

CANADIAN TASK FORCE ON PREVENTIVE HEALTH CARE

Meeting of April 26-27, 2010
Lord Elgin Hotel – Ottawa, Ontario

PUBLIC RECORD OF MEETING

Present:

Task Force Members

Chair: Dr. Marcello Tonelli
Vice-Chair: Dr. Richard Birtwhistle
Dr. Neil Bell
Dr. Paula Brauer
Dr. James Dickinson
Dr. Michel Joffres

Dr. Martin Fortin
Dr. Patrice Lindsay
Dr. Patricia Parkin
Dr. Kevin Pottie
Dr. Elizabeth Shaw
Dr. Harminder Singh

Public Health Agency of Canada (PHAC)

Kimberly Elmslie
Dr. Sarah Connor Gorber
Tess Grisé

Nancy Hajal
Catherine Makris
Rhiannon Simard

Note Taking

Diane Finkle-Perazzo, Wordsmith Writing and Editing Services

Evidence Review and Synthesis Centre (ERSC)

Dr. Donna Ciliska
Donna Fitzpatrick-Lewis
Mary Gauld

Expert Advisor (KT)

Dr. Sharon Straus

Invited Guests

Dr. John Feightner (past Task Force Chair)
Dr. Gordon Guyatt
Dr. Jacqueline Tetroe

Regrets:

Dr. Parminder Raina

1 Overview of the Task Force & Governance Model

Members reviewed the new Task Force model, highlighting the new governance model, their accountabilities, expected deliverables, and target audiences they are reaching.

2 Past Successes and Lessons Learned

Past Task Force Chair Dr. John Feightner addressed the Task Force for a discussion on past successes and lessons learned for going forward. The Task Force is built on four principles - trust, relevance, consistency, and culture – stressing the importance of putting the evidence first, and being strong advocates for prevention.

Task Force members discussed how to find the right balance between being conservative and being innovative. Decisions were made about how often guidelines should be reviewed, and it was agreed that further discussion on this matter would take place at the June 2010 meeting.

3 Terms of Reference

Dr. Marcello Tonelli reviewed the terms of reference for members, including the length of member terms (three years), how business will be conducted (teleconferences and three face-to-face meetings a year), and highlighting the process for filling the vacant positions on the Task Force. The Terms of Reference were accepted unanimously.

4 Challenges and Opportunities

Dr. Tonelli provided a presentation on challenges the Task Force will face as well as opportunities. He outlined strengths of the revitalized Task Force being the Task Force members, the ERSC, and the support of PHAC's Task Force Office, as well as the partnerships that will support the Task Force's work.

5 Partners Group Strategy

Catherine Makris (PHAC) presented the partners group strategy and discussed opportunities for partner engagement. A list of potential partners will be drafted and provided to the KT topic working groups for their consideration. It was proposed that partners be engaged early in the guideline development cycle to review the draft guidelines and dissemination strategies for guidelines.

6 Knowledge Translation (KT)

Dr. Jacqueline Tetroe (CIHR) provided an overview of KT, its four main components, and the Task Force's involvement in KT. She stressed the importance of adapting knowledge, tailoring messages, and promoting uptake through interventions.

7 Draft Communications and Marketing Strategy

Nancy Hajal presented the communications and marketing approach recommended for the Task Force and differentiated between it and guideline dissemination. Recommendations for Task Force's national and international presence and use of marketing tools were discussed.

8 Evidence Review and Synthesis Centre (ERSC)

Dr. Donna Ciliska led an introduction to the ERSC, with an overview of their role outlining the stages of the evidence review process, using the example of the breast cancer review already underway.

9 Grade Process

Dr. Gordon Guyatt provided an overview of the international system called GRADE, which involves grading the quality of the body of evidence and the strength of recommendations. Next steps for GRADE are to define all patient-important outcomes and evaluate their importance.

10 Introduction to Task Force Working Groups

Dr. Tonelli introduced the working groups of the Task Force (KT, methods, topic prioritization, breast cancer), and participants broke off into their respective groups for discussion and action plans for each working group. Additional guideline working groups will be struck following this meeting.