history of hypertension and cardiovascular disease.
    - Assess risk factors such as age, sex, race, smoking, physical inactivity, poor diet, alcohol use, obesity, diabetes and dyslipidemia.
- **Examination:** Measure blood pressure. Confirm hypertension diagnosis over multiple visits.
- **Laboratory Tests:** Obtain baseline blood tests, including basic metabolic panel (BMP) or comprehensive metabolic panel (CMP), lipid profile, complete blood count (CBC). Order urinalysis, too.
- **Tests**:
    - Electrocardiogram (ECG) if you deem appropriate.
    - Echocardiogram if concerned for LVH.

Risk Assessment:

- Use risk calculators (e.g., ASCVD risk estimator) to determine the patient's 10-year risk of cardiovascular events.
- Assess for secondary causes of hypertension.

Dietary Modifications:

- Encourage the DASH (Dietary Approaches to Stop Hypertension) diet, which is rich in fruits, vegetables, whole grains and low-fat dairy, with reduced saturated fat and cholesterol.
- Reduce sodium intake to less than 2,300 mg/day, ideally less than 1,500 mg/day.
- Limit alcohol intake: No more than two drinks per day for men and one drink per day for women.

Physical Activity:

- Recommend at least 150 minutes of moderate-intensity aerobic exercise per week (e.g. brisk walking).
- Include muscle-strengthening activities on two or more days per week.

Weight Management:

- Aim for a healthy body weight with a BMI of 18.5-24.9.
- Offer support through First Stop Health coaches and dietitians for weight loss programs.

Smoking Cessation:

- For members with our enhanced primary care, refer to our FSH health coaches for our free smoking cessation program.
- Provide resources and support for smoking cessation. For patients without enhanced primary care, consider free resources such as the quitSTART App | Quit Smoking | Tips From Former Smokers | CDC

Stress Management:

- Encourage practices such as mindfulness, meditation, yoga and other stress-relief techniques.
- Offer access to mental health professionals for counseling or therapy, starting with First Stop Health providers (counselors and coaches) when appropriate.

Pharmacological Management

First-Line Agents:

- **Thiazide diuretics:** hydrochlorothiazide, chlorthalidone
- **ACE inhibitors (ACE-Is):** lisinopril, enalapril
- **Angiotensin II receptor blockers (ARBs):** losartan, valsartan
- **Calcium channel blockers (CCBs):** amlodipine, diltiazem

Second-Line Agents:

- **Beta-blockers:** metoprolol, atenolol
- **Aldosterone antagonists:** spironolactone, eplerenone
- **Direct renin inhibitors:** aliskiren

Combination Therapy:

- Consider combination therapy for patients with stage 2 hypertension or those who do not achieve target BP with monotherapy.

- Fixed-dose combinations can improve adherence.

Monitoring and Follow-Up:

- Regularly monitor BP and adjust treatment as needed.
- Encourage patients to use home BP monitoring devices and maintain a BP diary.
    - To provide patients with resources and financial support to purchase a home BP monitor, place a referral to our nurse team in Elation.
- Schedule follow-up visits to assess treatment efficacy and adherence and associated labs, such as a BMP to assess renal function and electrolytes.

Special Considerations

Diabetes:

- The target BP for patients with diabetes is <130/80 mmHg.
- Preferred medications: ACE-Is or ARBs to protect against diabetic nephropathy.

Chronic Kidney Disease (CKD):

- The target BP for patients with CKD is<130/80 mmHg.
- Use ACE-Is or ARBs to slow the progression of kidney disease.
- Be aware of interval regarding rechecking creatinine depending on CKD severity.

Elderly Patients:

- Consider potential for orthostatic hypotension; start with lower doses and titrate slowly. Take caution with thiazide diuretics.
- Balance the benefits of BP control with the risk of adverse effects.

African Americans:

- First-Line therapy: calcium channel blockers

Edema:

- Avoid calcium channel blockers

Gout:

- Avoid thiazide diuretics

Obesity:

- First-line therapy: diuretics

Mental Health:

- Address comorbid mental health conditions, such as anxiety or depression, which may affect BP control and treatment adherence.
- Integrate mental health services, defaulting to FSH counseling and health coaching when appropriate, into the hypertension care plan.

Patient Education and Empowerment

Self-Management Education:

- Educate patients about hypertension, its risks and the importance of adherence to treatment.
- Teach patients how to properly measure BP at home.

Support Systems:

- Engage family members or caregivers in the care process.
- Provide access to support groups or peer counseling.

Technology Utilization:

- Leverage digital tools such as apps for BP tracking, reminders and educational resources.
- To provide members with resources and financial support to purchase a home BP monitor, place a referral to our nurse team in Elation.

Documentation:

- **Record Keeping:** Maintain detailed and accurate records of patient interactions, progress and treatment plans, including accurate blood pressure readings at every visit.

Outcomes:

- **Clinical Outcome**: The blood pressure goal is 130/80 for most patient populations
- **Population Health**: Our goal is that 70% of patients have controlled hypertension.

Conclusion

Effective management of hypertension requires a comprehensive and personalized approach that integrates lifestyle changes, pharmacological treatment and support for mental health and other comorbid conditions. At First Stop Health, we are committed to providing holistic care that empowers our patients to achieve optimal health outcomes.

First Stop Health Hyperlipidemia Treatment Guidelines

Introduction: Hyperlipidemia, characterized by elevated levels of lipids in the blood, is a risk factor for cardiovascular diseases. Our goal at First Stop Health is to provide comprehensive, patient-centered care to manage and treat hyperlipidemia effectively through a multidisciplinary approach involving primary care providers, nurses, health coaches, dietitians, and certified diabetes educators.

Goals

- Reduce lipid levels and cardiovascular risk.
- Promote lifestyle modifications for long-term health.
- Provide personalized and holistic care to each patient.

Screening Criteria

First Stop Health generally follows guidelines from the U.S. Preventive Services Task Force (USPTF), which provides evidence-based recommendations for preventive services. The USPTF provides GRADE Recommendations USPTF's GRADE A recommendations have a likely significant benefit while GRADE B recommendations have a moderately significant benefit. For GRADE C recommendations, the benefit is likely small.

- **Men Aged 35 and Older**: The USPSTF **strongly recommends** screening men aged 35 and older for lipid disorders (GRADE A recommendation).
- **Women Aged 45 and Older at Increased Risk for Coronary Heart Disease (CHD)**: The USPSTF **strongly recommends** screening women aged 45 and older for lipid disorders if they are at increased risk for CHD (GRADE A recommendation).
- **Women Aged 20-45 at Increased Risk for CHD**: The USPSTF recommends screening women aged 20-45 for lipid disorders if they are at increased risk for CHD (GRADE B recommendation).

- **Men Aged 20-35 at Increased Risk for CHD**: The USPSTF recommends screening men aged 20-35 for lipid disorders if they are at increased risk for CHD (GRADE B recommendation).
- **Men Aged 20-35 and Women Not at Increased Risk**: The USPSTF makes no recommendation for or against routine screening for lipid disorders in men aged 20 to 35 or in women aged 20 and older who are not at increased risk for CHD (GRADE C recommendation).

Multidisciplinary Approach

If the patient has access to Enhanced Primary Care:

- Refer to **health coach** to assist with lifestyle modifications, goal-setting and provide ongoing motivational support for our healthy heart program.
- Refer to **dietitian** to assist with individualized dietary plans, nutritional counseling related to patient's condition.
- Refer patients with comorbid diabetes to a **certified diabetes educator** for support.

Assessment and Diagnosis

Initial Evaluation:

- **Medical History:** Review patient's medical history, including family history of hyperlipidemia and cardiovascular disease.
    - Review current medications and lifestyle factors (e.g., diet, exercise, smoking, alcohol use).
- **Examination:** Measure BMI, waist circumference and blood pressure.
- **Laboratory Tests:**
    - Fasting lipid panel (total cholesterol, LDL, HDL, triglycerides)
    - Secondary tests if indicated: liver function tests, thyroid function tests, fasting glucose, HbA1c and renal function tests
    - Consider Apo-B (Apolipoprotein B) level to assess cardiovascular disease risk more accurately than a standard lipid panel. Unlike the lipid panel, which measures various cholesterol types together, the ApoB test specifically quantifies the number of ApoB molecules.

Risk Assessment:

- Use risk calculators (e.g. ASCVD Risk Estimator) to determine the patient's 10-year risk of cardiovascular events.
- Assess for secondary causes of hyperlipidemia (e.g. hypothyroidism, diabetes, nephrotic syndrome).

Treatment Goals:

- **Primary Prevention:** For individuals without cardiovascular disease, focus on reducing LDL cholesterol to appropriate levels based on risk stratification.
- **Secondary Prevention:** For individuals with established cardiovascular disease, aim for more stringent lipid targets, specifically an LDL <70 with ApoB <60.

Lifestyle Modifications

Diet:

- Encourage a heart-healthy diet (e.g. Mediterranean, DASH).
- Limit intake of saturated fats, trans fats and cholesterol.
- Increase consumption of fruits, vegetables, whole grains, and lean proteins. *Phytosterols (found in plants) lower LDL cholesterol.*
- Consult with dietitians for personalized meal plans.

Physical Activity (raises HDL cholesterol and lowers triglyceride levels):

- Recommend at least 150 minutes of moderate-intensity or 75 minutes of high-intensity aerobic exercise per week.
- Incorporate strength training exercises at least twice a week.

Weight Management:

- Aim for a healthy BMI (18.5-24.9).
- Provide weight loss programs or referrals to health coaches for patients with obesity.

Smoking Cessation (increases HDL by 30%):

- Offer resources and support for smoking cessation.

Alcohol Consumption:

- Advise moderation in alcohol consumption.

Multidisciplinary Approach

***If the patient has** access to enhanced primary care:*

- Refer to **health coach** to assist with our lifestyle modifications, goal-setting and provide ongoing motivational support for our healthy heart program.
- Refer to **dietitian** to assist with individualized dietary plans, nutritional counseling related to patient's condition.
- Refer patients with comorbid diabetes to a **certified diabetes educator** for support.

Pharmacotherapy

First-Line Therapy:

- Statins (e.g., atorvastatin, rosuvastatin) are the primary treatment for most patients.
- Determine the intensity of statin therapy based on risk assessment and lipid levels.

Second-Line and Adjunctive Therapies:

- Ezetimibe for patients who do not achieve LDL targets with statins alone.
- PCSK9 inhibitors (evolocumab, alirocumab) for high-risk patients with statin intolerance or insufficient response.
- Bile acid sequestrants, fibrates or niacin in specific cases.

Monitoring and Follow-Up:

- Regular follow-up visits to monitor lipid levels depending on risk stratification of the patient, medication adherence and lifestyle changes.
- Reassess lipid panels 12 weeks after initiating or adjusting therapy, then every 3-12 months as needed. CMP intermittently as required for assessment of liver function.

High Intensity Protocol:

- Goal LDL cholesterol decrease of 50%, with LDL <70 mg/dl.

Indications	• LDL Cholesterol >190 • Known CV Disease • Type II DM and age 40-75 and 10-year CV risk of 7.5%

Medications	• Atorvastatin (40-80mg) daily • Rosuvastatin (20mg-40mg) daily

Integrated Care Approach

Primary Care Physicians:

- Oversee the overall management plan.
- Coordinate care among the multidisciplinary team.

If the patient has access to enhanced primary care:

- Refer to a **health coach** to assist with lifestyle modifications, goal-setting and provide ongoing motivational support.
- Refer to a **dietitian** if patient needs help with individualized dietary plans and nutritional counseling.
- Refer to a **certified diabetes educator** for support if patient has comorbid diabetes.

Patient Education and Empowerment

- Educate patients about the importance of lipid management and cardiovascular health.
- Empower patients to take an active role in their health through self-monitoring and informed decision-making.

Outcomes:

- **Clinical Outcomes** according to American College of Cardiology guidelines for cholesterol management:
  - Total Cholesterol: Optimal cholesterol level is 150 mg/dl.
  - LDL-C should be at or below 100mg/dl for adults with no cardiovascular disease.
  - Patients with Cardiovascular disease or very high risk: LDL cholesterol levels should be no more than 55 mg/dl.
- **Population Health:** Our goal is for 70% of the patient population to be controlled.

Conclusion

Effective management of hyperlipidemia at First Stop Health involves a comprehensive, team-based approach tailored to each patient's needs. By combining medical treatment, lifestyle changes and psychosocial support, we aim to improve our patients' cardiovascular health and overall well-being. Regular monitoring and adaptation of the care plan are crucial to achieving and maintaining lipid control.

First Stop Health Guidelines for the Treatment of Patients with Prediabetes

Introduction: Prediabetes is a condition where blood glucose levels are higher than normal but not high enough to be classified as diabetes. It is a critical stage for intervention to prevent the progression to type II diabetes. Our goal at First Stop Health is to provide comprehensive, integrated care to manage and reverse prediabetes through lifestyle changes, medical interventions and continuous support.

Goals

- Identify patients at risk and screen for prediabetes
- Eradicate risk for patients progressing from prediabetes to diabetes
- Promote patient education and self-management.

Multidisciplinary Approach

If the patient has access to enhanced primary care:

Our prediabetes program is based on the principles of the diabetes prevention program reducing the risk of type II diabetes by 58% over 3 years.

- Refer to a **health coach** to assist with our lifestyle modifications, goal-setting and provide ongoing motivational support in our prediabetes program.
- Refer to a **dietitian** to assist with individualized dietary plans, nutritional counseling related to patient's condition for our prediabetes program.
- Refer to a **certified diabetes educator** for additional support.

If the patient has access to mental health:

- Refer to **mental health counseling.**
- If a patient scores high on GAD-7 and PHQ-9, internally refer to our mental health team.
- Integrated Care: Collaborate with mental health providers to address psychological factors related to prediabetes.

Initial Patient Assessment

- ***Medical History:*** Collect detailed medical history, including family history of diabetes, personal history of cardiovascular disease, hypertension and other metabolic disorders.
- ***Lifestyle Assessment:*** Evaluate diet, physical activity, sleep patterns and stress levels.
- ***Physical Examination:*** Measure BMI, waist circumference and blood pressure.

Laboratory Tests

- ***Fasting Plasma Glucose (FPG):*** 100-125 mg/dL indicates prediabetes.
- ***Hemoglobin A1c (HbA1c):*** 5.7%-6.4% indicates prediabetes.
- ***Oral Glucose Tolerance Test (OGTT):*** 140-199 mg/dL after a 2-hour test indicates prediabetes.

Treatment Plan

Lifestyle Modifications

- **Dietary Changes**
  - **Nutrition Assessment**: Conducted by physician, health coach, dietitian or certified diabetes educator.
  - **Personalized Meal Plan**: Focus on balanced, nutrient-dense foods with low glycemic index.
  - **Education**: Teach patients about portion control, reading food labels and healthy cooking methods.

- **Physical Activity**
  - **Exercise Prescription**: Minimum of 150 minutes of moderate-intensity aerobic activity per week plus muscle-strengthening activities twice a week.
- **Weight Management**
  - **Target**: Aim for a 5-10% reduction in body weight.
- **Sleep and Stress Management**

- **Sleep Hygiene**: Educate on the importance of 7-9 hours of quality sleep per night and its effect on blood glucose levels.

Medical Management

- **Medication**:
  - Consider metformin for high-risk patients, particularly those with BMI ≥35, A1c >6.0, age <60 years, or women with prior gestational diabetes.
  - May consider GLP-1 or GLP-1/GIP if also BMI >30.
- **Monitoring**: Regular follow-up every 6 months to monitor glucose levels and adjust treatment plans as needed.
  - Of note, some insurance plans may not pay for more than 1 test for prediabetes a year.

Continuous Support and Follow-Up

- **Regular Check-ins**:
  - Quarterly virtual visits with primary care providers as clinically appropriate

Outcome Monitoring and Quality Improvement

Data Tracking

- **Metrics**: Track changes in HbA1c, weight, BMI and lifestyle behaviors.

Conclusion

Managing prediabetes requires a multidisciplinary approach involving lifestyle changes, medical management and continuous support. At First Stop Health, we aim to empower patients to take control of their health and prevent the progression to type II diabetes through comprehensive, whole-person care.

First Stop Health Guidelines for the Treatment of Patients with Type II Diabetes

Overview

First Stop Health is committed to providing comprehensive, patient-centered care for individuals with type II diabetes. Our multidisciplinary team, including primary care providers, nurses, health coaches, dietitians and certified diabetes educators, works together to manage and support patients' physical and mental health needs. This guideline outlines the approach to the diagnosis, treatment, and ongoing management of type II diabetes, emphasizing whole-person care.

Goals of Treatment

- Achieve and maintain optimal blood glucose levels.
- Prevent or manage complications associated with diabetes.
- Enhance the overall quality of life for patients.
- Promote patient education and self-management.

Criteria for Diagnosis:

Random Serum Glucose	Serum glucose over 200 mg/dl with symptoms
Fasting Serum Glucose	Serum glucose exceeds 126 mg/dl on 2 different days
Hemoglobin A1c	Hemoglobin A1c >6.5

Multidisciplinary Approach

If the patient has access to enhanced primary care:

- Refer to a **health coach** to assist with our lifestyle modifications, goal-setting and provide ongoing motivational support in our weight management program
- Refer to a **dietitian** to assist with individualized dietary plans, nutritional counseling related to patient's condition in our weight management program
- Refer to a **certified diabetes educator** for support if a patient has comorbid diabetes.

If the patient has access to mental health care:

- Refer to **Mental Health Counseling.**
- If the patient scores high on GAD-7 and PHQ-9, internally refer to our mental health team.
- Integrated Care: Collaborate with mental health providers to address psychological factors related to diabetes.

Initial Assessment

- **Initial Evaluation:**
  - **Medical History:** Review patient's medical history, including family history of type II diabetes and other comorbid conditions such as hypertension, hyperlipidemia, metabolic syndrome and coronary artery disease.
  - Review current medications and lifestyle factors (e.g., diet, exercise, smoking and alcohol use).
- **Examination:**
  - Measure BMI and waist circumference.
  - Measure blood pressure measurement with labs ordered for patient or at-home blood pressure resources provided by our referral team.
  - Foot examination for neuropathy and vascular disease.
  - Eye examination referral for diabetic retinopathy screening.
- **Laboratory Tests:**
  - Fasting plasma glucose (FPG)
  - Hemoglobin A1c (HbA1c)
  - Lipid profile
  - Liver and kidney function tests
  - Urine analysis for albuminuria
- **Continuous Glucose Monitor**
  - Evaluate data if the patient has one
  - Consider prescribing if appropriate for the patient

Lifestyle *Modifications*

- ***Nutrition***
  - Individualized meal planning with a registered dietitian.
  - Emphasis on balanced diet: high in fiber, low in refined sugars and saturated fats.

    - Regular monitoring and adjustment of dietary habits.
- ***Physical Activity***
    - Encourage at least 150 minutes of moderate-intensity aerobic activity per week.
    - Incorporate resistance training exercises at least twice a week.
- ***Weight Management***
    - Set realistic weight loss goals (5-10% of body weight).
    - Continuous support from health coaches for behavior modification and adherence.

Pharmacotherapy

- ***First-Line Therapy***
    - Metformin unless contraindicated (e.g., significant renal impairment).
- ***Second-Line Therapy***
    - Sulfonylureas, DPP-4 inhibitors, GLP-1 receptor agonists, SGLT2 inhibitors or insulin based on patient-specific factors and comorbidities.
    - **GLP-1 / GIP receptor agonists:** We do prescribe these medications and encourage their use in patients with type II diabetes and obesity. Additionally, if required, we can provide prior authorizations.
- ***Insulin Therapy***
    - Initiate when oral agents and non-insulin injectables fail to achieve glycemic control.
    - Prescribe basal insulin if you are comfortable doing so and following the patient's progress.
    - If a patient requires basal-bolus regimen, then recommend referral to endocrinology.
- ***Cardiovascular Disease Prevention***
    - Statin medication
    - Blood pressure control
    - Consider aspirin in appropriate patients
    - Consider ACE-I in appropriate patients for renal protection

Monitoring and Follow-Up

- ***Glycemic Control***
    - **Home blood glucose monitoring:** Discuss appropriate interval based on patients' control.

    - Regular HbA1c testing every 3-6 months.
    - Self-monitoring of blood glucose (SMBG) for patients on insulin or with frequent hypoglycemia.
- ***Complications Screening***
    - Annual comprehensive foot exams.
    - Retinopathy screening every 1-2 years.
    - Regular assessment of renal function and urine albumin-to-creatinine ratio.

Mental Health Integration

- ***Mental Health Support:***
    - **Screening:** Regularly screen for mental health issues

If the patient has access to mental health care:

- Refer to **Mental Health Counseling.**
- If the patient scores high on GAD-7 and PHQ-9, internally refer to our **mental health team.**
- Integrated Care: Collaborate with mental health providers to address psychological factors related to diabetes.

Multidisciplinary Approach

If the patient has access to enhanced primary care:

- Refer to a **health coach** to assist with our lifestyle modifications, goal-setting and provide ongoing motivational support in our diabetes program.
- Refer to a **dietitian** to assist with individualized dietary plans, nutritional counseling related to patient's condition in our diabetes program.
- Refer patients to a **certified diabetes educator** for support.

Patient Education and Self-Management

- Continuous diabetes education focusing on self-management skills.
- Training on blood glucose checking, medication administration and recognition of hypoglycemia/hyperglycemia.
- Regular follow-up sessions with diabetes educators and health coaches if access to enhanced primary care.

Coordination of Care

- Seamless communication among primary care providers, specialists and allied health professionals.
- Personalized care plans addressing individual patient needs and preferences.

Emergency Management

- Protocols for managing acute complications such as severe hypoglycemia, hyperglycemic hyperosmolar state (HHS) and diabetic ketoacidosis (DKA).
- Education on recognizing symptoms that necessitate urgent care.

Outcomes:

- **Clinical Outcomes**: Goal is A1c <7 for most patient populations, except elderly <8.
- **Population Health**: 70% of type II diabetes be controlled.

Conclusion

Our approach at First Stop Health ensures that patients with type II diabetes receive holistic, continuous and coordinated care. By emphasizing lifestyle modifications, individualized treatment plans, regular monitoring, mental health support and patient education, we aim to improve health outcomes and enhance the quality of life for our patients.

References

- American Diabetes Association (ADA) Standards of Medical Care in Diabetes.
- National Institute for Health and Care Excellence (NICE) Guidelines.
- Centers for Disease Control and Prevention (CDC) Diabetes Management Resources.
- Clinical expertise and consensus within First Stop Health's multidisciplinary team.

First Stop Health Metabolic Syndrome Treatment Guidelines

Introduction: Metabolic syndrome is a cluster of conditions that occur together, increasing the risk of heart disease, stroke and type II diabetes. These conditions include increased blood pressure, high blood sugar levels, excess body fat around the waist and abnormal cholesterol or triglyceride levels. This guideline provides a comprehensive approach to managing patients with metabolic syndrome, focusing on whole-person care.

Objectives

- Identify and diagnose metabolic syndrome in patients.
- Provide an integrated approach to manage and treat metabolic syndrome.
- Enhance patient outcomes through coordinated care involving primary care physicians, nurses, health coaches, dietitians, certified diabetes educators and mental health professionals.

Diagnostic Criteria

A patient is diagnosed with metabolic syndrome if they have three or more of the following criteria:

- **BMI (>30) or Waist Circumference criteria below:**
  - Men: ≥40 inches (102 cm)
  - Women: ≥35 inches (88 cm)
- **Triglycerides**: ≥150 mg/dL or on treatment for elevated triglycerides
- **HDL Cholesterol**:
  - Men: <40 mg/dL
  - Women: <50 mg/dL
- **Blood Pressure**: ≥130/80 mmHg or on treatment for hypertension
- **Fasting Blood Glucose**: ≥100 mg/dL or on treatment for elevated blood glucose

Multidisciplinary Approach

If the patient has access to enhanced primary care:

- Refer to a **health coach** to assist with our lifestyle modifications, goal-setting and provide ongoing motivational support for our patients in our programs.
- Refer to a **dietitian** to assist with individualized dietary plans, nutritional counseling related to patients' condition in our program.
- Refer patients with comorbid prediabetes or diabetes to a **certified diabetes educator** for support.

If the patient has access to mental health care:

- If a patient scores high on GAD-7 and PHQ-9, internally refer to our mental health team.
- Integrated Care: Collaborate with mental health providers to address psychological factors related to diabetes.

Treatment Guidelines

Lifestyle Modifications

- **Dietary Interventions:**
  - Promote a balanced diet rich in fruits, vegetables, whole grains, lean proteins and healthy fats.
  - Encourage reduction of saturated fats, trans fats, sodium and added sugars.
  - Recommend dietary plans such as the Mediterranean diet or DASH (Dietary Approaches to Stop Hypertension) diet.
- **Physical Activity:**
  - Encourage at least 150 minutes of moderate-intensity aerobic exercise per week.
  - Incorporate muscle-strengthening activities on 2 or more days per week.
- **Weight Management:**
  - Set realistic weight loss goals (5-10% of body weight) for overweight and obese patients.

    - Utilize health coaches and dietitians for personalized weight management plans.
- **Smoking Cessation:**
    - Provide resources and support for smoking cessation, including counseling and pharmacotherapy.

Pharmacological Treatment

- **Blood Pressure Management:**
    - Prescribe antihypertensive medications as indicated (e.g., ACE inhibitors, ARBs, calcium channel blockers, diuretics).

- **Lipid Management:**
    - Use statins or other lipid-lowering agents to manage elevated LDL cholesterol and triglycerides.

- **Glycemic Control:**
    - Prescribe medications to manage blood glucose levels, including metformin, GLP-1 receptor agonists, or SGLT2 inhibitors.

- **Anti-Obesity Medications:**
    - Consider pharmacotherapy for weight loss in patients with a BMI ≥30 kg/m² or ≥ 27 kg/m² with obesity-related comorbidities.

Behavioral and Mental Health Support

Multidisciplinary Approach

If the patient has access to enhanced primary care:

- Refer to **health coach** to assist with our lifestyle modifications, goal-setting and provide ongoing motivational support for our patients in our programs.
- Refer to **dietitian** to assist with individualized dietary plans, nutritional counseling related to patients' condition in our program.
- Refer patients with comorbid prediabetes or diabetes to a **certified diabetes educator** for support.

If the patient has access to mental health care:

- Refer to **mental health counseling.**
- If a patient scores high on GAD-7 and PHQ-9, internally refer to our **mental health team**.

Monitoring and Follow-up

- Schedule regular follow-up visits to monitor progress and adjust treatment plans as necessary.
- Perform routine lab tests to track lipid levels, blood pressure and glucose levels.
- Use telehealth services for more frequent touchpoints and ongoing support.

Patient Education

- Educate patients about metabolic syndrome, its risks and the importance of lifestyle changes.
- Provide resources and materials to support dietary changes, exercise and medication adherence.

Conclusion

Managing metabolic syndrome requires a comprehensive and coordinated approach. By leveraging the expertise of primary care physicians, nurses, health coaches, dietitians, certified diabetes educators, and mental health professionals, First Stop Health aims to provide whole-person care that improves patient outcomes and reduces the risk of associated diseases.

First Stop Health Guidelines for the Screening and Treatment of Non-Alcoholic Fatty Liver Disease (NAFLD) / Metabolic Dysfunction265707695-Associated Steatotic Liver Disease (MASLD)

Introduction

Non-alcoholic fatty liver Disease (NAFLD) is a common liver condition characterized by excessive fat accumulation in the liver without significant alcohol consumption. It encompasses a spectrum of liver conditions ranging from simple steatosis to non-alcoholic steatohepatitis (NASH), which can progress to cirrhosis and liver cancer. Early identification and management are crucial to prevent disease progression and associated complications.

Screening and Diagnosis

Target Population for evaluation and screening

- Adults aged 18 and above with risk factors such as obesity, type II diabetes, metabolic syndrome, dyslipidemia and hypertension.
- Patients with elevated liver enzymes (ALT, AST) without other identifiable causes.
- Individuals with a family history of NAFLD or NASH.

Initial Screening Tests

- Comprehensive medical history and physical examination.
- Blood tests: Liver function tests (LFTs), fasting glucose, HbA1c and lipid profile.
- Calculation of Body Mass Index (BMI) and assessment of waist circumference.

Confirmatory Tests

- Imaging: Ultrasound as the first-line imaging modality. Consider MRI or transient elastography (FibroScan) for further evaluation if needed.
- Non-invasive fibrosis assessment: Use of scoring systems such as FIB-4, NAFLD fibrosis score (NFS) or transient elastography to assess fibrosis risk.

- Liver biopsy: Considered in cases where there is uncertainty in diagnosis, presence of high-risk features or suspicion of advanced fibrosis.

Risk Stratification

Low-Risk Patients

- Simple steatosis without significant fibrosis.
- Minimal risk factors for disease progression.

High-Risk Patients

- Presence of NASH or significant fibrosis.
- Multiple risk factors such as diabetes, obesity and metabolic syndrome.

Management

Lifestyle Modifications

- **Dietary Changes:**
  - Referral to a dietitian for personalized dietary advice.
  - Adoption of a Mediterranean diet, low in saturated fats, refined sugars, and high in fruits, vegetables, whole grains and lean protein.
- **Avoidance of Alcohol for Heavy Alcohol Use:** Whether light to moderate alcohol consumption is harmful remains uncertain as data is mixed. In the absence of definitive data, we suggest abstinence from alcohol.
- **Physical Activity:**
  - At least 150 minutes of moderate-intensity exercise per week (e.g., brisk walking).
  - Incorporation of resistance training exercises.

Medical Management

- **Weight Loss**: Aim for a gradual weight loss of 7-10% of body weight.
- **Diabetes Management**: Optimize glycemic control with the involvement of diabetes educators.
- **Lipid Management**: Use of statins if indicated for dyslipidemia.
- **Antihypertensive Therapy**: Control blood pressure to target levels.

Pharmacological Treatments

- Currently, no FDA-approved medications specifically for NAFLD/NASH.
- Emerging Therapies: Stay updated with clinical trials and emerging therapies.

Monitoring and Follow-Up

- **Regular Monitoring:** Every 3-6 months, including LFTs, metabolic parameters, and assessment of liver fibrosis.
- **Adjustment of Management Plan:** Based on patient response, adherence, and progression of liver disease.

Patient Education and Engagement

- Educate patients about the nature of NAFLD, its potential progression, and the importance of lifestyle changes.
- Encourage patient engagement through regular follow-ups, health coaching, and motivational interviewing techniques.

Multidisciplinary Approach

- Referral to hepatologists for patients as indicated.

If patient has access to enhanced primary care:

- Refer to a **health coach** to assist with our lifestyle modifications, goal-setting and provide ongoing motivational support for our patients in our programs.
- Refer to a **dietitian** to assist with individualized dietary plans, nutritional counseling related to patients' condition in our program.
- Refer patients with comorbid prediabetes or diabetes to a **certified diabetes educator** for support.

Conclusion

Effective screening and management of NAFLD require a comprehensive, multidisciplinary approach focused on lifestyle modifications, risk factor management, and patient education. By providing whole-person care, we aim to improve outcomes and quality of life for patients with NAFLD.

First Stop Health Cardiovascular Risk Assessment and Treatment Guidelines

Introduction

Cardiovascular diseases (CVD) are a leading cause of morbidity and mortality globally. Early identification and management of cardiovascular risk factors are essential to reduce the incidence of heart disease and stroke. This guideline outlines the procedures for assessing and treating cardiovascular risk at First Stop Health, leveraging our comprehensive care team including primary care physicians, nurses, health coaches, dietitians and certified diabetes educators.

Goals:

- Reduce Cardiovascular Morbidity and Mortality
  - Decrease incidence and prevalence of cardiovascular disease through early identification and effective management of risk factors.
- Promote Comprehensive Patient care
  - Deliver whole-person care by addressing physical, psychological and social aspects of health.
  - Integrate primary care, mental health and lifestyle modifications into a unified care plan.

Multidisciplinary Approach

If patient has access to enhanced primary care:

- Refer to **health coach** to assist with our lifestyle modifications, goal-setting and provide ongoing motivational support for our weight management program.
- Refer to **dietitian** to assist with individualized dietary plans, nutritional counseling related to patient's condition in our weight management program.
- Refer to a **Certified Diabetes Educator** for support if patient has comorbid diabetes.

If the patient has access to mental health care:

- If a patient scores high on GAD-7 and PHQ-9, internally refer to our mental health team.
- Integrated Care: Collaborate with mental health providers to address psychological factors.

Assessment of Cardiovascular Risk

Patient History and Lifestyle Evaluation

- **Medical History:** Document history of hypertension, diabetes, dyslipidemia, chronic kidney disease, obesity and family history of CVD.
- **Lifestyle Factors:** Assess smoking status, alcohol consumption, physical activity and dietary habits.
- **Psychosocial Factors:** Evaluate stress levels, mental health status (using PHQ and GAD7) and social support systems.
  Examination
  - Measure and record blood pressure, weight, height, BMI and waist circumference.

Laboratory Tests

- **Cholesterol levels:** Total cholesterol, LDL, HDL and triglycerides.
- **Apo-B (apolipoprotein B):** *You may consider* assessing cardiovascular disease risk more accurately than a standard lipid panel. Unlike the lipid panel, which measures various cholesterol types together, the ApoB test specifically quantifies the number of ApoB molecules and is a better risk predictor for cardiovascular disease. You may consider checking twice a year in patients that have an elevated level.
- **Lp (a)** particles are associated with increased ASCVD risk. This should only be checked once in a patient's lifetime.
- **Blood Glucose:** Fasting glucose and HbA1c for diabetes screening.
- **Renal Function:** Serum creatinine and estimated GFR.
- **Inflammatory Markers:** You may consider high-sensitivity C-reactive protein (hs-CRP) if indicated, for example to determine need for statin or if a patient is at intermediate risk for cardiovascular disease. Below are some promising findings.
- The JUPITER Trial in 2008 showed strong evidence that individuals with normal LDL cholesterol but elevated hs-CRP (≥2.0 mg/L) benefited significantly from statin therapy, showing a reduction in cardiovascular events.
- The ARIC study showed that higher levels of hs-CRP were associated with an increased risk of developing cardiovascular disease (CVD).
- **Homocysteine, uric acid, thyroid function and iron levels** are additional biomarkers that may contribute to risk assessment

Imaging considerations:

- **Coronary Artery Calcium (CAC) score**
  - Process: Involves a quick CT scan of the heart without contrast.
  - Assess coronary artery calcification in coronary arteries. Importantly, it does not capture soft plaques.
  - Results:
    - A higher CAC score indicates more advanced atherosclerosis.
    - A low score may also be concerning, especially considering the person's age.
  - Cost: Under $100 typically but is not covered by insurance.
- **CT Angiogram (CTA)**
  - Process: CTA provides detailed images of coronary arteries. Helps evaluate the extent of arterial damage and stenosis
  - Results:
    - Provides information with regards to risk and current arterial damage and stenosis.
  - Cost: Typically >$500, which may be approved by insurance, but not in all circumstances.

Risk Assessment Tools

- Utilize validated risk calculators such as the Framingham Risk Score, ASCVD Risk Estimator, or QRISK3 to estimate 10-year and lifetime cardiovascular risk.

Treatment and Management

Lifestyle Modifications

- **Smoking Cessation:** For members with our enhanced primary care, refer to our FSH health coaches for our free smoking cessation program. Provide resources and support for smoking cessation. For patients without enhanced primary care, consider free resources such as the quitSTART App | Quit Smoking | Tips From Former Smokers | CDC
- **Dietary Changes:** Refer to dietitians for personalized dietary plans emphasizing heart-healthy diets like the DASH or Mediterranean diets.
- **Physical Activity:** Encourage at least 150 minutes of moderate-intensity aerobic exercise per week.
- **Weight Management:** Set realistic weight loss goals and provide ongoing support through health coaching.

Pharmacotherapy

- **Hypertension:** Prescribe antihypertensive medications as per JNC-8 or ACC/AHA guidelines, aiming for target BP <130/80 mmHg. *See guideline on Hypertension*
- **Dyslipidemia:** Initiate statins or other lipid-lowering agents according to ACC/AHA cholesterol guidelines, aiming for LDL-C reduction based on risk stratification. *See guideline on Hyperlipidemia*
- **Diabetes Management:** Optimize glycemic control with lifestyle interventions and pharmacotherapy, targeting HbA1c <7% for most patients. *See guideline on Diabetes and Prediabetes Management*
- **Antiplatelet Therapy:** Consider low-dose aspirin for secondary prevention in patients with established CVD; evaluate benefits versus risks in primary prevention.

Mental Health Integration

- Screen for depression and anxiety as these conditions can impact cardiovascular health.
- Refer to mental health services including therapy and medication management as needed if access to mental health services

Monitoring and Follow-Up

- Regular follow-up visits to monitor BP, lipid levels and glucose control.
- Adjust treatment plans based on progress and emerging evidence.
- Encourage continuous patient engagement with health coaches and educators for sustained lifestyle changes.

Patient Education and Empowerment

- Educate patients about their cardiovascular risk factors and the importance of adherence to prescribed therapies.

Multidisciplinary Approach

- Foster collaboration among primary care providers, nurses, dietitians, health coaches and mental health professionals to ensure a cohesive, patient-centered approach to cardiovascular care.

Conclusion

Effective management of cardiovascular risk at First Stop Health requires a comprehensive, multidisciplinary approach that integrates lifestyle modifications, pharmacotherapy, and continuous patient education. By leveraging the strengths of our diverse care team, we can provide whole-person care and significantly reduce the burden of cardiovascular diseases among our patients.

First Stop Health Guidelines for Treatment of Patients with Vitamin D Deficiency.

Introduction

Vitamin D deficiency is a common condition that can have significant health implications, including bone disorders, muscle weakness and an increased risk of chronic diseases. As part of our commitment to providing comprehensive, whole-person care, this guideline outlines the approach for diagnosing and treating vitamin D deficiency within the First Stop Health framework.

Goals

- To identify patients with vitamin D deficiency.
- To provide evidence-based treatment recommendations.
- To ensure consistent and effective management of vitamin D deficiency.

Screening and Diagnosis

Initial Screen: Who is at risk?

*****There is no evidence for population-based screening for vitamin D deficiency. Additionally, insurance plans do not pay for this as part of annual wellness visits.***

- Patients with symptoms of vitamin D deficiency (e.g., bone pain, muscle weakness).
- Patients with conditions associated with low vitamin D (e.g., osteoporosis, chronic kidney disease, malabsorption syndromes).
- Elderly patients, particularly those with limited sun exposure.
- Pregnant and lactating women.
- Patients with darker skin tones or those who always use sun protection.
- Patients with a history of falls or fractures.

Screening Tests:

- Serum 25-hydroxyvitamin D (25(OH)D) level is the best indicator of vitamin D status.

Interpretation of Results:

- **Deficient:** <20 ng/mL (50 nmol/L)

- **Insufficient:** 20-29 ng/mL (50-75 nmol/L)
- **Sufficient:** ≥30 ng/mL (≥75 nmol/L)

Treatment Recommendations

Initial Therapy:

- For adults with vitamin D deficiency (25(OH)D <20 ng/mL):
  - **High-Dose Vitamin D:** 50,000 IU of vitamin D2 or D3 once a week for 8 weeks, or 6,000 IU of vitamin D2 or D3 daily for 8 weeks.
  - **Maintenance Therapy:** After correction, a maintenance dose of 1,500-2,000 IU/day of vitamin D3 is recommended.
- For adults with vitamin D insufficiency (25(OH)D 20-29 ng/mL):
  - **Moderate-Dose Vitamin D:** 1,000-2,000 IU of vitamin D3 daily.
  - **Reassessment:** Check 25(OH)D levels after 3 months and adjust dosage as necessary.

Special Populations:

- **Pregnant and Lactating Women:**
  - Supplement with 600-2,000 IU/day, adjusting based on serum 25(OH)D levels.

Monitoring and Follow-Up:

- Reassess serum 25(OH)D levels 3 months after initiating treatment and adjust the dose accordingly.
- For patients on long-term high-dose supplementation, monitor serum calcium and 25(OH)D levels to avoid toxicity.

Lifestyle and Dietary Recommendations

Sun Exposure:

- Encourage safe sun exposure practices, which is no more than 5-30 minutes of sun exposure to the face, arms, legs, or back twice a week without sunscreen, depending on skin type, latitude, and season.

Diet:

- Recommend foods high in vitamin D, such as fatty fish (salmon, mackerel), fortified dairy products, fortified plant-based milks, egg yolks and mushrooms.

Patient Education

Key Points to Communicate:

- The importance of maintaining adequate vitamin D levels for overall health.
- How to take vitamin D supplements correctly.
- Recognizing signs of both deficiency and toxicity.
- The role of sun exposure and diet in maintaining vitamin D levels.
-

Conclusion

Effective management of vitamin D deficiency requires a comprehensive approach that includes screening, supplementation, lifestyle modifications and multidisciplinary care. By following this guideline, First Stop Health aims to improve patient outcomes and enhance overall health and well-being.

First Stop Health Guideline for the Treatment of Patients with Hypothyroidism

Introduction

Hypothyroidism is a common endocrine disorder characterized by insufficient production of thyroid hormones. This guideline provides a standardized approach to diagnosing and managing hypothyroidism.

Diagnosis of Hypothyroidism

Clinical Evaluation

- **History**: Assess for symptoms such as fatigue, weight gain, cold intolerance, constipation, dry skin, hair loss and menstrual irregularities.
- **Physical Examination**: Look for signs including bradycardia, myxedema and goiter.

Laboratory Testing

- **Initial Tests for Management of Hypothyroidism**:
  - Thyroid Stimulating Hormone (TSH)
  - Free Thyroxine (FT4)
- **Additional Tests** (if needed):
  - Anti-thyroid peroxidase antibodies (anti-TPO)
  - Thyroglobulin antibodies (TgAb)
  - Lipid profile
  - Complete blood count (CBC)

Treatment

Pharmacologic Therapy

- **Levothyroxine**:
  - **Dosage**: Start with 1.6 mcg/kg/day for adults. Adjust based on age, weight and comorbid conditions.
  - **Monitoring**: Recheck TSH and FT4 6-8 weeks after initiating therapy or adjusting the dose.

- **Maintenance**: Once stable, monitor TSH every 6-12 months.

Special Populations

- **Pregnancy**: Increase dose by 30% upon confirmation of pregnancy. Monitor TSH every 4 weeks during the first half of pregnancy and at least once between 26-32 weeks.
- **Elderly**: Start with a lower dose (e.g., 25-50 mcg/day) due to increased sensitivity to thyroid hormones.
- **Cardiac Patients**: Begin with a lower dose (e.g., 12.5-25 mcg/day) and monitor closely for angina or arrhythmias.

Follow-Up and Monitoring

Regular Follow-Up

- **Initial Follow-Up**: 6-8 weeks after starting or adjusting medication.
- **Long-Term Follow-Up**: Every 6-12 months once stable, or sooner if symptoms change or new health issues arise.

Monitoring for Complications

- **Assess for Symptoms**: Regularly evaluate for symptoms indicating over- or under-treatment.
- **Lab Tests**: Periodically monitor TSH, FT4, and other relevant labs.

Conclusion

Managing hypothyroidism effectively requires a comprehensive, patient-centered approach. At First Stop Health, we leverage our interdisciplinary team and telehealth capabilities to provide high-quality, whole-person care tailored to each patient's needs. Regular monitoring, patient education, and a focus on mental health and lifestyle modifications are key components of our treatment strategy.

First Stop Health Guideline for Annual Wellness Visits

Goal

The Annual Wellness Visit (AWV) is designed to provide comprehensive preventive care and promote overall health and well-being. This visit allows healthcare providers to identify potential health risks, manage chronic conditions and support the patient's overall health goals.

Components of the Annual Wellness Visit

Welcome and Introduction:

- Introduce the healthcare team involved in the visit.
- Explain the visit's structure and goals.

Review of Medical History:

- Update personal and family medical history.
- Review current medications, including dosage and frequency.
- Discuss any changes in health status since the last visit.

Assessment of Health Risks and Preventive Measures:

- Conduct a comprehensive review of systems (e.g., cardiovascular, respiratory, gastrointestinal, neurological).
- Assess lifestyle factors such as diet, physical activity, alcohol consumption and smoking status.
- Screen for depression, anxiety and other mental health conditions using standardized tools (e.g., PHQ-9, GAD-7).

Physical Examination:

- Document vital signs (if available from home devices): blood pressure, heart rate, weight and BMI.
- Assess for any new or worsening symptoms.

Preventive Screenings and Immunizations:

- Review the patient's age-appropriate preventive screenings (e.g., mammograms, colonoscopies, cholesterol tests).
- Discuss immunization status and recommend necessary vaccinations (e.g., flu, pneumonia, shingles).

Chronic Disease Management:

- Evaluate and manage any existing chronic conditions (e.g., diabetes, hypertension, asthma).
- Adjust treatment plans as necessary based on current health status and patient preferences.

Personalized Health Plan:

- Collaborate with the patient to develop a personalized health plan, including:
  - Lifestyle modifications (e.g., diet, exercise, smoking cessation).
  - Referrals to specialists, if necessary.
  - Scheduling follow-up appointments and screenings.
- Address the patient's health goals and concerns.

Post-Visit Follow-Up

Patient Communication:

- We will send an after-visit summary of the visit to the patient, including any recommended actions, prescriptions and follow-up appointments.
- Provide educational materials related to the patient's health conditions and lifestyle recommendations.

Support and Resources:

- Offer access to health coaches, dietitians and certified diabetes educators as needed.
- Provide information on mental health services and how to access them.

If patient has access to enhanced primary care:

- Refer to **health coach** to assist with our lifestyle modifications, goal-setting and provide ongoing motivational support for our weight management program.
- Refer to **dietitian** to assist with individualized dietary plans, nutritional counseling related to patient's condition in our weight management program.
- Refer patients with comorbid diabetes to a **certified diabetes educator** for support.

If patient has access to mental health care:

- If a patient scores high on GAD-7 and PHQ-9, internally refer to our mental health team.
- Integrated Care: Collaborate with mental health providers to address psychological factors

By following this comprehensive guideline, First Stop Health can ensure that annual wellness visits are thorough, patient-centered, and effective in promoting long-term health and wellbeing.

First Stop Health ADHD Screening and Treatment Guidelines

Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by persistent patterns of inattention and/or hyperactivity-impulsivity. At First Stop Health, our goal is to provide comprehensive, whole-person care for patients with ADHD through a multidisciplinary approach that includes primary care physicians, and mental health professionals. **We focus on behavioral interventions and non-stimulant medication management.**

****We do not prescribe stimulant medications****

Testing for ADHD

1. Initial Assessment

- **Patient History**: Obtain a detailed patient history, including family history of ADHD, developmental history, academic performance and behavioral issues.
- **Symptom Inquiry**: Use standardized questionnaires such as the ADHD Rating Scale (ADHD-RS) or the Adult ADHD Self-Report Scale (ASRS) to assess the presence of ADHD symptoms.
- **Collateral Information**: You may need to gather information from other sources such as parents, teachers or partners to corroborate the patient's history and symptoms.

2. Diagnostic Criteria

- **DSM-5 Criteria**: Evaluate patients based on the DSM-5 criteria for ADHD, which include:
    - Inattention: Five or more symptoms for adolescents 17 and older and adults; symptoms must be present for at least 6 months and inappropriate for developmental level.
    - Hyperactivity and Impulsivity: Five or more symptoms for adolescents 17 and older and adults; symptoms must be present for at least 6 months and inappropriate for developmental level.
- **Functional Impairment**: Assess the impact of symptoms on social, academic or occupational functioning.

- **Rule Out Other Conditions**: Exclude other psychiatric disorders, medical conditions and environmental factors that could mimic ADHD symptoms.

Treatment of ADHD

Behavioral Interventions

- **Behavioral Therapy**: Collaborate with mental health professionals to provide Cognitive Behavioral Therapy (CBT) tailored to ADHD, focusing on organizational skills, time management and coping strategies.
- **Health Coaching**: Utilize health coaches to support patients in developing healthy lifestyle habits, such as regular exercise, balanced nutrition and adequate sleep.

Pharmacotherapy

Pharmacotherapy must be individualized to the patient.

Stimulant Medications: If you feel the patient needs stimulants such as amphetamine or methylphenidate, you need to **REFER** the patient. Our referral team will aid the patient in finding an in-network provider.

Non-Stimulant Medications: You might consider these medications if appropriate for the patient.

- **Bupropion (Wellbutrin)**:
  - Indication: Suitable for patients with comorbid depression or anxiety or smoking cessation needs.
  - Dosage: Start with 150 mg daily, potentially increasing up to 300 mg daily based on clinical response.
  - Monitoring: Monitor for side effects such as insomnia, dry mouth and seizure risk, especially in patients with a history of seizures or eating disorders.
- **Atomoxetine (Straterra):**
  - Indication: For patients with co-occurring substance use or substance use disorder.
  - Dosage: Start with 40mg given once daily either in the morning or evening and then increase to 80mg daily after 3 to 4 days. Max dose is 100mg per day.

- Monitoring: Monitor for side effects including dry mouth, insomnia, nausea and decreased appetite.

Comprehensive Care

- **Multidisciplinary Team Approach**: Ensure continuous collaboration among primary care providers, health coaches and mental health professionals to provide holistic care.
- **Regular Follow-Up**: Schedule regular follow-up appointments to monitor treatment efficacy, side effects and adherence to behavioral interventions. If prescribing medications preferably at least 3-month follow-up until stable.
- **Patient Education**: Educate patients and their families about ADHD, treatment options and the importance of adherence to both pharmacological and non-pharmacological treatments.

Monitoring and Evaluation

- **Ongoing Assessment**: Regularly re-evaluate symptoms and functional status using standardized tools and patient feedback.
- **Medication Adjustments**: Adjust medication dosages based on clinical response and side effects, considering alternative non-stimulant options if necessary.
- **Behavioral Progress**: Monitor progress in behavioral interventions and make adjustments as needed to optimize outcomes.

Conclusion

First Stop Health is committed to providing comprehensive and compassionate care for patients with ADHD through a multidisciplinary approach that emphasizes non-stimulant medications and behavioral interventions. By adhering to these guidelines, we aim to improve the overall wellbeing and functioning of our patients.

First Stop Health Guidelines for the Treatment of Patients with Anxiety

Overview

Anxiety disorders are among the most common mental health conditions, impacting individuals' well-being and daily functioning. At First Stop Health, our integrated approach leverages the expertise of primary care providers, nurses, health coaches and mental health professionals to provide comprehensive, whole-person care.

Objectives

- Provide timely and effective management of anxiety symptoms.
- Utilize a multidisciplinary approach to address physical, psychological and social aspects of anxiety.
- Empower patients with self-management strategies and resources.
- Monitor and adjust treatment plans based on patient progress and feedback.

If the patient has access to mental health care:

- If a patient scores high on GAD-7 and PHQ-9, internally refer to our mental health team.
- Integrated Care: Collaborate with mental health providers to address psychological factors related to Anxiety.

Identification and Diagnosis

- **Screening:**
  - Use validated screening tools, including the Generalized Anxiety Disorder 7-item (GAD-7) scale during initial assessments and routine follow-ups.
  - Conduct a thorough medical and psychosocial history to identify potential contributing factors.
- **Assessment:**
  - Evaluate the severity and impact of anxiety on the patient's daily life.
  - Identify co-occurring conditions (e.g., depression, substance use disorder, chronic medical conditions).

- Rule out medical conditions that may present with anxiety symptoms (e.g., thyroid disorders, cardiac conditions).

Treatment Plan

Education and Lifestyle Modifications

- **Patient Education:**
  - Provide information about anxiety, its symptoms, and its impact on overall health.
  - Discuss the mind-body connection and the role of lifestyle factors in managing anxiety.
- **Lifestyle Modifications:**
  - Encourage regular physical activity tailored to the patient's abilities and preferences.
  - Advise on sleep hygiene practices to improve sleep quality.
  - Recommend a balanced diet rich in nutrients that support mental health (e.g., omega-3 fatty acids, magnesium, B vitamins).
  - Discuss the importance of reducing caffeine and alcohol intake.

Psychological Interventions

- **Mindfulness and Stress Reduction Techniques:**
  - Teach mindfulness meditation, deep breathing exercises and progressive muscle relaxation.
  - Provide resources such as apps and guided meditation programs.
- **Mental Health Coaching:**
  - For patients that do not meet diagnostic criteria for anxiety, but may have mild forms of anxiousness, health coaches can assist patients in setting realistic goals, developing coping strategies, and maintaining motivation.
- **Mental Health Counseling and Cognitive Behavioral Therapy (CBT):**
  - Refer patients to mental health professionals for CBT, which is effective in managing anxiety disorders.
  - If a patient has access to FSH mental health are, internally refer to our team by placing a referral.

Pharmacological Treatment

- **Medication Management:**
  - Consider pharmacotherapy for patients with moderate to severe anxiety or those not responding to non-pharmacological interventions.
  - First-line medications include selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs).
  - We are not prescribing controlled substances now and therefore do not allow prescribing Benzodiazepines, even though they can effectively be used for short term relief.
  - Consider hydroxyzine as needed.
  - Monitor for side effects and adjust dosages as needed.

Follow-Up and Monitoring

- Schedule regular follow-up appointments to monitor treatment efficacy, patient adherence and side effects.
- Use telehealth check-ins to provide continuous support and adjust treatment plans as necessary.

Crisis Management

- For patients experiencing severe anxiety or panic attacks, please let our team know, so that we can facilitate and follow up with the patient and get the appropriate care beyond what you will be providing the patient.

Collaboration and Communication

- Maintain open lines of communication among the multidisciplinary team to coordinate care effectively.
- Engage family members or caregivers in the treatment plan when appropriate, with patient consent.

Documentation

- Document all patient interactions, assessments, treatment plans and follow-up notes in the Elation Electronic Medical Record for continuity of care.

By adhering to these guidelines, First Stop Health aims to deliver comprehensive and compassionate care to patients with anxiety, improving their quality of life and overall health outcomes.

First Stop Health Guidelines for the treatment of Patients with Depression

Introduction

Depression is a common and serious medical illness that negatively affects how patients feel, the way they think, and how they act. As a company providing enhanced primary care services, First Stop Health is committed to offering comprehensive, patient-centered care that addresses the physical, mental and emotional aspects of depression.

Objectives

- Provide timely and effective management of depressive symptoms.
- Utilize a multidisciplinary approach to address physical, psychological and social aspects of anxiety.
- Empower patients with self-management strategies and resources.
- Monitor and adjust treatment plans based on patient progress and feedback.

If the patient has access to mental health care:

- If a patient scores high on GAD-7 and PHQ-9, internally refer to our **mental health team.**
- Integrated Care: Collaborate with mental health providers

Identification and Diagnosis

Screening

- Use validated screening tools, including PHQ-2 and PHQ-9, during initial assessments and routine follow-ups.
- Conduct a thorough medical and psychosocial history to identify potential contributing factors, including:
    - Onset, duration and severity of depressive symptoms.

- Past psychiatric history, including any previous episodes of depression or other mental health disorders.
- Family history of depression or other mental health conditions.
- Current medications and any history of substance abuse.
- Social history, including support systems, employment status and any recent major life changes or stressors.

Assessment:

- Evaluate the severity and impact of depression on the patient's daily life.
- Identify co-occurring conditions (e.g., anxiety, substance abuse, chronic medical conditions).

Diagnostic Criteria

Use the DSM-5 criteria to diagnose Major Depressive Disorder (MDD):

- The patient must exhibit at least 5 of the following symptoms for a minimum of 2 weeks, with at least 1 of the symptoms being either depressed mood or loss of interest or pleasure:
  - Depressed mood most of the day, nearly every day
  - Markedly diminished interest or pleasure in all, or almost all, activities
  - Significant weight loss when not dieting, weight gain, or decrease/increase in appetite
  - Insomnia or hypersomnia
  - Psychomotor agitation or retardation
  - Fatigue or loss of energy
  - Feelings of worthlessness or excessive guilt
  - Diminished ability to think or concentrate, or indecisiveness
  - Recurrent thoughts of death, suicidal ideation or a suicide attempt

Treatment Plan

Education and Lifestyle Modifications

- **Patient Education:**
  - Provide information about depression, its symptoms, and its impact on overall health.
  - Discuss the mind-body connection and the role of lifestyle factors in managing depression.

- **Lifestyle Modifications:**
  - Encourage regular physical activity tailored to the patient's abilities and preferences.
  - Advise on sleep hygiene practices to improve sleep quality.
  - Recommend a balanced diet rich in nutrients that support mental health (e.g., omega-3 fatty acids, magnesium, B vitamins).
  - Discuss the importance of reducing caffeine and alcohol intake.

Psychological Interventions

- **Mindfulness and Stress Reduction Techniques:**
  - Teach mindfulness meditation, deep breathing exercises and progressive muscle relaxation.
  - Provide resources such as apps and guided meditation programs.
- **Mental Health Coaching:**
  - For patients that do not meet diagnostic criteria for depression, but you still have concerns for stress at work or grief, health coaches can assist patients in setting realistic goals, developing coping strategies and maintaining motivation.
- **Mental Health Counseling and Cognitive Behavioral Therapy (CBT):**
  - Refer patients to mental health professionals for CBT, which is effective in managing anxiety disorders.
  - If a patient has access to FSH Mental Health Care, then internally refer to our team.

Pharmacotherapy

- **First-Line Medications:**
  - Selective Serotonin Reuptake Inhibitors (SSRIs): e.g., Sertraline, Fluoxetine, Escitalopram
  - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs): e.g., Venlafaxine, Duloxetine
- **Second-Line Medications:**
  - Atypical Antidepressants: e.g., Bupropion, Mirtazapine
  - Tricyclic Antidepressants (TCAs): e.g., Amitriptyline, Nortriptyline

    - Monoamine Oxidase Inhibitors (MAOIs): e.g., Phenelzine, Tranylcypromine (use with caution, and typically only in treatment-resistant cases)
- **Monitoring and Adjustment:**
    - Start with a low dose and titrate up based on patient response and side effects.
    - Reassess symptoms every 4-6 weeks and adjust the medication regimen as needed.

Follow-Up and Monitoring

- Schedule regular follow-up appointments to monitor treatment efficacy, patient adherence and side effects.
- Use telehealth check-ins to provide continuous support and adjust treatment plans as necessary.

Crisis Management

- Routinely assess for suicidal ideation and risk factors.
- Develop a safety plan for patients at risk of suicide, including emergency contact numbers and resources.
- Provide immediate intervention and referrals to crisis services if necessary, including dial 988 and crisis lifeline at 988lifeline.org

Collaboration and Communication

- Maintain open lines of communication among the multidisciplinary team to coordinate care effectively.
- Engage family members or caregivers in the treatment plan when appropriate, with patient consent.

Documentation

- Document all patient interactions, assessments, treatment plans and follow-up notes in the electronic health record (EHR) for continuity of care.

Conclusion

First Stop Health provides comprehensive, whole-person care for patients with depression. By following these guidelines, our multidisciplinary team can effectively support patients in their journey toward recovery and improved well-being.

First Stop Health: Guidelines for the Treatment of Bipolar Depression

******If you do not have experience with medication management for a bipolar patient, we strongly recommend referral to another provider in our practice, in-person primary care with experience or a psychiatrist******

Introduction

Bipolar disorder is a chronic mental health condition characterized by mood swings that include emotional highs (mania or hypomania) and lows (depression). Bipolar depression, a phase of bipolar disorder, requires specific treatment strategies to manage symptoms and improve patient outcomes. This guideline aims to provide a comprehensive approach for our healthcare providers at First Stop Health in treating patients with bipolar depression, ensuring whole-person care.

Goals of Treatment

- **Stabilize mood**: Achieve and maintain a stable mood, minimizing the frequency and severity of depressive episodes.
- **Enhance functioning**: Improve the patient's ability to function in daily life, including personal, social and occupational activities.
- **Prevent recurrence**: Reduce the risk of future depressive and manic episodes through effective long-term management.
- **Ensure safety**: Address any risk factors for suicide or self-harm and provide necessary interventions.

If the patient has access to mental health care:

- If a patient scores high on GAD-7 and PHQ-9, internally refer to our **mental health team.**

- Integrated Care: Collaborate with mental health providers to address psychological factors related to bipolar disorder.

Assessment and Diagnosis

Initial Evaluation

- **Comprehensive psychiatric evaluation:**
  - Detailed history of mood episodes (depression and mania/hypomania).
  - Assessment of current symptoms and their impact on daily life.
  - Review of past psychiatric treatments and their outcomes.
  - Family history of bipolar disorder or other mood disorders.
- **Exam and Lab tests:**
  - Rule out medical conditions that could mimic or exacerbate bipolar symptoms.
  - Basic lab tests assess overall health and medication suitability (e.g., thyroid function tests, CBC, metabolic panel).
- **Mental Health Assessment:**
  - Utilize standardized rating scales (e.g., Hamilton Depression Rating Scale, Montgomery-Åsberg Depression Rating Scale) to quantify symptom severity.
- **Risk assessment:**
  - Evaluate the risk of suicide or self-harm.
  - Identify any substance use issues or comorbid psychiatric conditions.

Treatment Strategies

Non-Pharmacological Interventions

- **Psychotherapy:**
  - *If a patient has access to FSH mental health care, place a referral for a therapist.*
  - Cognitive Behavioral Therapy (CBT): Effective in reducing depressive symptoms and preventing relapse.

  - Interpersonal and Social Rhythm Therapy (IPSRT): Focuses on stabilizing daily rhythms and improving interpersonal relationships.
  - Family-Focused Therapy (FFT): Involves family members to support the patient and improve communication and problem-solving skills.
  - If a patient has no access to mental health through FSH, place a referral and we will find a high-value therapist that is in-network for the patient.

- **Lifestyle Modifications**:
  - Regular exercise: Proven to improve mood and overall well-being.
  - Healthy diet: Balanced nutrition to support mental and physical health.
  - Sleep hygiene: Establishing a regular sleep schedule to stabilize mood.

- **Health Coaching**:
  - Support from health coaches to help patients implement and maintain lifestyle changes.
  - Regular check-ins to monitor progress and adjust strategies as needed.

Pharmacological Interventions

- **Mood Stabilizers**:
  - Lithium: First-line treatment for bipolar depression. Regular monitoring of blood levels is required.
  - Lamotrigine: Effective for bipolar depression with a favorable side effect profile.

- **Atypical Antipsychotics**:
  - Quetiapine: Approved for the treatment of bipolar depression.
  - Lurasidone: Effective for bipolar depression with relatively few metabolic side effects.
  - Olanzapine-Fluoxetine Combination: Considered for patients who do not respond to other treatments.

- **Antimanic Agent**
  - Depakote: May consider for first line treatment in a manic episode or bipolar depression.

- **Antidepressants**:
    - Use with caution and always in combination with a mood stabilizer to avoid triggering mania or rapid cycling.
    - SSRIs (e.g., fluoxetine) or SNRIs (e.g., venlafaxine) may be considered in select cases.

Integrated Care Approach

- **Collaborative Care**:
    - Regular communication and collaboration between our team.
    - Use of a shared care plan accessible to all members of the healthcare team.
- **Patient Education and Empowerment**:
    - Provide patients with information about bipolar disorder and its treatment.
    - Encourage patients to actively participate in their treatment plan and decision-making process.
- **Monitoring and Follow-Up**:
    - Encourage regular follow-up appointments to monitor treatment response and adjust medications as necessary.

Crisis Management

- **Emergency Interventions**:
    - Develop a crisis plan for patients at risk of suicide or severe depression.
- **Support Systems**:
    - Encourage the development of a strong support network, including family, friends and support groups.
    - Utilize community resources and crisis hotlines as needed.

Conclusion

The management of bipolar depression requires a comprehensive and individualized approach. By integrating pharmacological treatments, psychotherapy, lifestyle modifications and collaborative care, First Stop Health aims to provide optimal outcomes for patients with bipolar depression. Continuous

education, monitoring, and support are essential to ensure patient safety and improve quality of life.

References

- American Psychiatric Association. Practice Guideline for the Treatment of Patients with Bipolar Disorder. 3rd ed. Washington, DC: American Psychiatric Association; 2010.
- National Institute for Health and Care Excellence (NICE). Bipolar disorder: assessment and management. NICE guideline (CG185). London: NICE; 2014.
- Yatham LN, Kennedy SH, Parikh SV, et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) and International Society for Bipolar Disorders (ISBD) 2018 guidelines for the management of patients with bipolar disorder. Bipolar Disord. 2018;20(2):97-170.

By adhering to these guidelines, First Stop Health aims to deliver effective, patient-centered care for individuals experiencing bipolar depression.

Guideline for Hormone Replacement Therapy (HRT) for Postmenopausal Women

Purpose

This guideline provides a comprehensive approach to hormone replacement therapy (HRT) for postmenopausal women, ensuring that care is patient-centered, evidence-based, and integrated across the various disciplines within First Stop Health.

Objectives

- Improve the quality of life for postmenopausal women experiencing symptoms related to menopause.
- Ensure safe and effective use of HRT.
- Provide a framework for a multidisciplinary approach to patient care.

Assessment and Diagnosis

Initial Assessment

- **Comprehensive Medical History**: Document the patient's medical, surgical, family history and menopausal symptoms. Pay particular attention to cardiovascular health, history of cancer (especially breast cancer), osteoporosis, and thromboembolic disorders.
- **Risk Assessment**: Evaluate the risk factors for cardiovascular disease, breast cancer, osteoporosis and venous thromboembolism.
- **Baseline Investigations**:
    - Blood pressure, BMI, lipid profile
    - Mammogram, if not done in the last year
    - Bone density scan (DEXA), if indicated
    - Blood tests: FSH, LH, estradiol, thyroid function tests and complete blood count, among others if needed.

Indications for HRT

- Moderate to severe vasomotor symptoms (e.g., hot flashes, night sweats)
- Atrophic vaginitis and dyspareunia

- Prevention of osteoporosis in women at significant risk who are intolerant of or contraindicated for other osteoporosis therapies
- In general, healthy, peri/postmenopausal women with moderate to severe vasomotor symptoms impacting sleep, quality of life or ability to function and who are within 10 years of menopause, we suggest menopausal hormone therapy.

Contraindications

- Undiagnosed abnormal genital bleeding
- Known, suspected, or history of breast cancer
- Known or suspected estrogen-dependent neoplasia
- High risk endometrial cancer
- Active or history of venous thromboembolism
- Active or history of arterial thromboembolic disease (e.g., transient ischemic attack, stroke, myocardial infarction)
- Liver dysfunction or disease
- Known hypersensitivity to HRT preparations

Treatment Options

- ***Estrogen Therapy (ET)***
    - **Oral Estrogens**: Conjugated equine estrogens, estradiol
    - **Transdermal Estrogens**: Estradiol patches, gels, sprays
    - **Vaginal Estrogens**: Creams, tablets, rings for local symptoms
- ***Combined Estrogen-Progestogen Therapy (EPT)***
    - **Oral Combined HRT**: Continuous or cyclic regimens
    - **Transdermal Combined HRT**: Patches

Administration and Monitoring

Initiation of Therapy

- **Dosage**: Start with the lowest effective dose to alleviate symptoms.
- **Route of Administration**: Consider patient preference, risk profile and symptomatology when choosing between oral, transdermal or vaginal routes.

- **Education**: Provide thorough counseling on the benefits and risks of HRT, alternative treatments and lifestyle modifications.

Monitoring and Follow-up

- **Initial Follow-Up**: 6-8 weeks after starting HRT to assess efficacy and side effects.
- **Routine Follow-Up**: Every 6-12 months thereafter.
- **Monitoring Parameters**: Symptom control, side effects, blood pressure and periodic mammograms and DEXA scans.

Multidisciplinary Approach

- **Primary Care Providers**: Lead the management plan, coordinate care and perform regular follow-ups.
- **Nurses**: Assist with patient education, monitoring and follow-up care.
- **Health Coaches**: Support lifestyle modifications, weight management and smoking cessation.
- **Dietitians**: Provide dietary counseling to support bone health and cardiovascular health.
- **Mental Health Providers**: Address any psychological symptoms such as depression or anxiety associated with menopause or HRT.

Patient Education and Support

- **Educational Materials**: Provide comprehensive resources about menopause, HRT and alternative therapies.

Special Considerations

- **Discontinuation of HRT**: Gradually taper off rather than abrupt cessation to minimize withdrawal symptoms.
- **Alternative Therapies**: Consider non-hormonal options such as SSRIs/SNRIs, gabapentin, and lifestyle modifications for those who cannot take HRT.
- **Personalized Care**: Tailor the treatment plan to each patient's needs, preferences and risk profile.

References

- North American Menopause Society (NAMS) Guidelines
- Endocrine Society Clinical Practice Guidelines
- American College of Obstetricians and Gynecologists (ACOG) Guidelines

Conclusion

The management of postmenopausal symptoms with HRT should be individualized, considering the patient's symptoms, risk factors, and preferences. A multidisciplinary approach within First Stop Health ensures comprehensive, whole-person care, promoting the well-being of our patients. Regular monitoring and patient education are paramount to the successful management of HRT.

Guideline for the Treatment of Female Patients with Hair Loss

Introduction

Hair loss, or alopecia, in female patients can be a distressing condition with various underlying causes. It is important to provide a comprehensive and compassionate approach to diagnosis and treatment, addressing both the physical and psychological aspects of hair loss. In this guideline, we are specifically discussing female pattern hair loss (FPHL) which is a common form of nonscarring hair loss that typically occurs in adult females. The characteristic feature is the progressive loss of terminal hairs over the frontal and vertex regions of the scalp, leading to visible reduction in hair density.

Objectives

- Cessation of progression of hair loss
- Improvement in terminal hair density

Initial Assessment

- ***Patient History:***
  - **Medical History:** Review patient's overall health, medical conditions, medications, hormonal status (menstrual history, menopause status) and family history of hair loss.
    - Consider medications associated with telogen hair loss.
  - **Lifestyle Factors:** Assess diet, stress levels, hair care practices and any recent significant life events.
  - **Symptom Inquiry:** Ask about the duration, pattern and severity of hair loss, and any associated symptoms like itching, pain, or scalp changes.

- ***Physical Examination:***
  - **Scalp Examination virtually:** Look for signs of inflammation, scarring, scaling, and hair shaft abnormalities.
  - **Hair Pull Test:** Ask patient to gently pull about 60 hairs to see how many come out easily and ask patient estimated percentage of hairs.

- ***Diagnostic Tests:***

- **Blood Tests:** Evaluate for anemia, thyroid dysfunction, hormonal imbalances (androgens, prolactin), nutritional deficiencies (iron, vitamin D, zinc) and autoimmune markers if indicated.

Treatment Options

- ***General Measures:***
  - **Reassurance and Support:** Educate patients about the condition and provide emotional support.
  - **Nutritional Optimization:** Ensure a balanced diet rich in essential nutrients. Consider supplements if deficiencies are identified.
- ***Specific Treatments:***
  - **Initial Treatment:**
    - **Topical Minoxidil:** 2% or 5% solution applied to the scalp can help in androgenetic alopecia and other forms of hair loss.
    - **Spironolactone:** We suggest the addition of spironolactone to topical minoxidil, rather than topical minoxidil alone.
  - **Other Oral Medications to Consider:**
    - We recommend the use of finasteride for patients who do not tolerate spironolactone, prefer to avoid spironolactone or have a poor response to spironolactone.
- ***Initial Treatment Failure:*** Unclear evidence, may consider the following:
  - **Oral minoxidil at low doses** as opposed to topical minoxidil.
  - **Platelet-Rich Plasma (PRP) Therapy:** Consider referral for androgenetic alopecia if other treatments fail.
  - **Low-Level Laser Therapy (LLLT):** Can be beneficial for various types of alopecia.
  - **Hair Transplantation:** Consider referral for suitable candidates with androgenetic alopecia or scarring alopecia.
- ***Mental Health Support:***
  - **Psychological Counseling:** Address anxiety, depression or body image issues.

Multidisciplinary Care

- ***Primary Care Physicians:*** Coordinate care and manage underlying health issues.

- ***Dermatologists:*** Consider making a referral if concerned about the underlying cause of hair loss and scalp disorder.
- ***Endocrinologists:*** Consider making a referral for hormonal imbalances and endocrine disorders.
- ***Dietitians:*** Provide nutritional guidance.
- ***Mental Health Professionals:*** Offer counseling and support.

Follow-Up and Monitoring

- ***Regular Follow-Up:*** Schedule follow-up visits to monitor progress, manage side effects of treatments and provide ongoing support. In general, after starting treatment, reassess after 3-6 months.
- ***Adjust Treatment Plan:*** Modify treatments based on patient response and emerging needs.

Conclusion

Treating female patients with hair loss requires a comprehensive, multidisciplinary approach. By addressing the medical, nutritional and psychological aspects, we aim to provide holistic care that improves both hair health and overall wellbeing.

Guideline for the Treatment of Male Patients with Hair Loss

Introduction

Hair loss, or alopecia, in male patients can be a distressing condition with various underlying causes. It is important to provide a comprehensive and compassionate approach to diagnosis and treatment, addressing both the physical and psychological aspects of hair loss. This guideline outlines the diagnostic and therapeutic approaches for managing male patients with hair loss.

Objectives

- Evaluation and diagnosis of male pattern hair loss
- Cessation of progression of hair loss
- Improvement in terminal hair density

Initial Assessment

- ***Patient History:***
  - **Medical History:** Review patient's overall health, medical conditions, medications and family history of hair loss.
    - Consider medications associated with telogen hair loss.
  - **Lifestyle Factors:** Assess diet, stress levels, hair care practices and any recent significant life events.
  - **Symptom Inquiry:** Ask about the duration, pattern, and severity of hair loss, and any associated symptoms like itching, pain, or scalp changes.

- ***Physical Examination:***
  - **Scalp Examination virtually:** Look for signs of inflammation, scarring, scaling and hair shaft abnormalities.
  - **Hair Pull Test:** Ask patient to gently pull about 60 hairs to see how many come out easily and then ask the patient to estimate the hair loss.

- ***Diagnostic Tests:***
  - **Blood Tests:** Evaluate for anemia, thyroid dysfunction, hormonal imbalances (Testosterone, HDT, prolactin), nutritional deficiencies (iron, vitamin D, zinc, vitamin B12) and autoimmune markers if indicated (such as ANA).

Treatment Options

- *General Measures:*
    - **Reassurance and Support:** Educate patients about the condition and provide emotional support.
    - **Nutritional Optimization:** Ensure a balanced diet rich in essential nutrients. Consider supplements if deficiencies are identified. Consider dietitian consultation if the patient has access to enhanced primary care.

- *Specific Treatments:*
    - **Initial treatment for patients who prefer topical therapy, as opposed to oral therapy:**
        - **Topical Minoxidil:** 5% solution or foam applied to the scalp can help in androgenetic alopecia and other forms of hair loss.
        - Treatment with oral minoxidil low dose is an alternative to topical minoxidil for patients who prefer an oral mod of therapy, however efficacy data is more limited.
    - **Initial treatment for patients who prefer oral therapy**
        - Oral Finasteride and topical minoxidil 5% solution or form, rather than monotherapy agent. Oral therapy may be more effective than topical minoxidil and combination therapy may be more effective than treatment with either agent alone.
    - **Initial Treatment Failure:**
            - **Oral minoxidil at low doses.**
            - **Oral Dutasteride**: For patients with a history of poor response to oral finasteride, switching to oral dutasteride is a reasonable alternative
        - **Other options to consider:**
            - **Platelet-Rich Plasma (PRP) Therapy:** Consider referral for androgenetic alopecia if other treatments fail.
    - **Hair Transplantation:** Consider referral for suitable candidates with androgenetic alopecia or scarring alopecia.

Mental Health Support:

- **Psychological Counseling:** Address anxiety, depression or body image issues.

Multidisciplinary Care

- ***Primary Care Providers:*** Coordinate care and manage underlying health issues.
- ***Dermatologists:*** Consider referral if concerned about the underlying cause of hair loss and scalp disorder.
- ***Endocrinologists:*** Consider referral for hormonal imbalances and endocrine disorders.
- ***Dietitians:*** Provide nutritional guidance.
- ***Mental Health Professionals:*** Offer counseling and support.

Follow-Up and Monitoring

- ***Regular Follow-Up:*** Schedule follow-up visits to monitor progress, manage side effects of treatments and provide ongoing support. In general, after starting treatment, reassess after 3-6 months.
- ***Adjust Treatment Plan:*** Modify treatments based on patient response and emerging needs.

Conclusion

Treating hair loss in male patients requires a holistic and multidisciplinary approach. By leveraging the expertise of primary care providers, nurses, health coaches, dietitians and mental health professionals, First Stop Health can provide comprehensive care that addresses both the physical and psychological aspects of hair loss. Regular follow-up and patient education are essential to ensure effective management and patient satisfaction.

First Stop Health Erectile Dysfunction (ED) Treatment Guidelines for Male Patients

Introduction

Erectile Dysfunction (ED) is the persistent inability to achieve or maintain an erection sufficient for satisfactory sexual performance. It can significantly affect quality of life and may be indicative of underlying health issues, such as cardiovascular disease, diabetes or psychological conditions.

Objectives

- Evaluate for and diagnose erectile dysfunction.
- Treatment aimed at improving libido and addressing the capacity to acquire and sustain penile erections and treating premature ejaculation.

Initial Evaluation

- ***Patient History***
    - Detailed sexual history including onset, duration and severity of symptoms.
    - Medical history, including cardiovascular, endocrine, neurologic and psychiatric conditions.
    - Lifestyle factors: Smoking, alcohol use, physical activity and diet.
    - Medication review to identify drugs that may contribute to ED.
- ***Examination***
    - Focus on cardiovascular, genitourinary, endocrine, and neurologic systems.
    - Assess secondary sexual characteristics to rule out hypogonadism.
- ***Psychosocial Assessment***
    - Screen for anxiety, depression and other mental health issues.
    - Evaluate relationship factors and sexual satisfaction.
- ***Laboratory Tests, consider the following:***
    - Basic tests: Complete blood count, fasting blood glucose, HbA1c, lipid profile and thyroid function tests.
    - Hormonal profile: Total testosterone (morning sample) and if low, free testosterone and luteinizing hormone (LH).

Diagnosis

Based on the history, psychosocial assessment and laboratory results, classify ED into one of the following:

- Psychogenic
- Organic (vascular, neurogenic, hormonal, or drug-induced)
- Mixed

Treatment Plan

Lifestyle Modifications

- Identify cardiovascular risk factors: Identify and treat cardiovascular risk factors such as smoking, obesity, hypertension and hyperlipidemia.
- Encourage regular physical activity.
- Advise on a healthy diet (Mediterranean or plant-based recommended).
- Recommend weight loss for overweight/obese patients.
- Smoking cessation support.
- Limit alcohol intake.

Pharmacological Treatment

- **First-line treatment**: Phosphodiesterase type 5 inhibitors (PDE5i)
    - Sildenafil, Tadalafil, Vardenafil, Avanafil
        - Tadalafil has a longer duration of action.
        - Be aware that there may be restrictions by some plans on quantity per month.
    - Consider patient preferences, cost and side effect profile.
    - Educate on usage, potential side effects and contraindications (e.g., concurrent nitrate use due to increased risk of hypotension).
- **Second-line treatment**: Intracavernosal injections, vacuum erection devices, intraurethral alprostadil. Consider referral to Urology.
- **Hormone Therapy**: For patients with confirmed hypogonadism, consider referral for testosterone replacement therapy after evaluating contraindications.
- **Premature Ejaculation (PE)**: For men with PE, we suggest selective serotonin reuptake inhibitors (SSRIs) as initial therapy.

Psychological Interventions

- Referral to mental health professionals for cognitive-behavioral therapy (CBT), sex therapy or couples therapy especially for men with psychogenic ED.
- Address performance anxiety, depression and relationship issues.

Follow-up and Monitoring

- Regular follow-up appointments to assess treatment efficacy, adherence and side effects.
- Monitor testosterone levels in patients on hormone therapy.
- Adjust treatment plans based on patient response and emerging health issues.

Referral to Specialists

- Urologist: For patients who do not respond to initial treatments or need Testosterone therapy or have complex underlying conditions.
- Cardiologist: For patients with significant cardiovascular risk factors.

Patient Education and Support

- Provide educational resources about ED and treatment options.
- Offer support through health coaches and certified diabetes educators for lifestyle changes.
- Ensure access to mental health services for comprehensive care.

Documentation

- Thoroughly document all patient interactions, assessments, treatment plans, and follow-up in the patient's electronic health record (EHR).

Conclusion

These guidelines aim to provide holistic and individualized care for male patients with erectile dysfunction, addressing both physical and psychological aspects to improve their overall health and quality of life.

References

- American Urological Association (AUA) Guidelines on Erectile Dysfunction

- European Association of Urology (EAU) Guidelines on Male Sexual Dysfunction

Guideline for the Treatment of Male Patients with Hypogonadism

Introduction

Hypogonadism is a condition in which the body does not produce enough testosterone, the hormone that plays a key role in masculine growth and development during puberty. It can affect men at any age and can lead to various health issues such as reduced libido, erectile dysfunction, decreased muscle mass, fatigue and osteoporosis. This guideline aims to provide a comprehensive approach to the diagnosis, evaluation, and management of hypogonadism in male patients, emphasizing non-testosterone replacement therapies.

We do not prescribe testosterone replacement as it is a controlled substance

Refer to **Primary Care or Urology for evaluation and treatment based on your comfort level and expertise with regards to management of hypogonadism without testosterone replacement.**

Goals of Treatment

- **Symptom Relief**: Alleviate symptoms associated with low testosterone levels.
- **Quality of Life**: Improve overall well-being and mental health.
- **Prevent Complications**: Address potential long-term consequences such as bone density loss and cardiovascular issues.
- **Whole Person Care**: Incorporate a holistic approach, considering physical, mental, and emotional health.

Diagnosis

Clinical Evaluation

- **History**:
    - Assess symptoms: Fatigue, decreased libido, erectile dysfunction, mood changes and muscle weakness.
    - Medical history: Including chronic illnesses, medication use and substance abuse.
    - Family history of hypogonadism or related conditions.
- **Laboratory Testing**:

- Measure morning total testosterone levels on 2 separate occasions.
- Consider measuring free testosterone levels if total testosterone is borderline low.
- Assess other relevant hormones: luteinizing hormone (LH), follicle-stimulating hormone (FSH), and prolactin to differentiate between primary and secondary hypogonadism.
    - Evaluate comorbid conditions such as thyroid dysfunction and diabetes.

Management

Lifestyle Modifications

- **Diet and Nutrition:**
    - Encourage a balanced diet rich in essential nutrients.
    - Consider consulting a dietitian to create a personalized nutrition plan.
    - Address potential deficiencies (e.g., vitamin D, zinc).
- **Physical Activity:**
    - Recommend regular exercise, including both aerobic and resistance training.
    - Tailor exercise programs to the patient's capabilities and preferences.
- **Weight Management:**
    - Support weight loss in overweight or obese patients through diet and exercise.
    - Address weight gain in underweight patients.

Mental Health Support

- **Psychological Counseling:**
    - Offer access to mental health services for patients experiencing mood changes, depression or anxiety.
    - Provide stress management resources and support.

Non-Testosterone Pharmacologic Therapies

- **Selective Estrogen Receptor Modulators (SERMs):**
    - **Clomiphene Citrate**: Can stimulate endogenous testosterone production by increasing LH and FSH levels.

    - **Dosage and Administration**: Typically 25-50 mg daily, adjusted based on response and side effects.
- **Aromatase Inhibitors**:
    - **Anastrozole or Letrozole**: May be used in cases where elevated estradiol is contributing to hypogonadism.
    - **Dosage and Administration**: Adjust based on estradiol levels and clinical response.

Testosterone Pharmacologic Therapy

- **If a patient is deemed appropriate for testosterone therapy,** then place referral for urologist or in-person primary care provider willing to prescribe testosterone treatment.

Monitoring and Follow-Up

- **Regular Monitoring**:
    - Reassess testosterone levels and symptomatology every 3-6 months.
    - Monitor for side effects of medications, especially those used to stimulate endogenous testosterone production.
- **Cardiovascular Health**:
    - Regularly monitor blood pressure, lipid profiles and glucose levels.
    - Encourage lifestyle modifications to support cardiovascular health.

Patient Education

- **Information Dissemination**:
    - Educate patients about hypogonadism, its symptoms and treatment options.
    - Provide resources and materials to help patients understand their condition and treatment plan.

Conclusion

Managing hypogonadism in male patients requires a multifaceted approach that includes lifestyle modifications, psychological support and pharmacologic treatments other than testosterone replacement therapy. First Stop Health can effectively address the needs of patients with hypogonadism, improving their overall health and quality of life.

References:

1. Bhasin, S., Cunningham, G. R., Hayes, F. J., et al. (2018). Testosterone Therapy in Men with Hypogonadism: An Endocrine Society Clinical Practice Guideline. *Journal of Clinical Endocrinology & Metabolism*, 103(5), 1715-1744.
2. Grossmann, M., & Matsumoto, A. M. (2017). A Perspective on Middle-aged and Older Men with Functional Hypogonadism: Focus on Holistic Management. *Journal of Clinical Endocrinology & Metabolism*, 102(3), 1067-1075.
3. Khera, M., & Goldstein, I. (2020). The Diagnosis and Treatment of Hypogonadism in Men. *Current Opinion in Urology*, 30(3), 253-259.

By adhering to these guidelines, providers can ensure a comprehensive and patient-centered approach to the management of hypogonadism.

Guideline for Pre-Operative Clearance for Low-Risk Procedures

Introduction

To provide a standardized approach for evaluating patients for pre-operative clearance for low-risk procedures in healthy patients via telehealth.

Scope

This guideline applies to Primary Care Providers at First Stop Health.

Guideline

Patient Eligibility

Patients may be considered for pre-operative clearance via telehealth if they meet the following criteria:

- Scheduled for a low-risk procedure (e.g., minor dermatological procedures, dental work, cataract surgery).
- Classified as healthy (ASA Physical Status Classification System 1 or 2).
- No significant medical comorbidities that would increase surgical risk.

Initial Assessment

During the initially consultation, the following steps should be taken:

- **Medical History:** Comprehensive review of the patient's medical history, including:
  - Previous surgeries and any complications.
  - Chronic illnesses and current medications.
  - Allergies.
- **Current Symptoms:** Inquiry about any current symptoms or health concerns.
- **Family History:** Relevant family medical history.
- **Lifestyle Factors:** Smoking, alcohol use and other lifestyle factors that may impact surgical risk.

Physical Examination

- Conduct an examination focusing on:
    - Vital signs (e.g., blood pressure, heart rate) through home monitoring devices.
    - General appearance and well-being.
    - Any specific areas relevant to the upcoming procedure.

Risk Stratification

- Determine if the patient falls into the low-risk category based on the initial assessment and physical examination.
- If there are any doubts or findings suggesting an elevated risk, advise in-person evaluation.

Documentation

- Thoroughly document all findings, including medical history, physical examination results and any discussions with the patient.
- Note the decision on whether to provide pre-operative clearance or recommend further in-person evaluation

Decision and Communication

- **Low-Risk and Healthy:** If the patient is deemed low-risk and healthy, provide pre-operative clearance.
- **Moderate to High Risk:** If the patient is scheduled for a moderate to high-risk procedure or is not clearly low-risk, do not provide pre-operative clearance virtually. Recommend an in-person evaluation with a primary care physician or a specialist as appropriate.
- Clearly communicate the decision to the patient, explaining the rationale and next steps.

Follow-Up

- Arrange for follow-up if necessary to address any concerns or additional evaluations required.

Disclaimer: These guidelines serve as a framework. The final decision for pre-operative clearance rests with the discretion of the evaluating physician. Each patient is unique, and clinical judgment should always be applied.

Note: Moderate to high-risk procedures requiring in-person pre-operative clearance include but are not limited to:

- Major abdominal or thoracic surgeries.
- Complex orthopedic procedures.
- Procedures requiring general anesthesia with significant anticipated blood loss.

For further details or any questions, healthcare providers should refer to the detailed protocol or contact the Medical Director of Primary Care or Chief Medical Officer.

Guideline for evaluating patients for Workman's Compensation

Purpose

To ensure proper care and appropriate referral of patients presenting with work-related injuries or illnesses, following best practices for initial treatment and navigating the workman's compensation process.

General Principles

- **Immediate Care**: Prioritize the health and safety of the patient.
- **Assessment**: Determine the complexity of the medical issue.
- **Referral**: Direct patients to the appropriate workman's compensation provider when necessary.

Evaluation Process

Initial Assessment

- **Patient History**: Obtain a detailed history of the incident or condition.
- **Symptoms and Severity**: Evaluate the symptoms and their severity.
- **Work-Related Context**: Confirm if the injury or illness is work-related.

Simple Medical Issues

- **Conditions**: Examples include rashes, first-degree burns, minor cuts or mild acute respiratory issues.
- **Treatment**: Provide appropriate medical advice, prescribe medication if necessary and advise on follow-up care.
- **Documentation**: Record the incident and treatment plan in the Elation Electronic Health Record (EHR).
- **Follow-Up**: Schedule follow-up consultations as needed.

Complex Medical Issues

- **Conditions**: Examples include falls, musculoskeletal concerns (e.g., back pain), fractures, severe burns or any condition requiring specialized care.
- **Initial Care**: Stabilize the patient, provide pain management and address immediate medical needs.
- **Referral Process**:

    - **Referral Entry**: The primary care provider places a referral in the Elation EHR.
    - **Referral Team Role**: The referral team reaches out to the patient to guide them to the employer's workman's compensation provider.
- **Documentation**: Ensure detailed documentation of the incident, initial treatment and referral details in the EHR.

Communication and Follow-Up

- **Patient Instructions**: Clearly communicate the next steps to the patient, including any immediate care instructions and the referral process.
- **Referral Coordination**: The referral team should maintain communication with the patient to ensure they receive appropriate care and follow-up appointments.

Documentation Requirements

- ***Incident Details:*** Date, time and description of the work-related incident.
- ***Referral Information:*** Specifics for the referral.

Responsibilities

- ***Primary Care Provider:*** Conduct initial assessment, provide immediate care and initiate referrals as appropriate.
- ***Referral Team:*** Manage the referral process, communicate with patients and coordinate with workman's compensation providers.
- ***Support Staff:*** Assist with documentation, patient communication and follow-up scheduling.

By adhering to these guidelines, First Stop Health ensures that patients receive timely and appropriate care while navigating the workman's compensation process efficiently and effectively.

Guideline for Evaluating Patients for FMLA

Purpose

To provide a clear and consistent approach for evaluating patients seeking Family and Medical Leave Act (FMLA) certification through First Stop Health.

Criteria for FMLA Certification:

Provider Discretion

- The decision to fill out FMLA forms is at the provider's discretion, ensuring professional judgment is applied to each case.

Provider-Patient Relationship

- The provider should have a long-standing relationship with the patient.
- The provider should be actively involved in the patient's ongoing care, particularly related to the condition for which FMLA is requested.

Care Team Involvement

- The provider filling out the FMLA forms should be part of the care team managing the specific condition requiring FMLA.
- Consistent involvement in the patient's care is necessary to ensure comprehensive understanding and accurate documentation of the patient's condition.

Condition-Specific Involvement

- For conditions such as mental health, the primary care physician (PCP) must be consistently involved in the patient's care.
- The patient may also be receiving care from specialized teams within First Stop Health, such as the mental health care team, to ensure coordinated and comprehensive management.

Frequency of Visits

- FMLA certification is not recommended for patients who have only been seen once by First Stop Health Primary Care.
- A minimum of multiple visits and an established treatment plan should be in place to consider FMLA certification for a certain medical condition.

Procedure for FMLA Certification:

Initial Assessment

- Review the patient's medical history, focusing on the condition requiring FMLA.
- Assess the frequency and nature of visits to First Stop Health.

Documentation

- Ensure thorough and accurate documentation of the patient's condition and treatment plan.
- Include detailed notes on the patient's symptoms, diagnosis and the impact of the condition on their ability to work.

Coordination with Care Team

- Discuss the patient's condition and treatment with other members of the care team if applicable.
- Ensure a unified and comprehensive understanding of the patient's health status.

Completion of FMLA Forms

- Fill out the FMLA forms with precise and detailed information.
- Include specific dates, expected duration of leave and any necessary accommodations or limitations.

Follow-Up

- Schedule follow-up appointments to monitor the patient's condition and adjust the treatment plan as needed.
- Reassess the need for continued FMLA leave based on the patient's progress.

Exclusions

- Patients with only a single visit to First Stop Health Primary Care are generally not eligible for FMLA certification.
- Cases where the provider does not have sufficient involvement or knowledge of the patient's condition should be referred to another qualified provider within the care team.

Conclusion

These guidelines aim to ensure that FMLA certifications are based on comprehensive and ongoing patient care, upholding the integrity and reliability of the certification process at First Stop Health. Providers should use their professional judgment and adhere to these guidelines to make informed decisions regarding FMLA certifications.

Guideline for Prescribing Controlled Substances for Patients

Purpose

To establish a clear and consistent policy for the prescribing of controlled substances for patients receiving virtual care through First Stop Health.

Scope

This guideline applies to all providers prescribing medications.

Policy:

General Prohibition on Controlled Substances

- First Stop Health does not permit the virtual prescribing of controlled substances. This includes, but is not limited to medications for:
    - Attention Deficit Hyperactivity Disorder (ADHD)
    - Testosterone therapy
    - Pain Management
    - Management with Benzodiazepines

Gabapentin Prescribing

- Gabapentin, while not federally classified as a controlled substance, is subject to state-dependent restrictions.
- Prescribing Gabapentin is left to the discretion of the provider, who must ensure compliance with relevant state laws and regulations.

Temporary DEA and HHS Flexibilities

- While the DEA and HHS have extended flexibilities around the prescribing of controlled substances through December 31, 2024, First Stop Health maintains its policy of not allowing the prescribing of these substances due to the potential temporary nature of this law.

Provider Responsibilities

- Providers must stay informed about and adhere to the prescribing laws and regulations in their respective states.
- Providers should document any considerations and decisions made regarding the prescribing of medications with state-dependent

restrictions, such as Gabapentin.

Patient Communication

- Providers must clearly communicate this policy to patients, explaining the rationale and discussing alternative treatment options as necessary.

Referral Process

- If a patient requires a controlled substance, providers should refer the patient to an appropriate in-person care provider or specialist.
- Documentation of the referral should be maintained in the patient's medical record.

Compliance and Monitoring

- First Stop Health will regularly review and update this policy to ensure compliance with federal and state regulations.
- Providers will be monitored for adherence to this policy, and any deviations will be addressed promptly.

Conclusion

This guideline is intended to ensure the safe and lawful prescribing of medications within the telehealth framework of First Stop Health. Providers are expected to follow these guidelines to maintain the highest standards of patient care and regulatory compliance.

Screening Guidelines for Providers at First Stop Health

Purpose

To ensure that all providers at First Stop Health follow the United States Preventive Services Task Force (USPSTF) Grade A and Grade B screening recommendations to deliver evidence-based care to our patients.

Scope

This guideline applies to all primary care physicians, nurses, medical assistants, and referral specialists at First Stop Health.

USPSTF Guidelines: A and B Recommendations | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)

One page Summary of Guidelines: Summary of Guidelines

Grade A Recommendations

Grade A recommendations are those for which the USPSTF has high certainty that the net benefit is substantial. These include but are not limited to recommendations regarding:

- Abdominal Aortic Aneurysm (AAA) Screening
- Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer
- Blood Pressure Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- HIV Screening
- Tobacco Smoking Cessation in Adults

Grade B Recommendations

Grade B recommendations are those for which the USPSTF has high certainty that the net benefit is moderate, or there is moderate certainty that the net benefit is moderate to substantial.

- Breast Cancer Screening
- Chlamydia and Gonorrhea Screening

- Colorectal Cancer Screening
- Depression Screening
- Diabetes Screening
- Falls Prevention in Older Adults
- Hepatitis C Virus (HCV) Screening
- Lung Cancer Screening
- Osteoporosis Screening
- Syphilis Screening

Implementation and Follow-Up

- **Documentation**: Document all screenings, results, and follow-up plans in the patient's medical record.
- **Referral**: Refer patients to appropriate specialists when further evaluation or treatment is needed based on screening results.
- **Patient Education**: Educate patients about the importance of screenings and provide information on what to expect during and after the screening process.
- **Quality Assurance**: Regularly review and update screening practices to align with the latest USPSTF recommendations, and may consider guidelines from other organizations such as ACOG, AAFP, etc.

Monitoring and Evaluation

- Periodic audits of patient records to ensure compliance with the screening guidelines.
- Regular training sessions for providers to stay updated on the latest recommendations.
- Collect feedback from providers and patients to improve the screening process and address any barriers.

By adhering to these guidelines, First Stop Health ensures that we provide high-quality, evidence-based preventive care to our patients.