Introduction

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Over the last decade, there have been profound changes in women's health care. Emphasis has shifted from problem-based to well-woman care. Avoiding disease through habits that maintain health has become as important as curing illness. Comprehensive prevention and risk reduction have become central to the annual visit, which used to be much more narrowly focused. For decades, women's preventive care largely centered around an "annual Pap smear" visit, where the focus was to obtain cervical cytology and perform pelvic and breast examinations. Other components of the visit were less formalized and likely varied significantly from provider to provider. The emphasis on the prior core components has drastically changed. Revised cervical screening guidelines [1,2] now allow screening intervals up to 5 years. The American College of Physicians has recommended that screening pelvic examinations not be performed [3], and both the US Preventive Services Task Force (USPSTF) [4] and American Cancer Society (ACS) [5] no longer include recommendations for screening clinical breast examinations.

Although these new recommendations are evidence informed, there is wide variability in their adoption, in part based on specialty and provider type. The composition of the visit including screening tests should rely on the shared decision-making of the health care provider and the informed patient. The Choosing Wisely initiative (www.choosingwisely.org/) advocates for conversations between practitioners and patients to choose care that is evidence based, free from harm, and truly necessary. This campaign was initiated by the American Board of Internal Medicine Foundation in partnership with other major medical societies to promote positive change. The campaign advocates reconsidering many established routine testing and screening practices based on evidence-informed decision-making. Choices are now influenced by principles of preventive care and population risk, and individualized based on personal and family history as well as signs and symptoms.

Despite these challenges, the overall value of a well-woman preventive visit is still widely accepted. This was most clearly recognized in the Affordable Care Act (ACA), which included provision for an annual well-woman examination. Although the ACA established affordability and availability of preventive care, it did not fully define the components of the well-woman visit. Evidence-based recommendations for prevention are available from many sources, covering many health areas, but there was no consensus as to which of them should be part of the Well-Woman Visit.

In 2014, the American College of Obstetrics and Gynecology (ACOG) took an important step to address this issue and convened the Well-Woman Task Force (WWTF) [6]. The Task Force was the Presidential Initiative for ACOG President Jeanne Conry, who recognized this critical need. The vision of ACOG and the Task Force organizers was much broader than just their own specialty. They recognized the need for consistency across specialties and provider types, with the focus of the well-woman visit being the woman and not the specialty or type of provider. The Task Force was convened with representatives spanning all of the major groups that provide preventive health care for women. ACOG was careful not to limit the Task Force to physicians, but ensured that advanced practice providers of all types were also included. They comprehensively identified major US guidelines. Their final report was a series of age-based recommendations, enumerating major areas for screening, counseling, and testing. Within these areas, they developed consensus recommendations for which guidelines to apply.

The Task Force report was groundbreaking. For the first time, there were comprehensive

recommendations for well-woman care organized by age. Developing these recommendations also demonstrated a number of problems. Given the vast number of components of care involved and the many available recommendations for each one, guidelines were changing even while the Task Force was conducting its review. It is very clear that recommendations for well-woman care will not be static, but will continue to evolve. Good examples of this include the recent changes in breast cancer screening by the ACS [5] and USPSTF [4] and clarifications to the American Diabetes Association recommendations for postpartum screening of women with gestational diabetes [7]. In *Re-envisioning the Annual Well-Woman Visit, The Task Forward*, George Sawaya identified the additional challenge of implementation of shared, informed decision-based care [8]. *The Well-Woman Visit* was written with the specific intent of assisting with implementing exactly this type of care into the Well-Woman Visit.

The Task Force report not only presented a perfect opportunity for writing a book to assist providers in performing an evidence-based, high-value, patient-centered well-woman visit but also highlighted the challenges. In writing this book, we sought to take the Task Force recommendations and present them in book form for providers of all types. A book would allow a much more detailed presentation of the Task Force recommendations than the brief text and tables of their report. In particular, we wanted to create something very "hands on" that would help providers apply the Task Force recommendations in their practice. We were very cognizant of the volume of recommendations and that these recommendations will continuously change. We ran the risk that many would become out of date even as we edited the book. We chose to move ahead anyway. Within the Task Force recommendations are many individual guidelines and recommendations that are solid and will evolve slowly. We chose to approach the rapid evolution problem by using the book to give readers the tools to recognize excellent guidelines as they are released and facilitate integration of new recommendations and guidelines into their well-woman visit practice. To meet these two goals of outlining the current recommendations and giving providers the tools to appropriately update their practice, we organized the book in two sections.

The book begins with eight general principle chapters. These are designed to present the background for the book and the tools to understand and apply current guidelines and recognize and adopt new high-quality evidence-based guidelines. The section begins with the motivation for organizing women's preventive care as a periodic well-woman visit. Jeanne Conry and Haywood Brown, the initiator and chair of the Task Force, explain the genesis of the Task Force and how it operated. Maureen Phipps, a noted expert on preventive care and member of the USPSTF, reviews the data and theoretic framework supporting periodic health visits. The next several chapters provide tools for applying the guidelines. Lee Learman explains the principles of early diagnosis and prevention. David Haas, an expert on evidence-based medicine, describes guideline development and criteria for choosing quality guidelines. As executing many of the recommendations involves counseling and promoting behavioral change to improve health, Tony Ogburn and Michelle Moniz present useful evidence-based strategies for these important skills. One of the most significant challenges is determining how to pack all of the many potential areas of the well-woman visit into a self-contained office encounter. Chris Zahn discusses strategies for this in his chapter on practical aspects of the well-woman visit. Meg Autry and Sara Whetstone discuss considerations for special populations. Mike Policar explains how well-women care is supported by the ACA and other governmental programs, emphasizing the impact of evidence-based preventive services being available without cost sharing.

The core of the book is the actual recommendations, which are covered in Section 2. Separate chapters have been written for each component of the well-woman visit included in the Task Force report. We are deeply grateful to the authors of these chapters. We were unable to individually credit them in the introduction as we did for the background authors because of the sheer volume. This is not meant to undervalue their contributions. Many were noted experts in their chapter content. Others went out of their comfort zone to develop expertise in areas far outside of their field to write clear, complete, compact syntheses of complex areas useful to providers of many disciplines. These chapters were designed to be easy, quick references and help the provider find and apply the pertinent guidelines. They were not intended to replace the WWTF Guidelines tables, which are easily assessable online, but rather to supplement them. The chapters explain

the scope of each of the problems and the rationale for screening or preventing. They have a brief summary of the guidelines reviewed by the Task Force. The heart of each chapter is a section on how to apply the guidelines. The book was meant to be very practical so people could use it as a reference in their office. In instances where the guidelines changed significantly since the Task Force convened and issued its report, authors were instructed to use their best judgement in incorporating new recommendations. This was pointed out where it occurred. To decrease the chance of the component chapters becoming rapidly obsolete, each chapter also includes a section where the author made their best predictions for factors likely to motivate upcoming changes to recommendations. While much of this needed to be handled in traditional text format, we recognized the advantages of case presentations for adult learners and have supplemented most chapters with illustrative cases.

Ideally, the Task Force recommendations should be an ongoing process instead of a one-time event. The book was written to ensure that the valuable work done by the Task Force could be disseminated and applied. We were very excited to learn that the Health Resources and Services Administration (HRSA) has funded the Women's Preventive Services Initiative, awarded to ACOG, to continue important aspects of the work of the Task Force. We look forward to the recommendations for the well-woman visit becoming a living set of centrally managed recommendations that evolve over time. Until this happens, we offer our book as a way to organize recommendations for the well-woman visit and help providers stay current with the component guidelines.

The book was written as a project of the Society of Academic Specialists in General Obstetrics and Gynecology (SASGOG). SASGOG is a new organization that was created to promote academic specialists in obstetrics and gynecology and to build careers of faculty in this specialty. Academic specialists are the largest single group of faculty of academic OB/GYN departments, but prior to SASGOG had no professional organization. Two parts of SASGOG's mission are to support career development of academic specialists and to promote health and prevent and treat disease in women and enhance the delivery of clinical care. Well-woman care has traditionally been an important role for the academic specialist. The well-woman visit book posed a superb opportunity for SASGOG to simultaneously contribute to both of these parts of our mission. Despite coming from the specialty of obstetrics and gynecology, all authors were very clear that we share our responsibility for promoting women's health care with allied health care providers and physicians in other specialties. Our book was designed to be equally useful to all providers and ensure that patients got the best, effective care, regardless of what type or specialty of provider they saw. We are deeply grateful to SASGOG and the members of the organization who met the challenge and created incredibly high-quality work. We hope that this will be the first of many useful resources written by SASGOG for providers of women's health care.

We also want to acknowledge ACOG. Their work in establishing the Task Force was visionary. They have been tremendous supporters of SASGOG, helped the organization get off the ground, and have continued to help and support us in the 4 years of our existence. We are deeply appreciative of their partnering with us on the book.

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