An evaluation of the Canadian Task Force on Preventive Health Care's 2017 knowledge translation activities

Prepared for the Canadian Task Force on Preventive Health Care

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Canadian Task Force
on Preventive Health Care

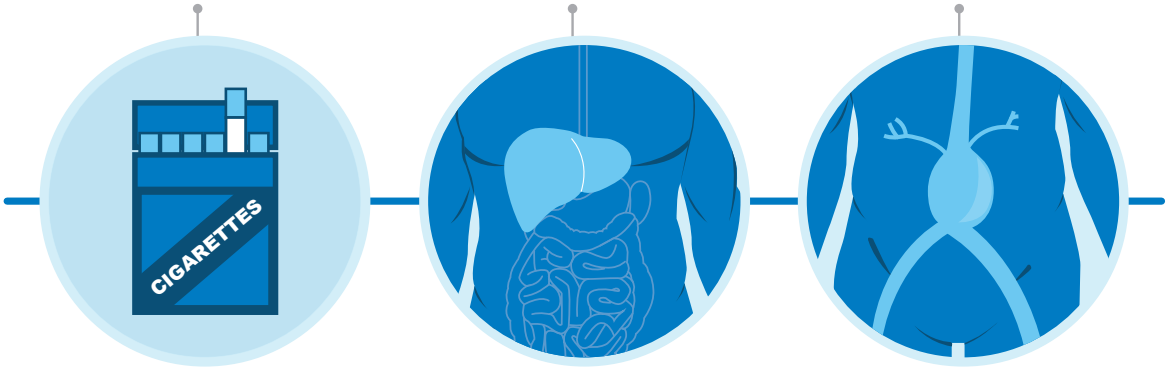
2017 ANNUAL EVALUATION HIGHLIGHTS

3
Guidelines published

FEBRUARY
Tobacco smoking in children and youth

APRIL
Hepatitis C

SEPTEMBER
Abdominal aortic aneurysm



7
Presentations

9
Publications

5
New CTFPHC members

39
Media Interviews

221,449
Tools disseminated

45 Patients + **24** Clinicians
Engaged in guideline and tool development

20%
Increase in newsletter subscribers

7,340
Podcast Plays

408,694
Website visits

Breast Cancer
Most visited guideline on CTFPHC website

Top 3 locations of website visitors

1 Canada
2 United States
3 Brazil

Table of contents

Appendices

1.0 Background

Evaluating the Canadian Task Force on Preventive Health Care's (CTFPHC) activities is a key objective of the CTFPHC and a provision of the contribution agreement between the University of Calgary and the Public Health Agency of Canada. The 2017 evaluation measured the impact and uptake of the CTFPHC's clinical practice guidelines, knowledge translation (KT) tools, and KT resources from January to December 2017. This evaluation focused on the guidelines and associated KT tools released in 2017:

- Prevention and treatment of tobacco smoking in children and youth,
- Hepatitis C screening, and
- Abdominal aortic aneurysm screening.

This evaluation also examined guidelines and KT tools released during previous years, particularly those that recommended a substantial change in clinical practice for primary care practitioners (PCPs): screening for breast, cervical, and prostate cancer.

The results of this evaluation provide feedback on the CTFPHC's activities, highlight the strengths of the CTFPHC's KT efforts, and identify areas in which the CTFPHC can improve guideline KT activities and uptake.

2.0 Methods

This evaluation was guided by the RE-AIM evaluation framework.[1,2] The five constructs of RE-AIM: reach, effectiveness, adoption, implementation, and maintenance, are integrated throughout the report.

In this evaluation we focused on:

1. The CTFPHC's **KT activities**, specifically, what materials were produced, how they were disseminated and implemented, and how the CTFPHC worked to improve its KT materials; and,
2. The **uptake** of these materials by PCPs, namely, what materials PCPs were aware of, how they received the materials, and how they used them.

This report is organized around these two components of the CTFPHC's KT efforts.

2.1 Data collection on KT activities

We evaluated how the CTFPHC disseminated and implemented its guidelines by examining data on key KT activities. These data are presented using descriptions and summary statistics. We also described efforts to engage knowledge users and research projects that supported the uptake of CTFPHC guidelines.

2.2 Data collection on uptake

To understand the uptake of the KT efforts, we engaged PCPs in surveys and interviews.

Survey

We evaluated uptake and use of the guidelines by administering a survey in English to PCPs to assess self-reported current practices; awareness and use of CTFPHC guidelines, KT tools, and KT resources; and practice changes.

We created two versions of the survey. The short version captured PCPs' current practices and awareness of CTFPHC guidelines (see page A2-A15) whereas the long version captured more in-depth information about PCPs and their awareness and use of CTFPHC materials (see page A16-A51). The short version of the survey was administered at the Family Medicine Forum (FMF) in November 2017. The long version of the survey was administered online from January 2 to February 2, 2018, and was promoted through the following channels:

- CTFPHC website,
- Emails to the CTFPHC mailing list and recruitment database,
- Snowball sampling through CTFPHC members' networks,
- CTFPHC newsletter,
- CTFPHC Twitter, and
- Ontario College of Family Physicians Practicing Wisely e-news bulletin.

Short-form survey participants were entered into a draw to win a $50 gift card. Long-form survey participants were entered into a draw to win an iPad.

Responses from the short and long versions of the survey were combined and then analyzed in SPSS to determine response frequencies.

Interviews

Building on the survey results, we conducted semi-structured interviews in English with PCPs to explore how they used guidelines and made preventive health care decisions. We recruited PCPs through survey responses; specifically, at the end of the survey, participants were asked if they were willing to participate in an interview. From those who identified interest in participating, we selected interview participants to represent a range of demographic characteristics, including province or territory, age, years in practice, and gender identity. Interview participants were compensated $100 for their time and were not eligible to enter the draw to win an iPad. See pages A52–A54 for the interview guide.

After each interview, memos were written to summarize high-level findings and interviews were transcribed verbatim. Interview memos were double-coded in NVivo using framework analysis.[3] All findings and quotes were verified using interview transcripts.

3.0 Results

3.1 Guidelines

Results on the reach of CTFPHC KT efforts can be found below. The format of this year's annual evaluation is different from previous years. The report has been condensed and summary statistics can be found in presentation-ready tables and figures in the corresponding sections of the slide appendices (pages S1–S66).

Guideline publications

The CTFPHC produced three guidelines in 2017:

- Prevention and treatment of tobacco smoking in children and youth,
- Hepatitis C screening, and
- Abdominal aortic aneurysm screening.

All 2017 guidelines were published in *CMAJ* online and print editions. Pages S1–S6 presents pre-release stakeholder engagement numbers and post-release dissemination activities and media hits for each 2017 guideline.

Guideline dissemination

In 2017, the CTFPHC conducted a number of activities to disseminate all of its guidelines and KT tools:

- Exhibiting and distributing hard copies of 12,835 KT tools at four conferences,
- Maintaining and updating the CTFPHC website,
- Making all CTFPHC materials available through mobile applications QxMD Calculate and Read, and
- Featuring guidelines on the National Guideline Clearinghouse (NGC).

The CTFPHC also routinely seeks endorsement for guidelines from the College of Family Physicians of Canada (CFPC) and the Nurse Practitioner Association of Canada (NPAC), in addition to topic-specific stakeholders. Typically, endorsement partners feature the guidelines on their websites and social media accounts.

Additionally, guidelines and KT tools published in earlier years continued to be accessible through the *CMAJ* website and the CTFPHC website.

See pages S7–S21 for 2017 dissemination activities for all CTFPHC guidelines.

3.2 Dissemination

In 2017, the CTFPHC also disseminated its messages through publications and media coverage, presentations, newsletters, and Twitter.

Publications and media coverage

In 2017, the CTFPHC published five peer-reviewed publications, including an ongoing article series, "Prevention in Practice," in *Canadian Family Physician* (*CFP*). The series included four publications in 2017 and intends to equip PCPs with strategies on how to implement preventive health evidence into their work and engage in shared decision making. The CTFPHC also published an article about periodic preventive health visits.

The CTFPHC also appeared in news media publications. The CTFPHC published an article about prostate cancer screening. Additionally, two articles were published that included interviews with CTFPHC members. See pages S22–S25 for full details on the 2017 publications and media coverage.

Presentations

CTFPHC members delivered seven presentations across North America in 2017. See pages S26–S27 for a summary of the presentations.

Newsletter and Twitter

In 2017, the CTFPHC communicated updates on its work, such as new guideline publications, through its quarterly newsletter and Twitter. In 2017, the quarterly newsletter grew from approximately 2000 to 2500 recipients. At the end of 2017, the CTFPHC Twitter account had approximately 200 followers. See pages S28–S29 for 2017 newsletter and Twitter details.

3.3 Implementation

The CTFPHC further supported guideline uptake through its implementation efforts: the Clinical Prevention Leaders Network and e-learning modules.

Clinical Prevention Leaders Network

In October 2017, the CTFPHC established the Clinical Prevention Leaders (CPL) Network. The purpose of this network is to promote the uptake of CTFPHC guidelines and to address local barriers to guideline implementation through educational outreach and other KT activities. The CPL network consists of 13 members from five provinces. In 2017, the network held four sessions. The CPL network is a two-year pilot project; an interim evaluation of the pilot will be completed in 2018. See page S30 for details on the CPL network.

E-Learning modules

The CTFPHC released two e-learning modules in 2017: obesity prevention and management and screening for cervical cancer. The e-learning modules provided PCPs with practical cases and guidance on how to implement these CTFPHC guidelines. Both modules were certified by the College of Family Physicians of Canada for up to one Mainpro+ credit. At the end of 2017, approximately 150 people were registered for either of the two courses. Ongoing evaluation of the modules is underway. See page S31 for details on the modules.

3.4 Integrated knowledge translation

Integrated knowledge translation (iKT) is the process of including knowledge users in product development. The CTFPHC applied iKT principles by engaging patients and clinicians in the development of its upcoming guidelines and tools.

Patient preferences

In 2017, the CTFPHC conducted patient preferences projects for two upcoming guidelines. A total of 37 patients were engaged in surveys and interviews about their preferences and values for screening and preventive health care. See page S32 for more details.

Usability testing

Once KT tools were in development, a sample of knowledge users were provided with draft versions of the tools and provided feedback on their usability. In total, 24 clinicians and eight patients were engaged in the development of four tools. See page S33 for more.

3.5 Research projects

In 2017, the CTFPHC conducted research projects to increase understanding of how best to support the uptake of CTFPHC guidelines and KT tools amongst PCPs and patients.

Prostate cancer screening tool co-creation and comparison

With funding from the Ontario Institute for Cancer Research (OICR), the CTFPHC and the KT Program collaborated with members of the public to better understand patient decision-making on prostate cancer screening. The goal of the project was to compare a conventional and a co-created patient education tool. The KT Program compared the tools based on their usability and

their impact on patient knowledge and screening preferences. The development process for the conventional tool included public consultation at the end of the process. In contrast, members of the public co-created a patient education tool with members of the KT Program. The public collaborators were members of the target audience for prostate cancer screening: males aged 40 and older who had no symptoms or diagnosis of prostate cancer and were not health care professionals. This tool was compared to the conventional prostate cancer screening tool developed by the CTFPHC in 2014. The findings from the project will be reported in 2018.

Presenting GRADE guideline recommendation statements for clinical practice

The CTFPHC uses the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) system. GRADE is an internationally recognized method for evaluating systematic review evidence for clinical practice guidelines. Through previous annual evaluations and interactions with PCPs, the CTFPHC identified end-user challenges in understanding GRADE.

Beginning in 2015, the CTFPHC undertook a study to inform how to present recommendations for improved uptake. The study led to three main suggestions:

- Increase awareness of the guideline development process and GRADE;
- Incorporate remarks and justification statements into recommendations, including an explanation or rewording of “weak recommendations” and explicit references to “shared decision-making”; and
- Include definitions of terms.

A full report of the findings and recommendations will be presented in 2018.

Electronic medical record integration pilot

In 2017, the CTFPHC piloted the integration of the CTFPHC breast cancer guideline and tools into the OSCAR electronic medical record (EMR) platform for one Ontario-based family health team. The pilot took place from March to December. Data were collected before and during the pilot. The goal of the project was to understand if and how EMR integration could increase the reach and use of CTFPHC guidelines and KT tools. Features of the EMR plug-in included a colour-coded screening prompt, easy access to CTFPHC breast cancer screening recommendations and KT tools, and an automatic display of the plug-in based on patient demographic information. Findings from the pilot and recommendations for next steps will be reported in 2018.

Comparison of CTFPHC and provincial cancer screening recommendations

The CTFPHC continues to monitor how provincial screening recommendations align with those of the CTFPHC. See page S34 for a comparison of the provincial screening recommendations and CTFPHC recommendations for the three guidelines that recommend a substantial practice change: breast, cervical, and prostate cancer screening. Provincial guidelines had varying degrees of concordance with the three guidelines. Breast cancer screening had the most provinces aligned with CTFPHC recommendations, and cervical cancer screening had the fewest.

3.6 Uptake

Survey

Participant demographics

A total of 198 people completed the survey: 31 completed the short version and 168 completed the long version.

Please note that not all questions were answered by all survey participants because the surveys used branching to guide participant responses (e.g., if participants did not know about a particular guideline, they were not asked further questions about it), the short version of the survey had fewer questions than the long version, and participants were not required to answer all questions.

Survey participants practiced in urban (58%, *n* = 114), suburban (18%, *n* = 35), and rural (27%, *n* = 53) settings. They represented eleven provinces and territories and a range of years of experience (i.e. from five or fewer years to 41 or more years). See pages S35–S36 for full survey participant demographics.

Breast cancer screening

Awareness and use of CTFPHC guideline and tools

Most participants (90%; *n* = 179) were aware of the CTFPHC breast cancer screening guideline. These participants were also satisfied with the guideline, rating it a mean of 6.2 ±1.1 out of 7 (where 7 represented being “very satisfied”). However, only one-third of participants (33%; *n* = 55) said they primarily used the CTFPHC breast cancer screening guideline, with most respondents (63%; *n* = 105) saying they primarily followed provincial guidelines. About half of the participants who knew about the breast cancer screening guideline were aware of the three accompanying risks and benefits KT tools. See pages S37–S38 for more details on awareness and use of the CTFPHC breast cancer screening guideline and tools.

Current practice

Participants’ self-reported current breast cancer screening practices were mostly consistent with CTFPHC recommendations. Specifically, 78% (*n* =154) of survey respondents reported that they did not routinely screen women aged 40–49 years for breast cancer with mammography and 82% (*n* = 137) of participants reported that they did not routinely conduct clinical breast exams in their practice. See pages S39–S40 for more details on participant alignment with CTFPHC recommendations.

Note: Participants from Ontario were overrepresented, making up 55% of the survey sample. However, when physicians in Quebec are excluded (as an estimate of Francophone physicians), 44% of family medicine physicians in Canada were located in Ontario in 2017.[4]

Cervical cancer screening

Awareness and use of CTFPHC guideline and tools

Most participants (89%; *n* = 179) were aware of the CTFPHC cervical cancer screening guideline. These participants reported that they were satisfied with the guideline, rating it a mean of 6.3 ±1.0 out of 7. When given the option to explain their dissatisfaction with the guideline, one participant stated that they wanted the starting age for cervical cancer screening to be younger, and another stated that cervical cancer screening was a chance to see patients who do not otherwise come to the clinic. In addition, three participants stated that conflicting recommendations from different sources, such as provincial guidelines, were challenging to navigate. Less than one-quarter of participants (22%; *n* = 37) said they primarily used the CTFPHC cervical cancer screening guideline. Most respondents (77%; *n* = 128) said they primarily followed provincial guidelines. About half of the participants (51%; *n* = 77) who knew about the cervical cancer screening guideline were aware of the cervical cancer screening clinician algorithm KT tool. See pages S41–S42 for more details on awareness and use of the CTFPHC cervical cancer screening guideline and tools.

Current practice

Participants' self-reported current cervical cancer screening practices had varying degrees of consistency with CTFPHC recommendations. Specifically, 92% (*n* = 153) of survey respondents reported that they screened women aged 30–69 years every three years whereas only 45% (*n* = 88) reported that they did not routinely screen women under 25 years old. See pages S43–S44 for more details on participant alignment with CTFPHC recommendations.

Prostate cancer screening

Awareness and use of CTFPHC guideline and tools

Most participants (88%; *n* = 175) were aware of the CTFPHC prostate cancer screening guideline. These participants were somewhat satisfied with the guideline, rating it a mean of 5.5 ±1.5 out of 7. When given the option to explain their dissatisfaction with the guideline, four participants explained that they found the conflicting recommendations on the PSA test from various organizations to be confusing. More than half of participants (55%; *n* = 91) said they primarily used the CTFPHC prostate cancer screening guideline. Most of the remaining respondents (27%; *n* = 44) said they primarily followed provincial guidelines. About two-thirds of the participants (63%; *n* = 96) who knew about the prostate cancer screening guideline were aware of the prostate cancer 1000-person KT tool. Of those who knew about the tool, most (59%; *n* = 57) said they had used it. See pages S45–S46 for more details on awareness and use of the CTFPHC prostate cancer screening guideline and tools.

Current practice

Participants' self-reported current prostate cancer screening practices were highly consistent with CTFPHC recommendations. Specifically, 84% (*n* = 140) of survey respondents reported that they did not routinely screen men younger than 55 years for prostate cancer with the prostate-specific antigen (PSA) test. In addition, 84% (*n* = 26) of survey respondents reported that they did not routinely screen men aged 55–69 years with the PSA test. See pages S47-S48 for more details on participant alignment with CTFPHC recommendations.

Prevention and treatment of tobacco smoking in children and youth

Awareness and use of CTFPHC guideline and tools

Very few participants (16%; *n* = 31) were aware of the CTFPHC tobacco smoking prevention and treatment guideline. Those who were aware seemed somewhat satisfied with the guideline, rating it a mean of 5.6 ±1.2 out of 7. When given the option to explain their dissatisfaction with the guideline, one participant who worked in remote communities stated that recommending that patients quit smoking tobacco can harm relationships and must be carefully considered. Less than one-quarter of participants (22%; *n* = 37) said they primarily used the CTFPHC tobacco smoking guideline. Most respondents (67%; *n* = 112) stated they did not use a guideline. More than one-third of the participants (39%; *n* = 10) who knew about the tobacco smoking prevention and treatment guideline were aware of the accompanying FAQ KT tool. See pages S49–S50 for more details on awareness and use of the CTFPHC tobacco smoking guideline and tools.

Current practice

Participants' self-reported current tobacco smoking prevention and treatment practices with children (ages 5–12 years) were largely inconsistent with CTFPHC recommendations. Specifically, only 36% (*n* = 60) of survey respondents reported that they routinely asked about smoking at appropriate primary care visits with children. About 35% (*n* = 58) of participants said they offered brief information or advice on prevention to children, and 73% (*n* = 122) said they offered brief information or advice on treatment.

Current practices were more consistent with CTFPHC guidelines when working with youth (ages 13–18): 78% (*n* = 130) of survey respondents reported that they routinely asked about smoking at appropriate primary care visits with youth. About 60% (*n* = 101) of participants said they offered brief information or advice on prevention to youth, and 87% (*n* = 145) said they offered brief information or advice on treatment.

In the optional comments, some PCPs explained that they do not ask children or youth about smoking behaviour or offer information or advice because they have never encountered children or youth so young who smoked. Others explained that they asked about smoking at every visit. See pages S51–S52 for more details on participant alignment with the CTFPHC recommendations.

Hepatitis C virus screening

Awareness and use of CTFPHC guideline and tools

About one-third of participants (38%; *n* = 76) were aware of the CTFPHC Hepatitis C virus (HCV) screening guideline. These participants were somewhat satisfied with the guideline, rating it a mean of 5.8 ±1.3 out of 7. When given the option to explain any dissatisfaction with the guideline, one participant mentioned that they continued to screen patients who were not at high risk because of clinical experience with patients testing positive. Participants were most likely to report that they used the CTFPHC guideline (44%; *n* = 74) or no guideline (40%; *n* = 67). One-third of the participants (33%; *n* = 23) who knew about the HCV screening guideline were aware of the accompanying FAQ KT tool. See pages S53–S54 for more details on awareness and use of the CTFPHC HCV screening guideline and tools.

Current practice

Participants' self-reported current HCV screening practices were consistent with CTFPHC recommendations about half the time. Specifically, 60% (*n* = 118) of participants reported that they did not routinely screen adults who are not at elevated risk, and 51% (*n* = 85) of survey respondents reported that they did not routinely screen adults born between 1945 and 1965. See page S55 for more details on participant alignment with the CTFPHC recommendations.

Abdominal aortic aneurysm screening

Awareness and use of CTFPHC guideline and tools

Almost two-thirds of participants (63%; *n* = 124) were aware of the CTFPHC abdominal aortic aneurysm (AAA) screening guideline. These participants reported being relatively satisfied with the guideline, rating it a mean of 6.0 ±1.1 out of 7. About half of the participants (49%; *n* = 82) said they primarily used the CTFPHC AAA screening guideline, and 30% (*n* = 50) said they used no guideline. Over one-third of participants (36%; *n* = 38) who knew about the AAA screening guideline were aware of the 1000-person AAA KT tool. See pages S56–S57 for more details on awareness and use of the CTFPHC AAA screening guideline and tools.

Current practice

Participants' self-reported current AAA screening practices were moderately consistent with CTFPHC recommendations. Specifically, 58% (*n* = 115) of survey respondents reported that they screened male patients aged 65–80 years once for AAA with ultrasonography, and 87% (*n* = 145) of participants reported that they did not routinely screen female patients older than 65 years. See pages S58–S59 for more details on participant alignment with CTFPHC recommendations.

CTFPHC resources

When asked if they were aware of or had used any of the CTFPHC resources, participants were most likely to identify the periodic preventive health visits article (52%; *n* = 86) and the *Canadian Family Physician* "Prevention in Practice" article series (48%; *n* = 80). They were less likely to identify QxMD (31%; *n* = 51), the CTFPHC newsletter (28%; *n* = 47), the *CMAJ* podcasts (22%; *n* = 37), the obesity e-learning module (16%; *n* = 26), the cervical cancer e-learning module (12%; *n* = 20), and Twitter (8%; *n* = 14).

These results conflicted with the high number of users on the QxMD mobile apps (see pages S19–S20) and the low number of views and download for the publications (see pages S19–S20).

When asked about how they accessed the CTFPHC KT tools, the most popular methods reported were visiting the CTFPHC website (68%; *n* = 114) and receiving copies at conferences (35%; *n* = 59). Very few participants accessed the KT tools through print copies that came with their *CMAJ* subscription (19%; *n* = 31), by printing tools from the website (15%; *n* = 25), or by viewing them through QxMD (4%; *n* = 6).

Interviews

We conducted 28 interviews with PCPs from across Canada. These interviews explored four themes:

1. How and what PCPs first learned about the CTFPHC,
2. Sources PCPs used for screening and preventive health care recommendations,
3. How PCPs made the decision to adopt CTFPHC guidelines, and
4. How PCPs implemented CTFPHC guidelines in their practice.

We chose participants with diverse demographic characteristics. Interview participants represented nine provinces and territories. Approximately two-thirds of participants identified as female (64%; *n* = 18), with the rest identifying as male (36%; *n* = 10). Participants ranged in years in practice from 5 or fewer years to 26–30 years. We interviewed five (18%) residents, 21 (75%) family doctors and two (7%) nurse practitioners. See pages S60–S61 for interview participant demographics.

Theme 1: Learning about the CTFPHC

When PCPs described their engagement with the CTFPHC, they talked about how they were first exposed to the CTFPHC, what they learned about it from their initial exposure, how they continued to learn about new guidelines and how they maintained alignment with guidelines. Participants also provided suggestions for how the CTFPHC could improve its KT activities.

First exposure to the CTFPHC

Many interview participants stated that they first learned about the CTFPHC in their training, such as during medical school or residency. In many cases, participants' preceptors had recommended the CTFPHC as a source for screening information. For instance, Participant 19 said,

> "I remember during my first month of medical school I was thrown into a clinical setting with a Family Medicine preceptor where we would observe a half-day in clinic and when patients come in for physicals and Paps is when I learned there's actually a national guideline for these types of things and that was my first exposure to CTFPHC."

Additionally, many participants described that knowing the CTFPHC guidelines was required for exams in family medicine residency.

Participants also reported learning about the CTFPHC by attending conferences, especially FMF; reading CTFPHC materials in *CMAJ* or *CFP* publications; looking for sources promoting the prevention of overtreatment and overdiagnosis, especially through the CTFPHC's connection to Choosing Wisely; or looking for information on a particular health topic. A couple of participants who had been practicing for many years stated they could not remember a time when they did not know about the CTFPHC.

First learning about CTFPHC work

When recalling their first exposure to the CTFPHC, participants also described what they first learned about the CTFPHC's work. In most cases, participants said they first interacted with the CTFPHC's cancer screening guidelines. In particular, participants described how the CTFPHC materials on more controversial guideline topics, such as prostate cancer, were often the first CTFPHC materials they learned about. Other participants mentioned that they first learned about the CTFPHC more generally. For example, they learned that the CTFPHC was a Canadian source for screening information, an organization committed to the prevention of

overdiagnosis and overtreatment, a trusted source and leader in screening and preventive health care, an organization that all PCPs needed to know, and a helpful resource for screening and preventive health care information and shared decision-making.

Continuous learning and maintaining practices

Participants said they stayed up to date with new guidelines and materials by doing the following:

- Interacting with students or residents who were learning new things,
- Participating in peer study groups,
- Receiving informal updates from peers or colleagues,
- Looking for new materials online,
- Attending conferences,
- Attending continuing education sessions or courses, and
- Attending talks sponsored by pharmaceutical companies.

In addition to these general methods, participants stayed up to date with CTFPHC materials specifically by attending FMF and visiting the CTFPHC booth, subscribing to *CMAJ*, subscribing to the CTFPHC newsletter, visiting the CTFPHC website, participating in CTFPHC guideline usability testing, or participating in the CTFPHC annual evaluation.

PCPs also described strategies for remembering CTFPHC recommendations they were already aware of. These included keeping printed KT tools in their offices, frequently visiting the CTFPHC website, and frequently using the CTFPHC mobile app.

Suggestions for further dissemination

Some participants spoke about how difficult it was to stay up to date with new guidelines whereas others thought it was quite straightforward. Some said they would like to receive laminated tools by mail but were not willing to pay for them. Many PCPs said they were interested in accessing CTFPHC materials through a mobile app or receiving email updates, but they did not know about the CTFPHC materials on QxMD or about the CTFPHC newsletter. Some PCPs suggested providing an annual update on all new guidelines published. Another suggested exhibiting at the annual Pri-Med conference in Toronto.

Interview participants often mentioned that the CTFPHC should engage in public education about guidelines and screening. A few participants suggested that the CTFPHC deliver screening or preventive health care awareness campaigns. In particular, participants wanted to see the CTFPHC encourage the public to get screened, combat misinformation about screening and preventive health care on social media, and explain to the public that the de-implementation of screening is not always a "cut." As Participant 11 said,

> "When guidelines come out against doing something that you know that there's going to be public backlash against it would be nice […] to have some kind of population education to let them know that it's not a cut, it's not your Physician not wanting to do it. Because that takes up a lot of time in the office – it almost highjacks that entire visit when those things come up."

Theme 2: Sources of screening and preventive health care recommendations

Most interview participants stated that the CTFPHC was one of their most trusted sources for guidelines. PCPs also named other trusted sources for screening and preventive health care recommendations (page S62).

When describing trusted sources of screening and preventive health care recommendations, participants said they looked for organizations that were well-known and well-used by peers. Many participants also said they trusted Canadian sources over international sources. PCPs often said that formal and informal endorsements, for example from professional organizations, trusted colleagues, or leaders in the field, also helped to bolster the trustworthiness of a guideline organization.

One common criticism was that the CTFPHC had too few guidelines. Participants wanted to use fewer sources that were more comprehensive. Those who noted difficulty navigating the wealth of guideline recommendations available to PCPs said that they would appreciate a one-stop shop where they could be sure they were not missing anything. PCPs said they sometimes felt bombarded by recommendations to the point that when they read recommendations, they were not always sure if they had already read the recommendation from another source.

In addition, a lack of clarity about the relationships between sources confused many PCPs. In particular there was a lot of confusion about the relationship between Choosing Wisely and the CTFPHC as illustrated by Participant 3,

> "I think I saw [the CTFPHC] on a poster about Choosing Wisely. That is the same thing right? Choosing Wisely is part of the Canadian Task Force?"

Participants also described trustworthy guideline processes that sources used. These processes fell into three major themes: guideline development, use of evidence, and guideline presentation.

Guideline development

Interview participants described facets of the guideline development process that they thought made a source trustworthy.

The composition of the guideline development panel was of particular importance. Some common preferences for guideline panels included: having panels composed primarily of PCPs, having recognized individuals and leaders in the field on the panel, and having no pharmaceutical company influence. In particular, nurse practitioner participants stated that they would like guideline developers to include the voices of their profession. There was a split between PCPs who specified that they liked to see specialist opinions included and those who liked to see them excluded from the panel.

PCPs described many guiding values of an organization that made it trustworthy. Many PCPs mentioned that organizations that had an understanding of overdiagnosis and overtreatment were more trustworthy. Additionally, PCPs trusted organizations that understood the limits of evidence and considered patient values, preferences, and choices into account.

Evidence

Another perceived element of trustworthy organizations was a rigorous examination of high-quality evidence. PCPs explained that they looked for sources that were consistent with the latest literature and were frequently updated, although the length of time that was seen as

"frequent" differed among PCPs. PCPs wanted to see that the recommendations were based on studies with long timeframes and large samples that were relevant to their patient population. They were more likely to trust guidelines based on studies from reputable peer-reviewed publications, universities, and independent researchers than on research sponsored by pharmaceutical companies.

Guideline presentation

Interview participants described guideline presentation as an important element of trustworthiness. Clear, simple, and organized layouts made guidelines seem more transparent and trustworthy. PCPs described that they were more likely to trust guidelines when the guideline developer provided: links to the original studies, an easy-to-understand summary, and an appropriate amount of information for clinicians and patients to understand and use the guideline.

Theme 3: Adopting CTFPHC guidelines

When deciding to use a CTFPHC guideline, PCPs described four main factors that influenced their decision-making: practitioner values and preferences, clinical experience, influence of practitioner colleagues, and other recommendations. As Participant 18 said,

> "I guess when I [evaluate guidelines] I look at my own subjective feelings, which are probably the worst ones to go off of, opinions of my colleagues, and then looking into the literature around whether or not the guideline is worth changing my practice over."

Values and preferences

Interview participants provided many examples of how their values and preferences influenced their willingness to follow a CTFPHC guideline.

When first evaluating a guideline, PCPs described how they reviewed the provided evidence and conducted their own cost/benefit analysis. In particular, participants were interested in the quality of the evidence, the strength of the recommendation, what the possible benefits were to patients, and the rate of false positives. There was a split between PCPs who thought older guidelines were more trustworthy versus those who thought older guidelines were likely outdated and, therefore, trusted newer guidelines. Some PCPs stated that they considered the CTFPHC a trustworthy source because of early interactions with its materials. As a result, they did not continue to evaluate the quality of individual guidelines.

PCPs described being especially interested in CTFPHC guidelines because of their personal dedication to screening and preventive health care or their commitment to preventing overdiagnosis and overtreatment.

Clinical experience

Interview participants stated that clinical experience affected the way they used screening and preventive health care guidelines. Many PCPs described how they were most willing to adopt guidelines that recommended their current practice, particularly when the guideline defended a current practice that was different from that of their colleagues. Some PCPs mentioned that they used guidelines as insurance against possible lawsuits. Others stated that if they already used a guideline on a particular topic, they did not need a new guideline on that topic. PCPs with more years of experience sometimes stated that because of their experience, they did not use guidelines as much anymore.

PCPs noted that seeing patients receive late-stage diagnoses influenced their willingness to follow guidelines that recommend reduced screening. Similarly, some PCPs commented that the longer they practiced, the more likely they were to favour screening because they had witnessed more patients receive late-stage diagnoses.

Based on their clinical experience, there was a split between participants who thought the CTFPHC prostate cancer screening guideline was an example of appropriately weighing the potential harms of screening and those participants who thought it downplayed the benefits of screening. For instance, Participant 26 said,

> "So, the PSA one is one of those ones that's difficult, because I think that there's still a lot of controversy […] I mean, personally I've had patients… I've screened patients in their early 50s, like 51, and found prostate cancer. Like, stage 3 prostate [cancer…] I sort of understand the whole idea behind screening, but you know some of it is… it seems to be driven more by a financial monetary issue […] if you screen a thousand patients, or 5,000 patients, you might only find one. Well, if you happen to be that one… I mean… So, part of it is just to, I think, use the guidelines as a reference point."

PCPs also said that their general knowledge of a topic would affect their interest in using a guideline. Many PCPs said their knowledge of a health issue or guideline may be influenced by having patients with that particular health issue and media or press on that issue.

Colleagues

Many interview participants described how interactions with colleagues formed the basis of their screening and preventive health care practice decisions and use of guidelines. Several PCPs said they looked to what their colleagues were doing to set the guideline adoption norm. PCPs who were trainees or preceptors described how the teaching relationship was a bidirectional opportunity for new and experienced PCPs to learn about guidelines and practice changes from one another. Some PCPs firmly stated that they were not influenced by their colleagues' practices.

Comparing to other recommendations

PCPs described the importance of comparing CTFPHC guidelines to other guidelines and recommendations, especially provincial guidelines. Many PCPs described how they looked for overlap in recommendations across organizations. PCPs said they would consult their trusted sources and tended to go with what the majority of sources recommended.

In cases where provincial and CTFPHC recommendations differed, PCPs said they may do a variety of things, including using the discrepancy as a conversation point for shared decision-making with patients, asking preceptors or trusted colleagues what they recommended, or choosing whichever guideline was "more conservative" (i.e., recommended the most screening or intervention). Some PCPs said they did not know what to do when different sources had conflicting recommendations.

PCPs provided several reasons for following provincial recommendations over CTFPHC recommendations:

- Providing the standard of practice that patients expected,
- Following the lead of provincial screening programs that invited patients for screening independent of their PCP,
- Aligning practices with preventive care bonus structures,
- Believing that provincial guidelines were tailored to the context and population,
- Doing what peers were doing, and
- Experiencing pressure from colleagues or specialists.

There were also reasons why PCPs followed CTFPHC recommendations over provincial recommendations:

- Perceiving CTFPHC recommendations to be more up to date than provincial recommendations, and
- Believing that the CTFPHC has a better understanding of overdiagnosis.

Some PCPs explained that they were more likely to follow CTFPHC guidelines for controversial topics, especially prostate cancer screening. Additionally, when PCPs had trained or worked in different provinces than they currently worked, some described how they now followed the CTFPHC guideline to justify keeping their practice consistent with the recommendation from their previous province.

Theme 4: Implementing guidelines

As PCPs described their screening and preventive health care practices, they spoke about general supports and challenges in implementing CTFPHC guidelines, examples of their alignment with specific CTFPHC guidelines, and patient interactions.

Supports and challenges in CTFPHC guideline implementation

PCPs described two major factors that influence their ability to implement guidelines: reminders and contextual factors. PCPs spoke extensively about EMR and paper-based reminders that could support CTFPHC guideline implementation. Although not all PCPs agreed that EMR reminders influenced their practice, many found them to be effective at cueing their screening and preventive health care practices. Some PCPs said they had completed training to tailor their EMR to include guidelines of interest. Others said they would like to see changes to their EMR but were not able to make these changes themselves. Many participants agreed that the full potential of the EMR was not being used. PCPs using both EMR and paper charts recommended that the CTFPHC produce a tool that would display all relevant CTFPHC recommendations based on patient sex, age, and other key characteristics.

Some PCPs, especially those practicing in northern and remote communities, stressed that implementing screening and preventive health care was not always their priority. They said patients had other, more pressing health issues; the benefits of prevention were tenuous for people who were very sick; and the follow-up care for a positive screening test result would not be easily accessible. Additionally, PCPs described how implementing screening and preventive health care in these communities was not always done in accordance with guidelines because the clinicians (often nurses) overseeing the care, were not necessarily trained in shared decision-making. Training for these clinicians was identified as an opportunity to improve CTFPHC guideline implementation.

PCPs often said there was a plethora of topics to address with their patients during an appointment and that limited time for these consultations precluded them from discussing many of these. As a result, PCPs described prioritizing the screening and preventive health care with the biggest potential for impact or that they were getting paid to provide.

Many PCPs who worked in multiple settings described how the way they implemented guidelines depended on their work location. Several PCPs working alongside specialist physicians stated that they were much more likely to practice in alignment with their specialist colleagues even if they followed CTFPHC recommendations in other settings. Similarly, PCPs who were new to a practice and were either temporarily or permanently taking over another PCP's patients often commented that they continued to practice in the way the previous PCP practiced to provide continuity of care.

Practicing in alignment with CTFPHC guidelines

Many PCPs stated that they were more likely to implement guidelines if recommendations were easy to implement and if the guidelines were realistic, practical, and made sense. PCPs described assessing if a guideline was "implementable". When significant practice changes were recommended, PCPs said they would sometimes implement a compromise between their former practice and the new recommendation. Many PCPs also commented that it was easier to implement something new than to de-implement something they used to do.

Participants noted several barriers to implementing specific CTFPHC guidelines. See Table 1 for the reasons PCPs provided for not fully aligning their practice with the CTFPHC recommendations. See pages S63–S66 for quotes that support these findings.

Table 1

CTFPHC guideline	Reason for not aligning practice with recommendations
Breast cancer	Patients want to be screened and de-implementing screening "feels unreasonable."
Cervical cancer	There are unintended outcomes of reduced testing for sexually transmitted illnesses and fewer opportunities to see young, healthy female patients.
Prostate cancer	Patients want to be screened, and there are conflicting messages about harms and benefits of screening.
Lung cancer	PCPs write referrals, but patients may not get the right CT scan from specialists. There is no billing code in some provinces. One PCP tried implementing the guideline but did not find it to be valuable.
Obesity	There are unintended outcomes and a lack of clarity about how to implement the recommendation on obesity management intervention.
Developmental delay	There is pressure from colleagues to do development screening to demonstrate a commitment to children's health.
Tobacco smoking in children and youth	There is a lack of clarity about how to implement the recommendations on offering brief information and advice about tobacco smoking prevention and treatment. PCPs report that no patients in children and/or youth age groups smoked.
AAA	It is hard to remember, and there are no prompts for screening in typical appointment questions. There is no billing code in some provinces, and PCPs did not find screening to be valuable.

Implementing guidelines with patients

Most PCPs agreed that only some guidelines and only some patients required shared decision-making. In assessing if the patient should be presented with screening options, PCPs looked at previous care received by the patient, assessed the patient's understanding of the issue, and presented evidence. When shared decision-making discussions occurred, PCPs described talking to patients about the patient's individual risk factors, the rate of false positives, and how screening tests were not perfect.

Many PCPs stated that ultimately, any care or intervention was the patient's decision. PCPs described that sometimes patients made decisions that the PCP disagreed with but it was nevertheless important to fulfill the patient's request to avoid negative repercussions (e.g., losing the patient's trust). In other cases, PCPs described how they would sometimes offer a compromise between what the patient wanted and the guideline recommendation.

Many PCPs were conscious of how much time they spent on screening and preventive health care. Some said they had to remember that inserting screening or preventive health care into a visit meant the patient had less time to talk about their reason for the visit. Some PCPs passively exposed patients to screening prompts by having information in their waiting rooms or including information about screening in letters they sent to patients. Others said they made time for screening and preventive health care when new patients joined the practice or during annual check-ups.

When asked who could assist with discussing screening and preventive health care with patients, PCPs identified the following people: nurses, pharmacists, physician assistants, registered dietitians, medical administrative staff, specialists, and dentists.

When discussing the implementation of the CTFPHC guidelines with patients, many complimented the CTFPHC KT tools and said they frequently used them with patients. The KT tools specifically mentioned were the prostate cancer screening 1000-person tool, AAA screening 1000-person tool, breast cancer algorithm, and cancer screening videos. Participants also noted that the following tools from other sources were useful for engaging patients: the Framingham Best Science 100 smiley faces tool and the University of Saskatchewan's resource on PSA screening.

4.0 Limitations

The survey and interview participant samples were small and may not be representative of all PCPs in Canada. It is possible that a larger and more diverse sample would have produced different results. For example, PCPs may have been more likely to complete the survey or interview if they were aware of the CTFPHC and its guidelines. As such, the results may suggest that awareness of the CTFPHC is higher than it is in the general PCP population.

Due to resource limitations, we administered the surveys and interviews in English only. Although there were survey and interview participants who worked primarily in French, the results of this evaluation may not represent the awareness and use of CTFPHC guidelines and KT tools among French-speaking PCPs. This is further addressed in the recommendations.

The survey and interview data collected in this evaluation were based on participants' self-reported awareness and use of CTFPHC guidelines, KT tools, and KT resources. It is therefore possible that participants' responses were affected by social desirability and recall biases.

Participating PCPs frequently wanted to discuss guidelines that were not a focus of this evaluation, such as those that were published before 2017 and did not recommend a significant practice change. This may indicate that the scope of the annual evaluation could be expanded to include more guideline topics to ensure that information is not missed.

5.0 Recommendations

Based on this evaluation, we have identified six opportunities for growth and improvement.

1. We recommend that the CTFPHC continues to prioritize the relationships with other guideline organizations to encourage them to better align with CTFPHC recommendations

Many participants indicated that they were less likely to implement CTFPHC guidelines or find them to be useful when they conflicted with other guidelines, especially provincial guidelines or specialist recommendations. Relationships with other organizations producing guidelines are critical to support and encourage others to align recommendations with the CTFPHC and to avoid disparate recommendations. The CTFPHC may want to look for examples of practices from other countries or jurisdictions to explore new ways to engage other guideline organizations to encourage recommendation alignment. The CTFPHC may also wish to conduct a priority activity to select the most relevant strategies. In order to embed this work within the guideline development process, the CTFPHC should create a fair and transparent process for engaging organizations in relationship building and recommendation aligning. When recommendations are not aligned, the CTFPHC should also create a summary that compares the CTFPHC and provincial recommendations and explains why they are different. The CTFPHC should also start tracking when provinces change their recommendations to align with the CTFPHC to understand how alignment happens over time.

2. We recommend that the CTFPHC develops a strategy to embed CTFPHC guidelines in PCP training programs

Many participants described how they learned about the CTFPHC through their training. To date, the CTFPHC has been included in training informally by individual educators and preceptors. The CTFPHC should consider ways to formally work with programs and exam boards to embed CTFPHC clinical practice guidelines into course work and training. This may include providing them with materials and training or finding advisory roles for CTFPHC members.

3. Recommendations for KT tools and dissemination

a. We recommend that the CTFPHC explores how to increase its online presence and KT tool dissemination

There were a variety of KT activities that demonstrated strong capacities to reach users. All data sources pointed to the CTFPHC website as a key venue for accessing CTFPHC materials. Participants described regularly accessing the website from their computers and phones. The QxMD Read and Calculate activity showed high numbers of users and the website usage has steadily grown every year. Additionally, distributing KT tools at conferences was identified by interview participants and supported by distribution numbers as an effective dissemination activity.

Although interview participants expressed interest in accessing additional digital resources, such as newsletters, mobile apps, and social media, few knew about the existing CTFPHC resources in each of these areas. (These results conflicted with the high number of users on the QxMD mobile apps. This conflicting information will be further investigated.) In particular, PCPs wanted to be able to use these resources to keep up to date with CTFPHC recommendations.

Therefore, bolstering the reach of these existing resources and maintaining a regular presence may help to increase engagement as well as awareness of new and updated guidelines.

b. We recommend the CTFPHC discontinues activities with low reach

There were also KT activities that showed limited reach. Very few survey participants identified *CMAJ* as one of the ways that they received CTFPHC KT tools. The enrollment numbers in the two e-learning modules also showed low impact. Given the high cost of including KT tools in *CMAJ* publications and producing e-learning modules, the CTFPHC should explore the effectiveness of these strategies and may consider re-distributing any allocated funds to pursue other recommendations in this evaluation.

c. We recommend the CTFPHC considers disseminating to new target audiences

We recommend the CTFPHC focuses on PCPs, especially through training programs (as identified in recommendation #2), and also considers dissemination strategies to reach other target audiences relevant to each guideline. Many participants suggested new target audiences for the CTFPHC guidelines, KT tools, and KT resources, including: nurses, pharmacists, and physician assistants. Engaging these target audiences could include partnerships with professional organizations, attending conferences, and journal publications.

d. We recommend the CTFPHC explores developing new types of KT tools

One popular implementation suggestion was the development of a tool or checklist that could prompt PCPs with all the relevant guideline recommendations when they entered a patient's key demographic characteristics. Some PCPs were already using tools that they had made themselves and others were using tools developed by other organizations. The CTFPHC should explore how best to create a tool like this for CTFPHC guidelines. The CTFPHC may consider refining the current guideline filter on the CTFPHC website or exploring how to build this into the ongoing EMR integration research project. If the CTFPHC builds this tool on their website, there is the potential for it be useful for PCPs and patients.

4. We recommend that the CTFPHC explores targeting information more directly to patients

A common suggestion from interview participants was for the CTFPHC to engage in more public and patient education. Many PCPs identified misinformation as a major barrier to overcome with patients. In particular, PCPs provided stories of how social media was propagating false information and noted how many patients believed that de-implementation of screening was a cost-cutting strategy. Because of the strict time constraints on PCPs, many hoped the CTFPHC could help alleviate some of the time they spent correcting misinformation with patients by producing public awareness campaigns or by providing PCPs with tools to increase patient understanding of preventive health care. The CTFPHC could consider further awareness and education efforts targeted to patients, such as campaigns or patient-oriented tools, which help patients participate in shared decision-making. The CTFPHC may also consider targeting patients through mechanisms like the patient health record.

5. We recommend that the CTFPHC enhances its presence in French

To date, the CTFPHC has conducted many of its KT activities in English only, including this evaluation. Expanding KT activities to include French-speaking clinicians and patients will enhance the reach of the CTFPHC guidelines, KT tools, and KT resources.

6. We recommend that the CTFPHC develops strategies for growth

Many survey and interview participants lamented how few guidelines the CTFPHC had produced and some criticized the age of the older guidelines. Participants wanted the CTFPHC to provide more comprehensive recommendations for a wide variety of preventive health care topics and to update the guidelines more frequently. Participants described feeling uncertain about how to navigate decisions on topics without a published CTFPHC recommendation. The CTFPHC should consider developing a strategy for growth that could allow for more frequent publications and updates.

6.0 References

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4. Number of physicians by province/territory and specialty, Canada, 2017 [website]. January 2017. Canadian Medical Association. Available from: https://www.cma.ca/Assets/assets-library/document/en/advocacy/01-physicians-by-specialty-province-e.pdf

Abbreviations

AAA	Abdominal aortic aneurysm
CFP	*Canadian Family Physician*
CFPC	College of Family Physicians Canada
CPL	Clinical Prevention Leaders
CT	Computed tomography
CTFPHC	Canadian Task Force on Preventive Health Care
EMR	Electronic medical record
FMF	Family Medicine Forum
HCV	Hepatitis C virus
iKT	Integrated knowledge translation
KT	Knowledge translation
NGC	National Guideline Clearinghouse
PCP	Primary care practitioner
PSA	Prostate-specific antigen

Short version of CTFPHC annual evaluation survey

This survey was distributed at FMF in November 2017.

Start of Block: Default Question Block

The Canadian Task Force on Preventive Health Care (CTFPHC) is funded by the Public Health Agency of Canada to develop clinical practice guidelines that support primary care practitioners in delivering preventive health care.

In this survey, you will be asked about your preventive health care practices and your awareness and use of CTFPHC guidelines. This survey will take about 5 minutes to complete.

If you have any questions, concerns, or technical difficulties, please see one of the CTFPHC booth attendants.

Page Break

Please respond to the following questions based on your **current health care practices**. Please note that preventive health care practices, often screening, target those who are asymptomatic and are not identified as high risk.

How often do you screen for **breast cancer** with mammography in a woman aged 40 to 49 years?

- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Screen the patient every four years
- ○ Do not routinely screen the patient

How often do you screen for **cervical cancer** in a woman younger than 25 years?

- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Screen the patient every four years
- ○ Do not routinely screen the patient

How often do you screen for **prostate cancer** with the PSA test in a man aged 55 to 69 years?

- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Screen the patient every four years
- ○ Do not routinely screen the patient

How often do you screen for **stomach cancer** in an adult patient aged 50 to 65 years?

- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Screen the patient every four years
- ○ Do not routinely screen the patient

How often do you ask about **child** (aged 5 to 12) **tobacco use** and offer brief information and advice to the child or their parents to prevent or treat tobacco smoking?

- ○ Talk to the patient or their parents at appropriate primary care visits
- ○ Talk to the patient or their parents every year
- ○ Talk to the patient or their parents every two years
- ○ Talk to the patient or their parents every three years
- ○ Do not routinely talk to the patient or their parents

How often do you ask about **youth** (aged 13 to 18) **tobacco use** and offer brief information and advice to the youth or their parents to prevent or treat tobacco smoking?

- ○ Talk to the patient or their parents at appropriate primary care visits
- ○ Talk to the patient or their parents every year
- ○ Talk to the patient or their parents every two years
- ○ Talk to the patient or their parents every three years
- ○ Do not routinely talk to the patient or their parents

How often to you screen for **Hepatitis C Virus** (HCV) in an adult who is not at elevated risk? Elevated risk includes:

Current or past history of injection drug use

Current or past history of incarceration

Born in, resided in, or travelled to HCV-endemic countries

Received health care where there is a lack of universal precautions

Received blood transfusions, blood products, or an organ transplant before 1992

Hemodialysis patients

Individuals with needle stick injuries

Other risks sometimes associated with HCV exposure, such as: high-risk sexual behaviours, homelessness, intranasal and inhalation drug use, tattooing, body piercing, or sharing sharp instruments or personal materials with someone who is HCV positive

Anyone with clinical clues suspicious for HCV

- ○ Screen the patient once
- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Do not routinely screen the patient

How often do you screen for **abdominal aortic aneurysm** with ultrasonography in a man aged 65 to 80 years?

- ○ Screen the patient once
- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Do not routinely screen the patient

Page Break

We will now ask you some questions about the Canadian Task Force on Preventive Health Care (CTFPHC) clinical practice guidelines.

Which CTFPHC clinical practice guidelines are you aware of? Select all that apply.

- [ ] Breast cancer screening
- [ ] Cervical cancer screening
- [ ] Prostate cancer screening
- [ ] Stomach cancer screening
- [ ] Prevention and treatment of tobacco smoking in children and youth
- [ ] Hepatitis C Virus screening
- [ ] Abdominal aortic aneurysm screening
- [ ] I am not aware of any of the above CTFPHC clinical practice guidelines

Page Break

Since the release of the CTFPHC **breast cancer** screening guideline in 2011, have you made any changes in your practice regarding breast cancer screening?

- ○ Yes
- ○ No
- ○ My practice was already consistent with the guideline

Since the release of the CTFPHC **cervical cancer** screening guideline in 2013, have you made any changes in your practice regarding cervical cancer screening?

- ○ Yes
- ○ No
- ○ My practice was already consistent with the guideline

Since the release of the CTFPHC **prostate cancer** screening guideline in 2014, have you made any changes in your practice regarding prostate cancer screening?

- ○ Yes
- ○ No
- ○ My practice was already consistent with the guideline

Since the release of the CTFPHC guideline on **tobacco smoking in children and youth** in 2017, have you made any changes in your practice regarding prevention and treatment of tobacco smoking in children and youth?

- ○ Yes
- ○ No
- ○ My practice was already consistent with the guideline

Since the release of the CTFPHC **Hepatitis C Virus** screening guideline in 2017, have you made any changes in your practice regarding Hepatitis C Virus screening?

- ○ Yes
- ○ No
- ○ My practice was already consistent with the guideline

Since the release of the CTFPHC **abdominal aortic aneurysm** screening guideline in 2017, have you made any changes in your practice regarding abdominal aortic aneurysm screening?

- ○ Yes
- ○ No
- ○ My practice was already consistent with the guideline

Page Break

What is your gender?

- ○ Male
- ○ Female
- ○ Non-binary
- ○ Prefer to self-describe _____
- ○ Prefer not to say

In which province or territory do you practice?

- ○ BC
- ○ AB
- ○ SK
- ○ MB
- ○ ON
- ○ QC
- ○ NB
- ○ NS
- ○ NL
- ○ PE
- ○ YT
- ○ NT
- ○ NU

How old are you?

- ○ 20 to 29
- ○ 30 to 39
- ○ 40 to 49
- ○ 50 to 59
- ○ 60 to 69
- ○ 70 to 79
- ○ 80 or older

What is your profession?

- ○ Primary care physician
- ○ Nurse practitioner
- ○ Nurse
- ○ Resident
- ○ Medical student
- ○ Allied health care professional
- ○ Researcher
- ○ Other, please specify _____

Page Break

How many years have you been practicing?

- ○ 5 or fewer
- ○ 6-10
- ○ 11-15
- ○ 16-20
- ○ 21-25
- ○ 26-30
- ○ 31-35
- ○ 36-40
- ○ 41 or more

What is your clinic setting? Select all that apply.

- ☐ Urban
- ☐ Suburban
- ☐ Rural
- ☐ Other, please specify _____

What is your clinic type? Select all that apply.

- [ ] Hospital-based
- [ ] Community-based
- [ ] Multidisciplinary clinic
- [ ] Physician group clinic
- [ ] Single practitioner clinic
- [ ] Other, please specify _____

Page Break

Are you interested in participating in a follow-up conversation about how you use guidelines in your practice? If yes, we will contact you in early 2018 to schedule a phone meeting. Your contact information will be kept confidential.

- ○ Yes
- ○ No

Page Break

Would you like to be entered into a draw to win a $50 gift card? Your contact information will be kept confidential.

- ○ Yes
- ○ No

Page Break

Name

_____

*

Email

_____

*

Phone number

_____

Page Break

Thank you for taking the time to respond to this survey. Please click the arrow button to submit your responses.

End of Block: Default Question Block

Long version of CTFPHC annual evaluation survey

This survey was distributed online from January 2, 2018 to February 2, 2018.

Start of Block: Screening Survey

Thank you for your interest in the Canadian Task Force on Preventive Health Care (CTFPHC) annual evaluation!

Please answer the following questions to determine your eligibility to participate.

What is your profession? (Select all that apply)

- ☐ Primary care physician
- ☐ Nurse practitioner
- ☐ Nurse
- ☐ Resident
- ☐ Medical student
- ☐ Allied health care professional (e.g. physiotherapist, occupational therapist, physician assistant)
- ☐ Researcher
- ☐ Other, please specify: _____

Page Break

Are you practicing primary care in Canada?

- ○ Yes
- ○ No

Page Break

I have conflicts of interest relating to CTFPHC clinical practice guidelines (e.g., owning shares in a company that sells screening tests).

- ○ Yes
- ○ No

Page Break

I completed a survey for the CTFPHC at Family Medicine Forum 2017 in Montreal.

- ○ Yes
- ○ No
- ○ I don't know

Page Break

Thank you for your interest in participating in the Canadian Task Force on Preventive Health Care (CTFPHC) annual evaluation. Unfortunately you are not eligible to participate in this study. If you would like to receive newsletters and announcements from the CTFPHC, please enter your contact information below and you will be added to our mailing list.

- Name _____
- Email _____

Page Break

Thank you for your interest in participating in the Canadian Task Force on Preventive Health Care (CTFPHC) annual evaluation. Unfortunately you are not eligible to participate in this survey because you completed a survey at Family Medicine Forum (FMF) this year. If you would like to participate in a 60-minute telephone interview, please enter your contact information below. Interview participants will receive a $100 honorarium.

- Name _____
- Email _____
- Telephone _____

End of Block: Screening Survey

Start of Block: Letter of Information

Letter of information and consent to participate

The Canadian Task Force on Preventive Health Care (CTFPHC) is an organization funded by the Public Health Agency of Canada (PHAC) to develop clinical practice guidelines that support primary care providers in delivering preventive health care. We are currently conducting an evaluation of the CTFPHC's activities in 2017 to assess the reach and uptake of these clinical practice guidelines in primary care settings.

You are invited to participate our evaluation because you are a primary care practitioner in Canada who may have experience with the CTFPHC's clinical practice guidelines. During the survey, you will be asked about your

- knowledge and perceptions of the CTFPHC
- use of the CTFPHC's clinical practice guidelines, tools, and resources, and
- barriers/facilitators for clinical practice guideline implementation in your clinic.

We estimate the survey will take you 20-30 minutes.

If you have any questions, concerns, or technical difficulties, please contact the study Research Coordinator, **Kaylen Fredrickson**, at **416-864-6060 x76218** or **fredricksonk@smh.ca**. If you wish to withdraw your consent to participate at any time, simply stop answering the questions and close your browser. Any information collected up to the point that you withdraw will be used. You may skip questions you prefer not to answer.

Once you complete the survey, you will have the opportunity to enter a draw for an iPad or complete an interview for $100 honourarium. Draw entry and interview information is at the end of the survey. Contact information provided for the draw will not be linked to survey answers provided.

The results of this evaluation will be circulated to the CTFPHC and collaborating organizational partners. The results of this evaluation may also be presented at conferences, seminars or other public forums, and published in journals. We will not be using direct quotes from the surveys. We will publish our results in aggregate form only – you will not be identified by name anywhere.

If you have any concerns about this study, you may contact the University of Calgary Research Ethics Office at 403-220-7990. This office has no direct involvement with this project.

Do you consent to participate in the CTFPHC 2017 annual evaluation survey?

- ○ I **consent** to participate in the annual evaluation survey
- ○ I **do not** consent to participate in the annual evaluation survey

End of Block: Letter of Information

Start of Block: Current preventive health care practices

Please respond to the following questions based on your **current preventive health care practices**.

Please note that preventive health care practices, which include screening, target those who are **asymptomatic and not identified as high risk**.

How often do you screen for **breast cancer** with mammography in a woman aged 40 to 49 years?

- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Screen the patient every four years
- ○ Do not routinely screen the patient
- ○ Other: _____

How often do you screen a woman for **breast cancer** by conducting a clinical breast exam?

- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Screen the patient every four years
- ○ Do not routinely screen the patient
- ○ Other: _____

With which age groups of women do you routinely discuss the harms and benefits of **breast cancer** screening? Select all that apply.

- ☐ 39 and younger
- ☐ 40 to 49
- ☐ 50 to 69
- ☐ 70 to 74
- ☐ 75 and older

Page Break

How often do you screen for **cervical cancer** in a woman aged 30 to 69 years?

- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Screen the patient every four years
- ○ Do not routinely screen the patient
- ○ Other: _____

How often do you screen for **cervical cancer** in a woman younger than 25 years old?

- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Screen the patient every four years
- ○ Do not routinely screen the patient
- ○ Other: _____

With which age groups of women do you routinely discuss the harms and benefits of **cervical cancer** screening? Select all that apply.

- [ ] 19 and younger
- [ ] 20 to 24
- [ ] 25 to 29
- [ ] 30 to 69
- [ ] 70 and older

Page Break

With which age groups of men do you routinely discuss the harms and benefits of **prostate cancer** screening? Select all that apply.

- [ ] 54 and younger
- [ ] 55 to 69
- [ ] 70 and older

How often do you screen for **prostate cancer** with the PSA test in a man younger than 55 years old?

- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Screen the patient every four years
- ○ Do not routinely screen the patient
- ○ Other: _____

Page Break

How often do you screen for **stomach cancer** in an adult patient aged 50 to 65 years?

- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Screen the patient every four years
- ○ Do not routinely screen the patient
- ○ Other: _____

Page Break

How often do you ask a child (aged 5 to 12 years) or their parents about **tobacco use by the child?**

- ○ At appropriate primary care visits
- ○ Once a year
- ○ Every two years
- ○ Every three years
- ○ Do not routinely ask
- ○ Other: _____

If a child (aged 5 to 12 years) **does not currently smoke tobacco**, how often do you offer brief information or advice to the child or the parents to **prevent tobacco smoking**?

- ○ At appropriate primary care visits
- ○ Once a year
- ○ Every two years
- ○ Every three years
- ○ Do not routinely offer brief information or advice
- ○ Other: _____

If a child (aged 5 to 12 years) **currently smokes tobacco**, how often do you offer brief information or advice to the child or the parents to **treat tobacco smoking**?

- ○ At appropriate primary care visits
- ○ Once a year
- ○ Every two years
- ○ Every three years
- ○ Do not routinely offer brief information or advice
- ○ Other: _____

How often do you ask a youth (aged 13 to 18 years) or their parents about **tobacco use by the youth?**

- ○ At appropriate primary care visits
- ○ Once a year
- ○ Every two years
- ○ Every three years
- ○ Do not routinely ask
- ○ Other: _____

If a youth (aged 13 to 18 years) **does not currently smoke tobacco**, how often do you offer brief information or advice to the youth or their parents to **prevent tobacco smoking?**

- ○ At appropriate primary care visits
- ○ Once a year
- ○ Every two years
- ○ Every three years
- ○ Do not routinely offer brief information or advice
- ○ Other: _____

If a youth (aged 13 to 18 years) **currently smokes tobacco**, how often do you offer brief information or advice to the youth or their parents to **treat tobacco smoking?**

- ○ At appropriate primary care visits
- ○ Once a year
- ○ Every two years
- ○ Every three years
- ○ Do not routinely offer brief information or advice
- ○ Other: _____

Page Break

How often do you screen for **hepatitis C virus** (HCV) in an adult who was born from 1945 to 1965?

- ○ Screen the patient once
- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Do not routinely screen the patient
- ○ Other: _____

How often do you screen for **hepatitis C virus** (HCV) in an adult who is not at elevated risk?

Elevated risk includes:
Current or past history of injection drug use

Have been incarcerated

Born, travelled or resided in HCV-endemic countries

Received health care where there is a lack of universal precautions

Recipients of blood transfusions, blood products, or an organ transplant before 1992

Hemodialysis patients

Individuals who have had needle stick injuries

Other risks sometimes associated with HCV exposure, such as: High-risk sexual behaviours, homelessness, intranasal and inhalation drug use, tattooing, body piercing, or sharing sharp instruments or personal hygiene materials with someone who is HCV positive.

Anyone with clinical clues suspicious for HCV infection (and above risk factors).

- ○ Screen the patient once
- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Do not routinely screen the patient
- ○ Other _____

Page Break

How often do you screen for **abdominal aortic aneurysm** with ultrasonography in a male patient aged 65 to 80 years?

- ○ Screen the patient once
- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Do not routinely screen the patient
- ○ Other _____

With which age groups of men do you routinely discuss the harms and benefits of screening for **abdominal aortic aneurysm** with ultrasonography? Select all that apply.

- ☐ 64 and younger
- ☐ 65 to 80
- ☐ 81 and older

How often do you screen for **abdominal aortic aneurysm** with ultrasonography in a female patient older than 65 years old?

- ○ Screen the patient once
- ○ Screen the patient every year
- ○ Screen the patient every two years
- ○ Screen the patient every three years
- ○ Do not routinely screen the patient
- ○ Other _____

Page Break

For the following preventive health topics, please indicate which clinical practice guidelines you primarily use.

Breast cancer screening

- ○ National guideline
- ○ Provincial/territorial guideline
- ○ Other guideline
- ○ I do not follow a guideline

Cervical cancer screening

- ○ National guideline
- ○ Provincial/territorial guideline
- ○ Other guideline
- ○ I do not follow a guideline

Prostate cancer screening

- ○ National guideline
- ○ Provincial/territorial guideline
- ○ Other guideline
- ○ I do not follow a guideline

Prevention and treatment of tobacco smoking in children and youth

- ○ National guideline
- ○ Provincial/territorial guideline
- ○ Other guideline
- ○ I do not follow a guideline

Hepatitis C screening

- ○ National guideline
- ○ Provincial/territorial guideline
- ○ Other guideline
- ○ I do not follow a guideline

Abdominal aortic aneurysm screening

- ○ National guideline
- ○ Provincial/territorial guideline
- ○ Other guideline
- ○ I do not follow a guideline

Page Break

We will now ask you some questions about the Canadian Task Force for Preventive Health Care (CTFPHC) guidelines, tools, and resources.

Which CTFPHC clinical practice guidelines are you aware of? Select all that apply.

- [ ] Breast cancer screening
- [ ] Cervical cancer screening
- [ ] Prostate cancer screening
- [ ] Stomach cancer screening
- [ ] Prevention and treatment of tobacco smoking in children and youth
- [ ] Hepatitis C screening
- [ ] Abdominal aortic aneurysm screening

Page Break

End of Block: Current preventive health care practices

Start of Block: Use of and satisfaction with guidelines

How satisfied are you with the following CTFPHC guideline recommendations?

1 – Not at all satisfied, 4 – Neither satisfied nor dissatisfied, 7 – Very satisfied.

	1 - Not at all satisfied	2	3	4 - Neither satisfied nor dissatisfied	5	6	7 - Very satisfied	Not applicable
Breast cancer	○	○	○	○	○	○	○	○
Cervical cancer	○	○	○	○	○	○	○	○
Prostate cancer	○	○	○	○	○	○	○	○
Tobacco smoking in children and youth	○	○	○	○	○	○	○	○
Hepatitis C virus	○	○	○	○	○	○	○	○
Abdominal aortic aneurysm	○	○	○	○	○	○	○	○

Please explain any dissatisfaction you have with CTFPHC guideline recommendations.

_____

_____

_____

_____

_____

Page Break

Since the release of the CTFPHC **breast cancer** screening guideline in 2011, have you made any changes in your practice regarding breast cancer screening?

- ○ Yes
- ○ No
- ○ My practice was already consistent with the guidelines
- ○ I began practicing after the guideline was released

Since the release of the CTFPHC **cervical cancer** screening guideline in 2013, have you made any changes in your practice regarding cervical cancer screening?

- ○ Yes
- ○ No
- ○ My practice was already consistent with the guidelines
- ○ I began practicing after the guideline was released

Since the release of the CTFPHC **prostate cancer** screening guideline in 2014, have you made any changes in your practice regarding prostate cancer screening?

- ○ Yes
- ○ No
- ○ My practice was already consistent with the guidelines
- ○ I began practicing after the guideline was released

Since the release of the CTFPHC guideline on **tobacco smoking in children and youth** in 2017, have you made any changes in your practice regarding prevention and treatment of tobacco smoking in children and adolescents?

- ○ Yes
- ○ No
- ○ My practice was already consistent with the guidelines
- ○ I began practicing after the guideline was released

Since the release of the CTFPHC **hepatitis C virus** screening guideline in 2017, have you made any changes in your practice regarding hepatitis C virus screening?

- ○ Yes
- ○ No
- ○ My practice was already consistent with the guidelines
- ○ I began practicing after the guideline was released

Since the release of the CTFPHC **abdominal aortic aneurysm** screening guideline in 2017, have you made any changes in your practice regarding abdominal aortic aneurysm screening?

- ○ Yes
- ○ No
- ○ My practice was already consistent with the guidelines
- ○ I began practicing after the guideline was released

Page Break

End of Block: Use of and satisfaction with guidelines

Start of Block: Tools and resources

Are you **aware of** or **have you used** any of the following CTFPHC tools that accompany the clinical practice guidelines? Select all that apply.

Breast cancer screening tools

	I am **aware** of this tool	I have **used** this tool
Patient algorithm	☐	☐
Patient FAQ	☐	☐
Risks & benefits, age 40-49	☐	☐
Risks & benefits, age 50-69	☐	☐
Risks & benefits, age 70-74	☐	☐
Breast cancer screening video for clinicians	☐	☐

Cervical cancer screening tools

	I am **aware** of this tool	I have **used** this tool
Clinician algorithm	☐	☐
Clincian FAQ	☐	☐
Patient algorithm	☐	☐
Patient FAQ	☐	☐

Prostate cancer screening tools

	I am **aware** of this tool	I have **used** this tool
Clinician FAQ	☐	☐
Patient FAQ	☐	☐
1000-person tool	☐	☐
Infographic	☐	☐
CTFPHC prostate-specific antigen screening video	☐	☐

Child and youth tobacco smoking prevention and treatment tool

	I am **aware** of this tool	I have **used** this tool
Clinician FAQ	☐	☐

Hepatitis C virus screening tool

	I am **aware** of this tool	I have **used** this tool
Clinician FAQ	☐	☐

Abdominal aortic aneurysm screening tools

	I am **aware** of this tool	I have **used** this tool
1000-person tool	☐	☐
Clinician recommendation table	☐	☐

General tools

	I am **aware** of this tool	I have **used** this tool
Cancer screening video	☐	☐

Page Break

How do you access the CTFPHC tools? Select all that apply.

Digital

- [ ] I view them on the CTFPHC website
- [ ] I view them on the CTFPHC mobile app (*Please note: CTFPHC mobile app is no longer being updated. Our guidelines and tools are now included in the app QxMD Calculate.*)
- [ ] I view them on the QxMD mobile app

Print

- [ ] I printed copies for myself
- [ ] I have printed copies that came with my CMAJ publication
- [ ] I received laminated copies at a conference

Other

_____

Page Break

Are you **aware of** or **have you used** any of the following CTFPHC resources? Select all that apply.

	Newsletters	CTFPHC Twitter account	QxMD Calculate mobile application	Cervical Cancer Screening e-learning module	Obesity Prevention and Management e-learning module	CTFPHC Canadian Family Physician (CFP) article series	Periodic Preventive Health Visits article in Canadian Family Physician (CFP)	CMAJ Clinical Practice Guideline author podcasts
I am **aware** of this resource	☐	☐	☐	☐	☐	☐	☐	☐
I have **used** this resource (e.g. read it, referred to it)	☐	☐	☐	☐	☐	☐	☐	☐

Page Break

Did you take part in any of the following CTFPHC activities in 2017? Select all that apply.

An interview or focus group to give your feedback on a draft tool (e.g. usability testing)

- [ ] Prevention and treatment of tobacco smoking in children and youth
- [ ] Hepatitis C virus screening
- [ ] Abdominal aortic aneurysm screening
- [ ] Lung cancer video

2016 annual evaluation interviews or survey

- ○ Yes
- ○ No

Guideline stakeholder webinars

- [ ] Prevention and treatment of tobacco smoking in children and youth
- [ ] Hepatitis C virus screening
- [ ] Abdominal aortic aneurysm screening

Online topic suggestion process

- ○ Yes
- ○ No

Page Break

Please provide any additional comments or feedback you have on the CTFPHC guidelines, tools, or resources.

_____

_____

_____

_____

_____

End of Block: Tools and resources

Start of Block: Demographics

What is your gender?

- ○ Male
- ○ Female
- ○ Non-binary
- ○ Prefer to self-describe _____
- ○ Prefer not to say

In which province or territory do you practice?

- ○ British Columbia
- ○ Alberta
- ○ Saskatchewan
- ○ Manitoba
- ○ Ontario
- ○ Quebec
- ○ New Brunswick
- ○ Nova Scotia
- ○ Newfoundland
- ○ Prince Edward Island
- ○ Yukon
- ○ Northwest Territories
- ○ Nunavut

How old are you?

- ○ 20 to 29
- ○ 30 to 39
- ○ 40 to 49
- ○ 50 to 59
- ○ 60 to 69
- ○ 70 to 79
- ○ 80 or older

How many years have you been practicing?

- ○ 5 or fewer
- ○ 6 to 10
- ○ 11 to 15
- ○ 16 to 20
- ○ 21 to 25
- ○ 26 to 30
- ○ 31 to 35
- ○ 36 to 40
- ○ 41 or more

What is your clinical setting? Select all that apply.

- [ ] Urban
- [ ] Suburban
- [ ] Rural
- [ ] Other, please specify: _____

What is your clinic type? Select all that apply.

- [ ] Hospital-based
- [ ] Community-based
- [ ] Multidisciplinary clinic
- [ ] Physician group clinic
- [ ] Single practitioner clinic
- [ ] Other, please specify: _____

Page Break

Are you willing to participate in a one hour follow-up interview? The interview will ask you about your experiences with the Task Force and about how you use guidelines in your practice.
If you complete an interview, you will receive a $100 honorarium. If you do not want to participate in the interview, you can enter a draw for an iPad.

- ○ Yes, I will participate in an interview
- ○ No, I am not willing to participate in an interview

Page Break

Would you like to be entered into the draw to win an iPad? The winner will be drawn randomly in Spring 2018. Your contact information will be kept confidential.

- ○ Yes
- ○ No

The Canadian Task Force on Preventive Health Care has a mailing list that we use to send occasional emails about our work, including guideline and tool updates. We also send emails to the mailing list to recruit primary care practitioners to review tools and provide input into our research projects. Would you be interested in being added to our mailing list?

- ○ Yes
- ○ No

Page Break

Thank you for completing the survey and agreeing to a follow-up interview! Please provide your contact information. We will email you to provide more information and to schedule your one hour interview shortly. Your contact information will be kept confidential.

- Name _____
- Phone: _____
- Email _____

Thank you for completing the survey. The draw for the iPad will happen in spring, 2018. Your contact information will be kept confidential.

- Name _____
- Phone: _____
- Email _____

Thank you for completing the survey. The draw for the iPad will happen in spring, 2018. Your contact information will be kept confidential.

- Name _____
- Phone: _____
- Email _____

Thank you for completing the survey. You will be added to our email list shortly. Your contact information will be kept confidential.

- Name _____
- Phone: _____
- Email _____

Page Break

Please share widely! We appreciate your support! If you know any primary care practitioners who would be interested in participating in this survey, please send them to our website.

Page Break

Thank you! If you have any questions, please contact Rossella Scoleri, Research Assistant, at 416-864-6060 x77337 or scolerir@smh.ca.

End of Block: Demographics

CTFPHC annual evaluation interview guide

Note to the interviewer: Before the interview, you will need:

- Summary of the interviewee survey responses about CTFPHC guidelines they know about and use, and their preference for provincial vs. national guidelines
- Summary of CTFPHC recommendation statements

Intro

Thank you for agreeing to speak with us. My name is [name] and I am a [title] with the Knowledge Translation Program at St. Michael's Hospital in Toronto. We are evaluating the 2017 activities of the Canadian Task Force on Preventive Health Care. As part of this evaluation, we are conducting interviews with practitioners about your experiences with the Task Force.

The interview will ask you about

- Your knowledge and perceptions of the Task Force
- Your use of Task Force clinical practice guidelines, tools, and resources
- How preventive health care decisions get made
- How preventive health care happens in your practice

Do you have any questions?

I will now go over the interview agreement.

- Your participation in this interview is voluntary.
- You can choose not to participate or you may withdraw at any time, even after the interview has started.
- This interview is confidential.
- We will record this interview.
- We will summarize the interview results. Summary results may be included in presentations and publications. Quotes from your interview may also be used. Any quotes or summary results will be de-identified.
- If you would like a report of the results, we can provide you with a summary when our analysis is complete.

Do you have any questions?

Do you agree to the interview and to the audio recording?

I will now turn on the audio recorder.

Today is [date] and I am conducting Task Force 2017 evaluation interview number [number].

Note to interviewer: The headings are for your use only. What appears in brackets is the construct from RE-AIM we are targeting with the questions.

1 Introduction to the Task Force (Factors affecting Reach)

- How did you first learn about the Task Force?
    - Probes: Were you exposed to the Task Force in medical school or your residency training? If so, what did they teach?

2 Experiences with Task Force over time (Effectiveness, factors affecting Adoption)

(Note to interviewer: For this area of questioning, important to consider survey results – esp. which guidelines they use.)

- When did you first start following recommendations from the Task Force?
- What influences your decision to change your preventive health care practices, such as screening?
    - Probe: Have you ever started following a Task Force guideline and then stopped?
        - Probe: What made you decide to stop? OR What could make you decide to stop following a guideline?
- When a new Task Force guideline comes out, how do you make a decision on whether or not to follow it?

3 Guideline decision making (Effectiveness, factors affecting Adoption)

- From your perspective, where is the main decision-making power for guideline uptake? Who are the influencers that drive guidelines becoming practice?
    - Probe: The practitioner, colleagues, the practice, leaders in the profession, the professional organization, the government, the public?
- What makes a guideline trustworthy? What makes a guideline implementable?
    - Probes: What are your trusted sources for guidelines?
    - Probe: In your opinion, how does Task Force compare to other sources for guidelines?
    - Probe: Is Task Force trustworthy? Why or why not?
- When you have multiple sources of conflicting information on a preventive health care topic, how do you evaluate which information to follow?
    - Probe: *(Note to interviewer: For this probe, important to consider survey responses.)* Think about a topic where the Task Force and provincial guidelines are different. How did you decide which guideline to follow?

4 Engaging patients (Factors affecting Implementation)

- In your work setting(s), how are patients engaged in discussions about preventive health care?
    - Probe: How are patients engaged in discussions about Task Force guidelines?
    - Probe: How do you use Task Force KT tools?
- In your work setting(s), who else do you think could engage patients in discussions about Task Force recommendations?
    - Probe: How do you think that would work? What support would those people need to engage patients successfully?

5 Accessing Task Force materials (Suggestions for improving Reach and Implementation)

- How can the Task Force improve your access to the recommendations and tools?

6 Final thoughts and thank you

- Do you have anything else you would like to share?

Thank you so much for taking the time to share with us today. We will be processing and mailing your compensation soon. Please know that the payment processing can take a few weeks. If you have any questions about the evaluation, you can contact Rossella, who emailed you to set up this interview.

Guideline publications

Prevention and treatment of tobacco smoking in children and youth

Pre-release: Stakeholder engagement

- Engaged 52 stakeholders
  - 19 generalist organizations
  - 22 disease-specific organizations
  - 11 peer reviewers
- Hosted 3 guideline preview webinars
  - Presented by Dr. Brett Thombs
  - Attendance: 10 stakeholders from 8 organizations
- Endorsements
  - College of Family Physicians of Canada
  - Canadian Thoracic Society Pediatric Executive Assembly

Guideline publications

Prevention and treatment of tobacco smoking in children and youth

Post-release: Dissemination & media

Dissemination	
CMAJ journal subscribers (received guideline and KT tool)	69,398
CMAJ guideline downloads	6,328
CTFPHC website English page visits	2,555
CTFPHC website French page visits	224
NGC page views	442
Podcast plays	639
Letters to the editor and commentaries	1
Media	
Interviews with CTFPHC members	14
People exposed to print coverage	2,614,203
People exposed to online coverage	6,452,241
People exposed to television or radio coverage	5,350,700
Altmetric score	143

Note: Numbers are based on data from January 1, 2017 to December 31, 2017.

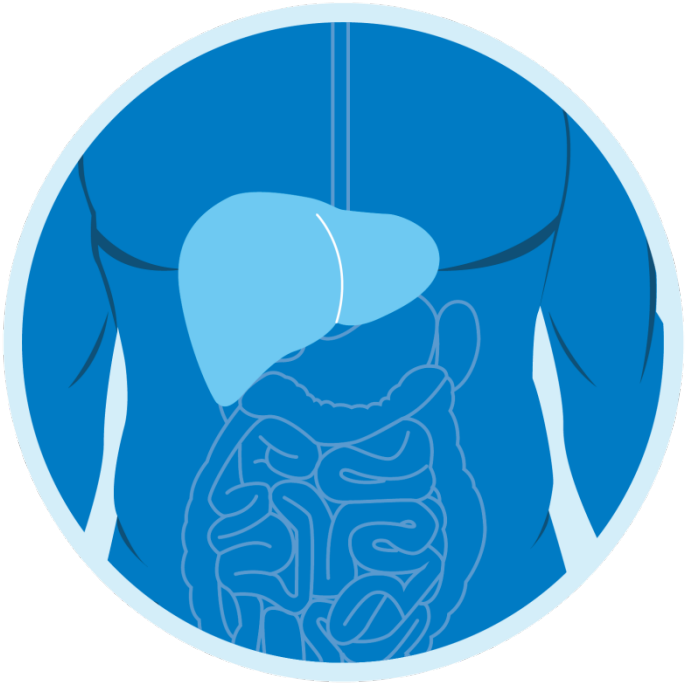
St. Michael's
Inspired Care.
Inspiring Science.

Canadian Task Force on Preventive Health Care (CTFPHC); Knowledge Translation (KT); National Guideline Clearinghouse (NGC).

Guideline publications

Hepatitis C virus (HCV) screening

Pre-release: Stakeholder engagement



- Engaged 72 stakeholders
  - 18 generalist organizations
  - 21 disease-specific organizations
  - 33 peer reviewers
- Hosted 3 guideline preview webinars
  - Presented by Dr. Roland Grad
  - Attendance: 19 stakeholders from 15 organizations
- Endorsements
  - Nurse Practitioners' Association of Canada

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Guideline publications

HCV screening

Post-release: Dissemination & media

Dissemination	
CMAJ journal subscribers (received guideline and KT tool)	69,608
CMAJ guideline downloads	13,270
CTFPHC website English page visits	3,509
CTFPHC website French page visits	276
NGC page views	846
Podcast plays	838
Letters to the editor and commentaries	4
Media	
Interviews with CTFPHC members	6
People exposed to print coverage	1,788,042
People exposed to online coverage	6,887,000
People exposed to television or radio coverage	6,185,200
Altmetric score	91

Note: Numbers are based on data from January 1, 2017 to December 31, 2017.

Guideline publications

Abdominal aortic aneurysm (AAA) screening

Pre-release: Stakeholder engagement

- Engaged 38 stakeholders
  - 20 generalist organizations
  - 15 disease-specific organizations
  - 3 peer reviewers
- Hosted 1 guideline preview webinar
  - Presented by Dr. Harminder Singh
  - Attendance: 5 stakeholders from 5 organizations
- Endorsements
  - Nurse Practitioners' Association of Canada

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Guideline publications

AAA screening

Post-release: Dissemination & media

Dissemination	
CMAJ journal subscribers (received guideline and KT tool)	69,608
CMAJ guideline downloads	8,938
CTFPHC website English page visits	3,463
CTFPHC website French page visits	251
Podcast plays	736
Letters to the editor and commentaries	0
Media	
Interviews with CTFPHC members	0
Altmetric score	53

Note: Numbers are based on data from January 1, 2017 to December 31, 2017.

Guideline dissemination

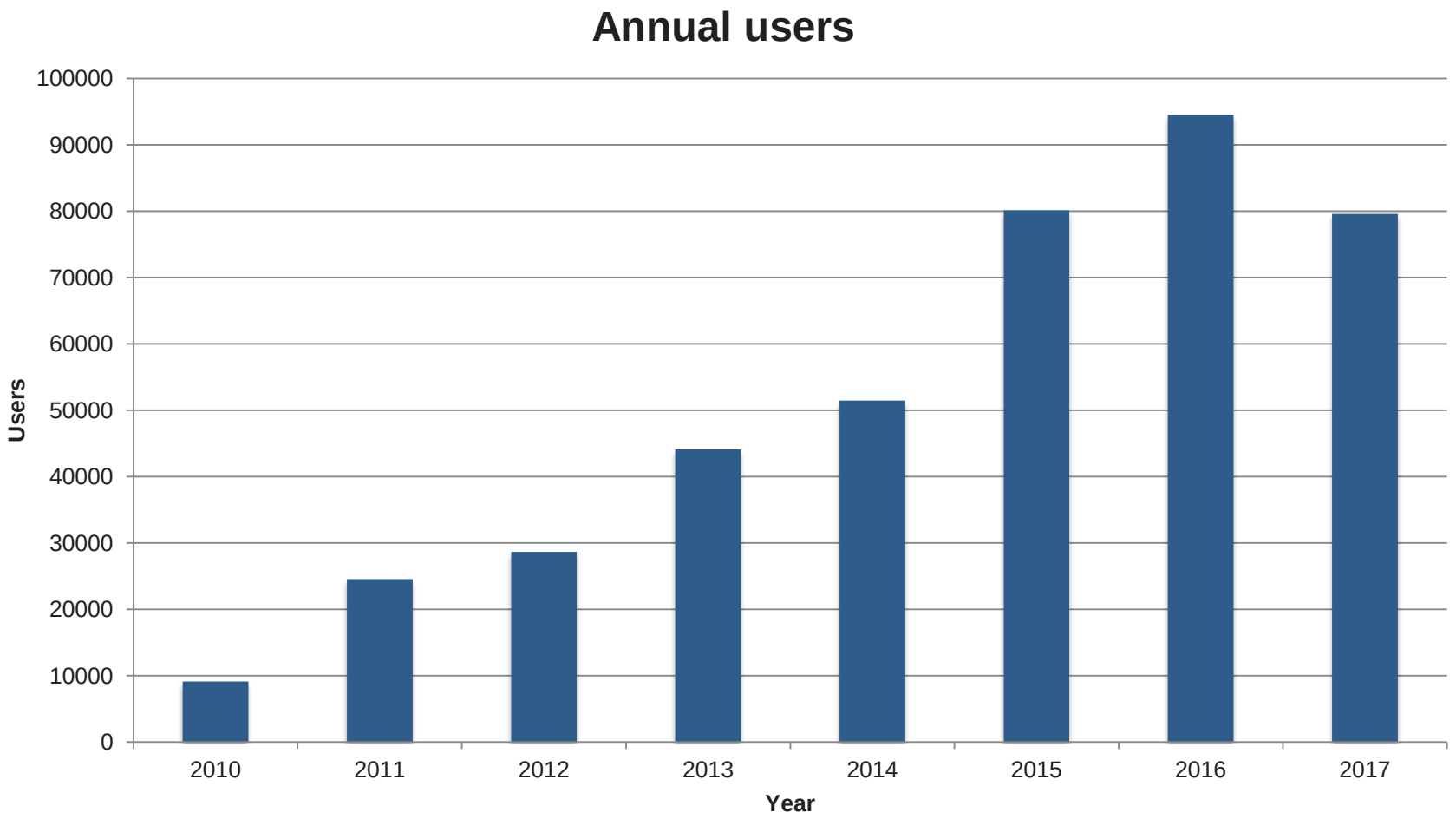
Conferences & KT tools

- The CTFPHC disseminated **12,835** KT tools at **4** conferences

Conference event	Dates	Location	Delegates attended	KT tools disseminated	
				EN	FR
Canadian Respiratory Conference 2017	Apr 27-29	Montreal, QC	600	600	600
Congrès annuel de medicine 2017	Oct 25-26	Montreal, QC	730	--	1723
Family Medicine Forum 2017	Nov 9-11	Montreal, QC	3213	6772	1172
Practising Wisely Day	Nov 22	Toronto, ON	150	1968	--

Guideline dissemination

CTFPHC website annual users



St. Michael's
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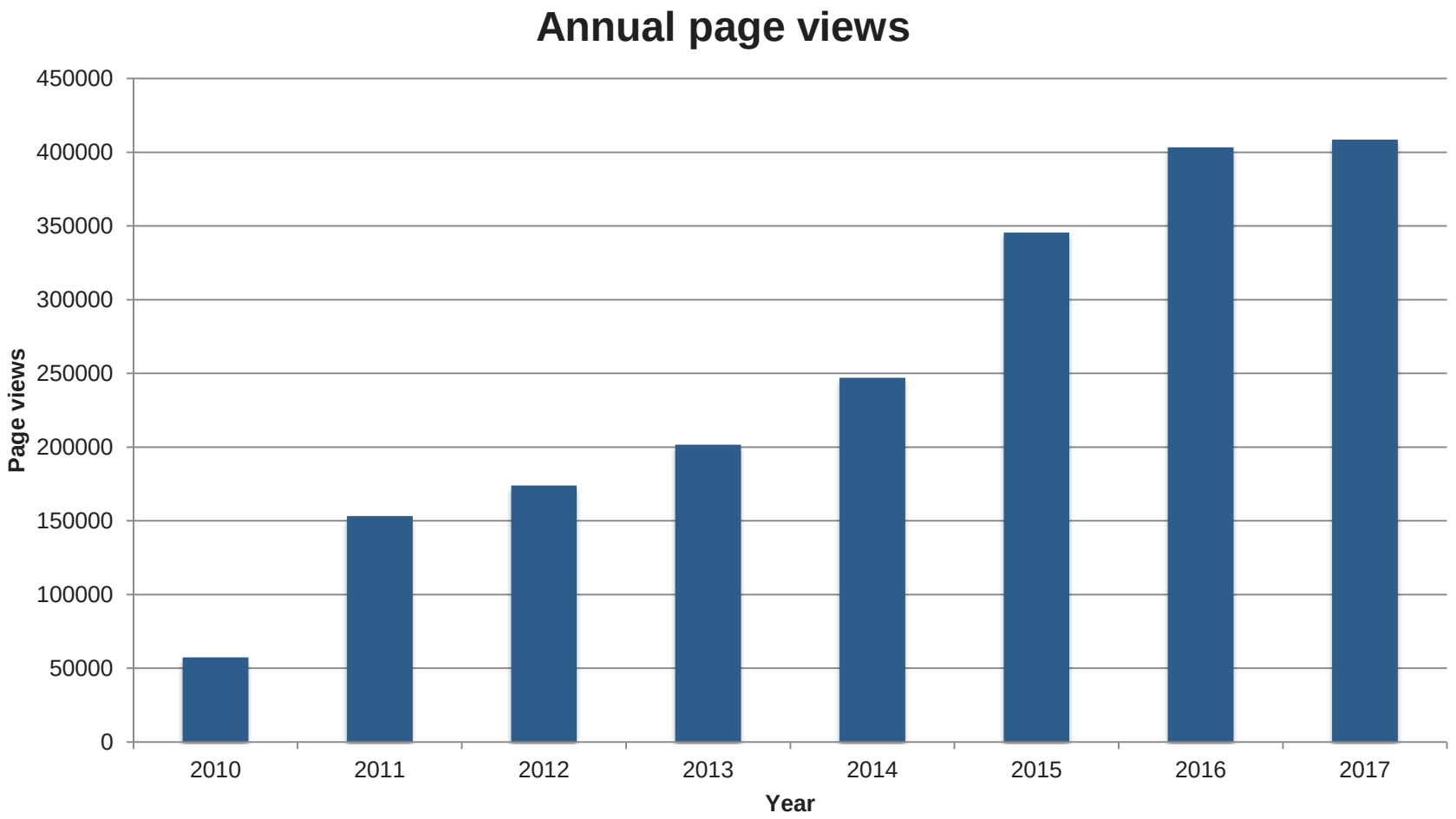
Note: The data reported is combined for both the English and French website platforms.

Guideline dissemination

CTFPHC website annual page views

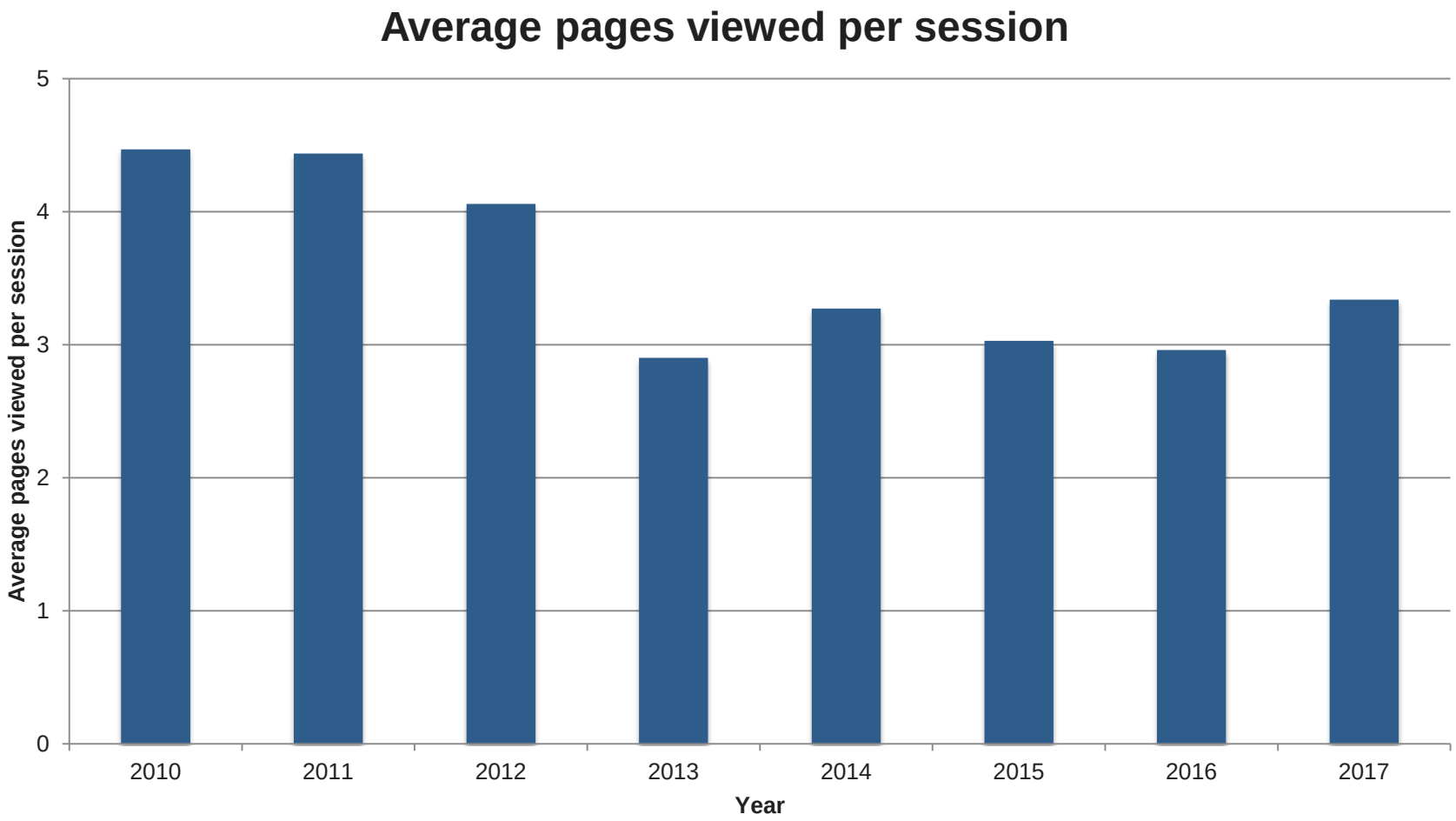


St. Michael's
Inspired Care.
Inspiring Science.

Note: The data reported is combined for both the English and French website platforms.

Guideline dissemination

CTFPHC website average pages viewed per session

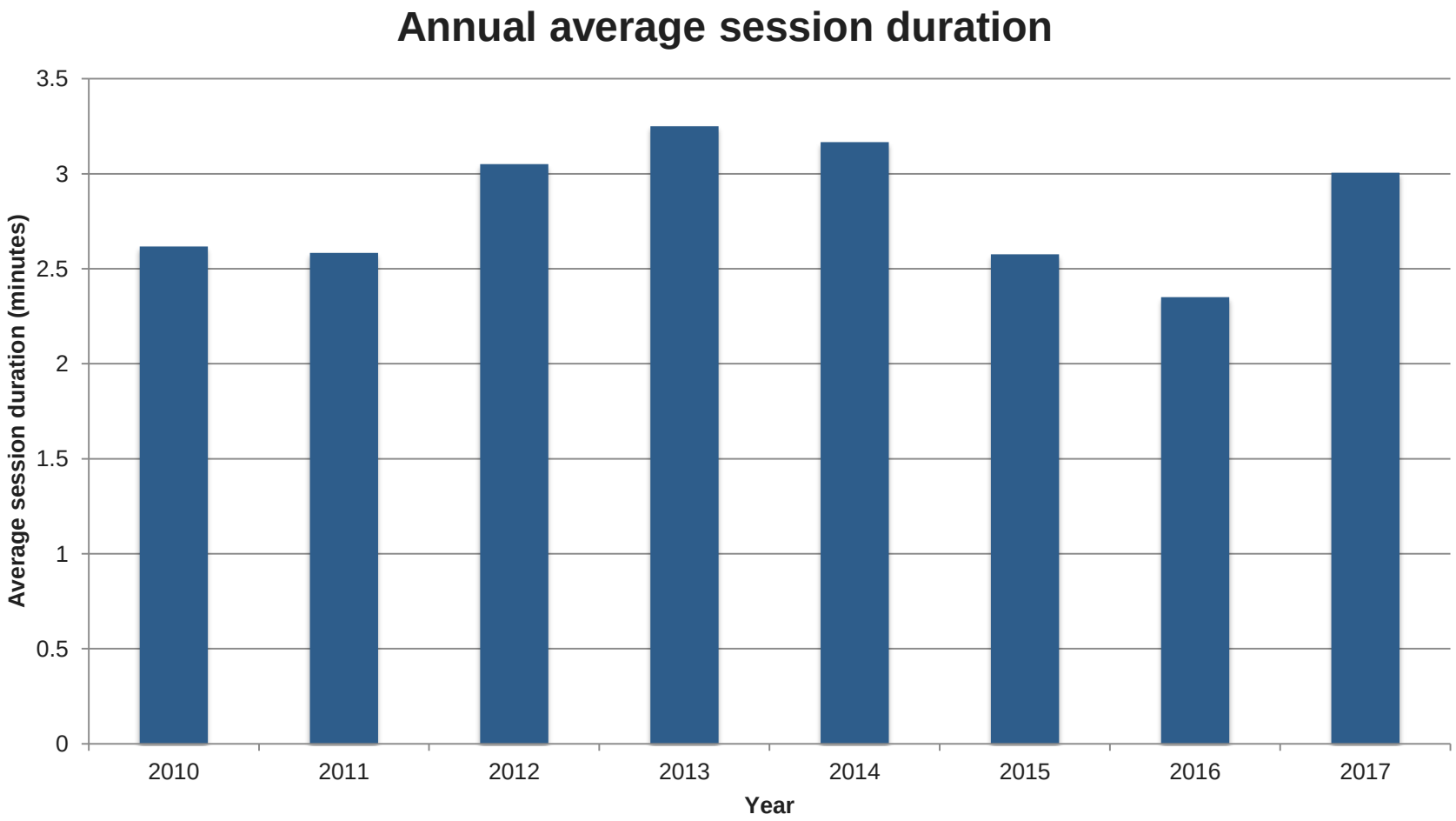


St. Michael's
Inspired Care.
Inspiring Science.

Note: The data reported is combined for both the English and French website platforms.

Guideline dissemination

CTFPHC website annual average session duration



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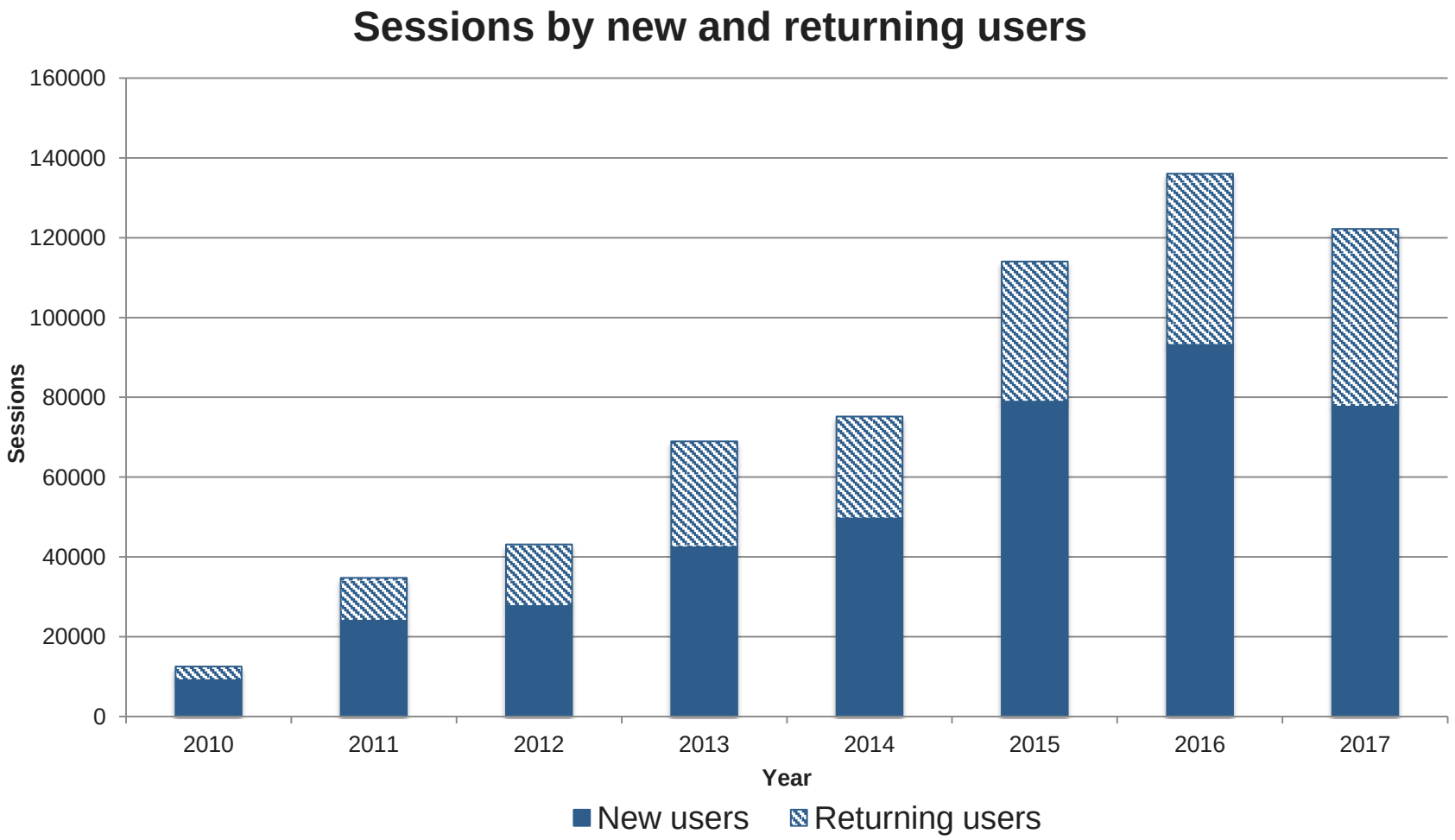
Note: The data reported is combined for both the English and French website platforms.

Guideline dissemination

CTFPHC website sessions by new and returning users



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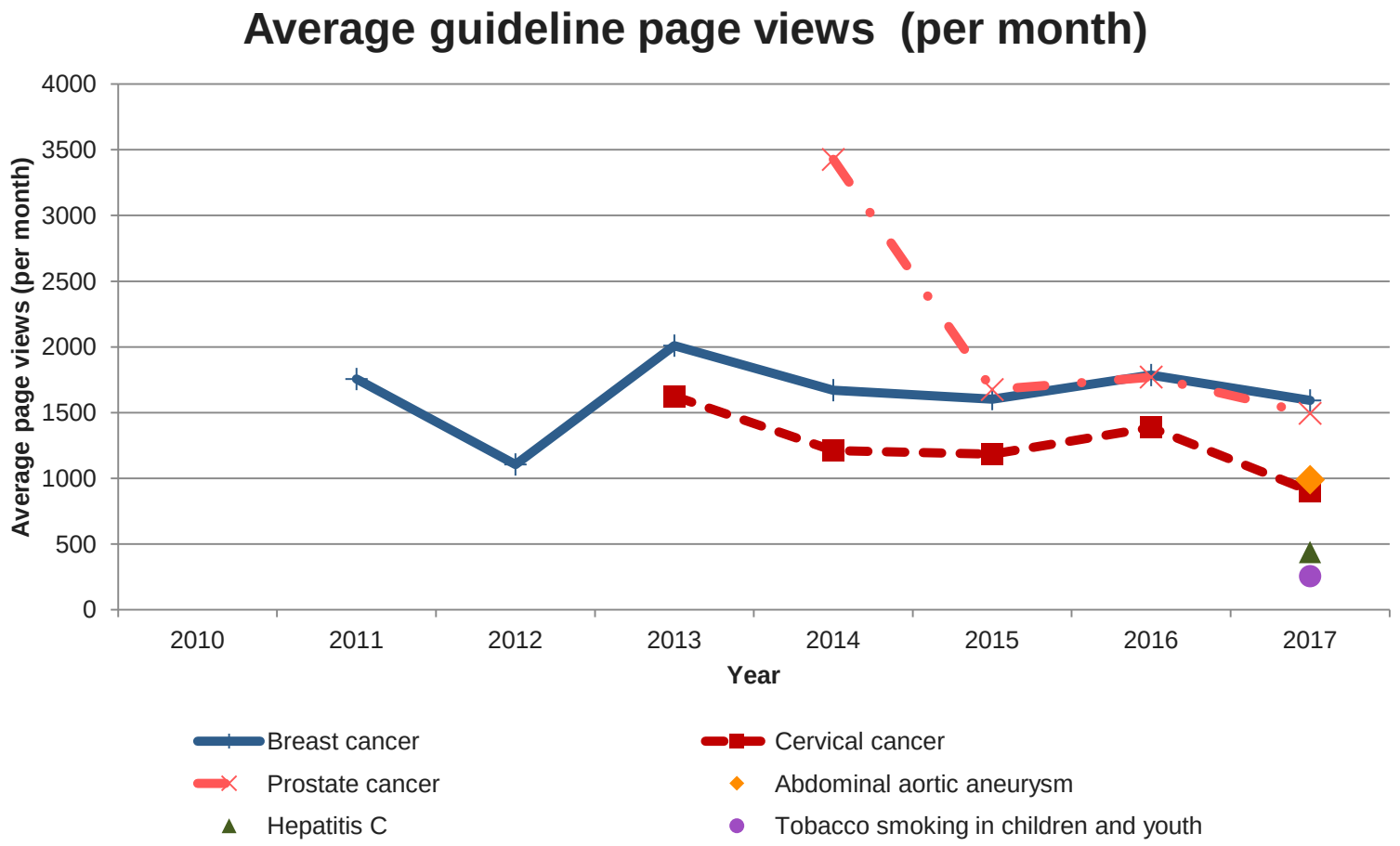
Note: The data reported is combined for both the English and French website platforms.

Guideline dissemination

CTFPHC English website average guideline page views (per month)



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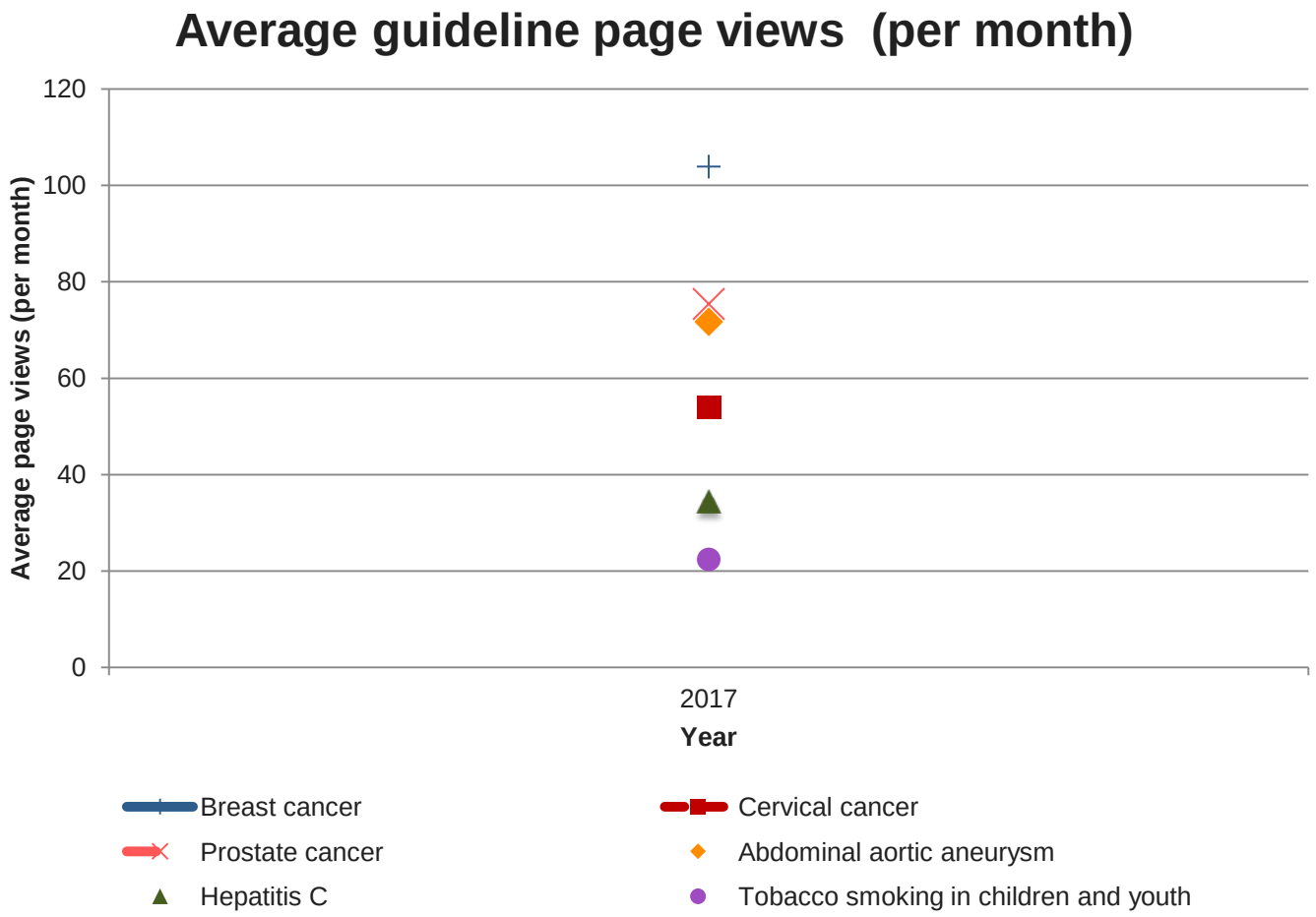
Note: For more accurate comparisons, guideline page views are shown as counts per month. This is because in the year of guideline publication, pages were only available for part of the year.

Guideline dissemination

CTFPHC French website average guideline page views (per month)



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Note: Only 2017 guideline data is available for the French website platform. For more accurate comparisons, guideline page views are shown as counts per month. This is because in 2017 new guideline pages were only available for part of the year.

Guideline dissemination

CTFPHC website user locations

Top 5 countries	Sessions
Canada	95,879
United States	6,645
Brazil	2,737
Argentina	1,538
Spain	1,409

Top 5 cities	Sessions
Toronto	13,125
Montreal	8,784
Ottawa	6,472
Calgary	6,140
Edmonton	4,067

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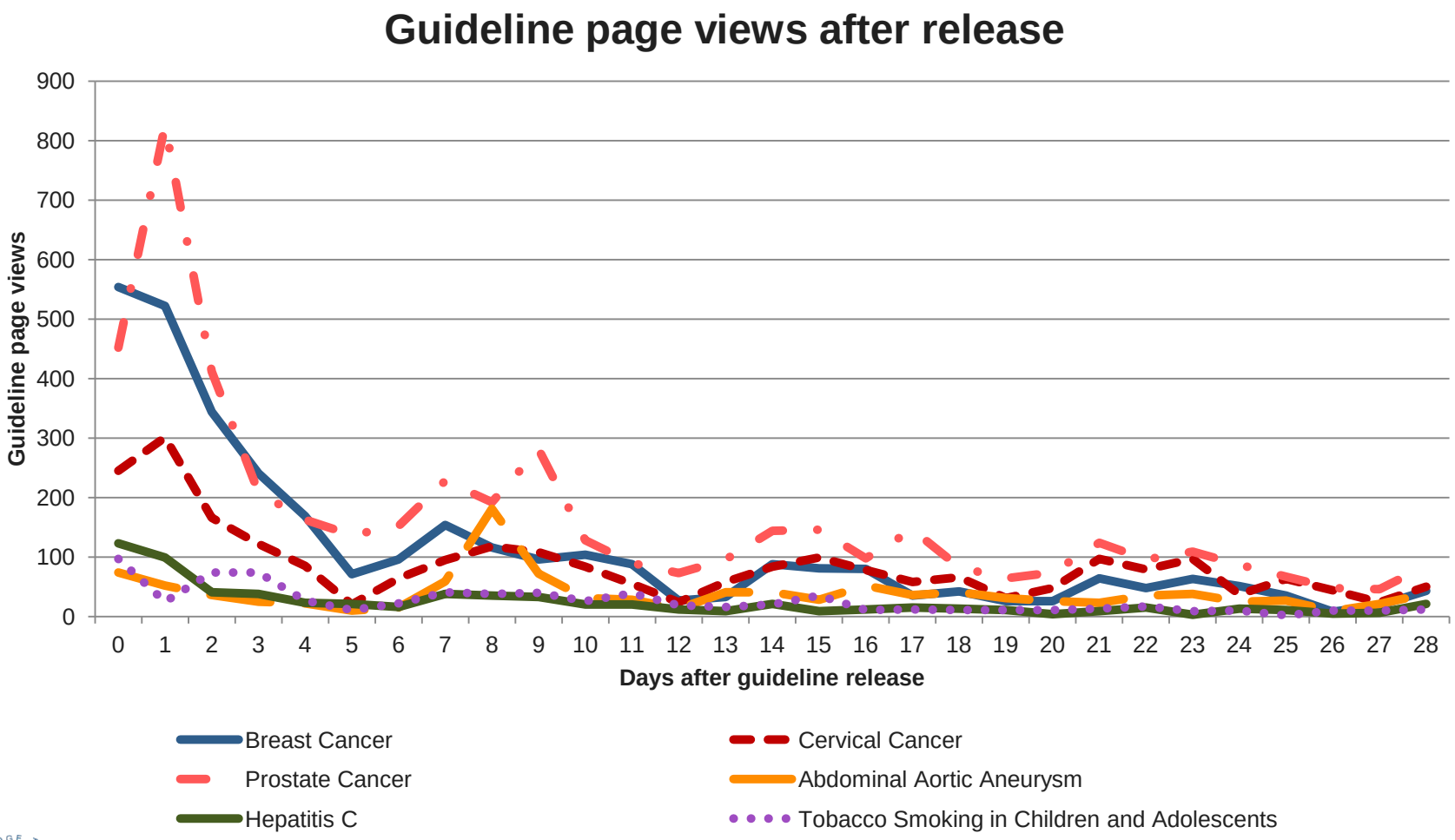
Note: The data reported is combined for both the English and French website platforms.

Guideline dissemination

CTFPHC English website guideline page views after release



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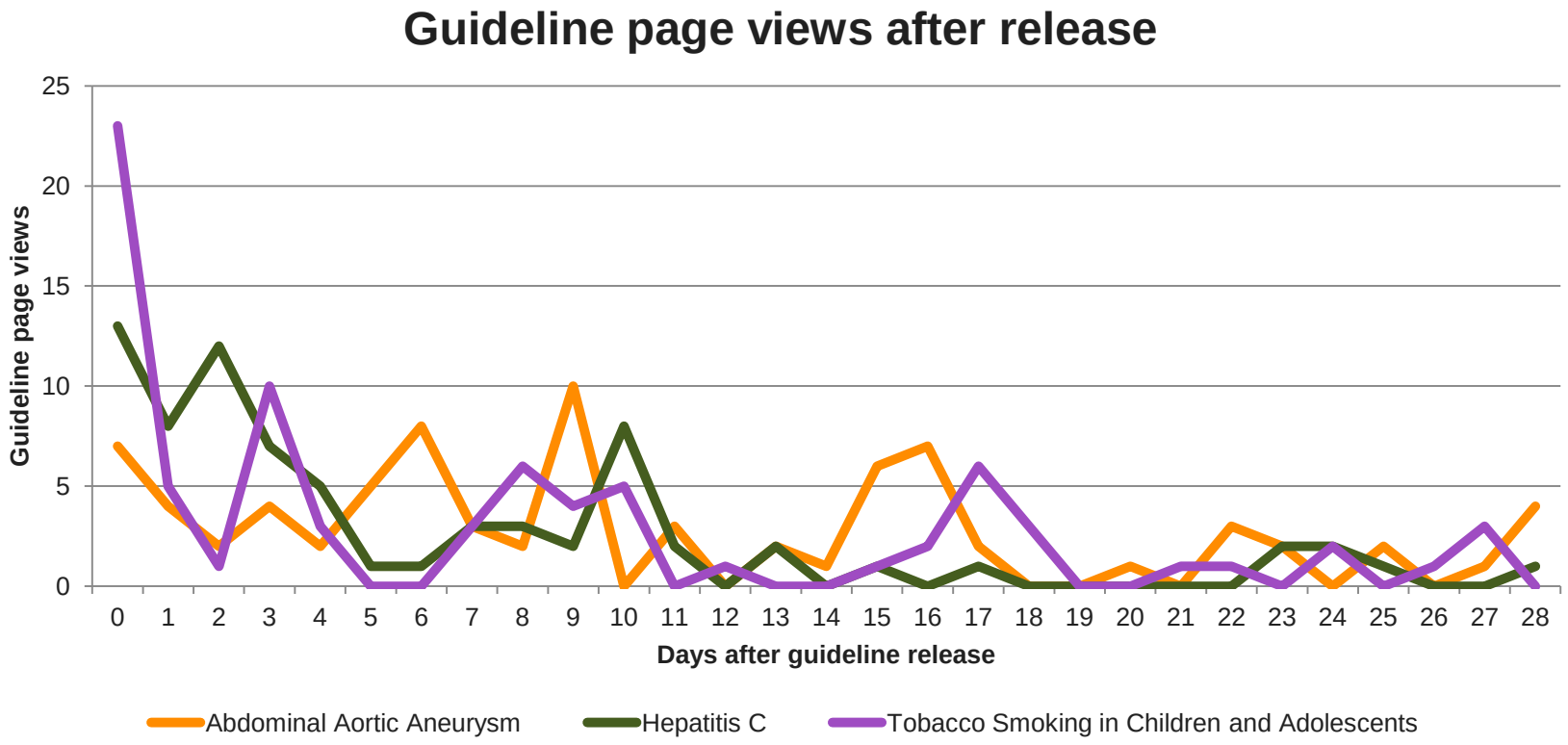
Guideline dissemination

CTFPHC French website guideline page views after release



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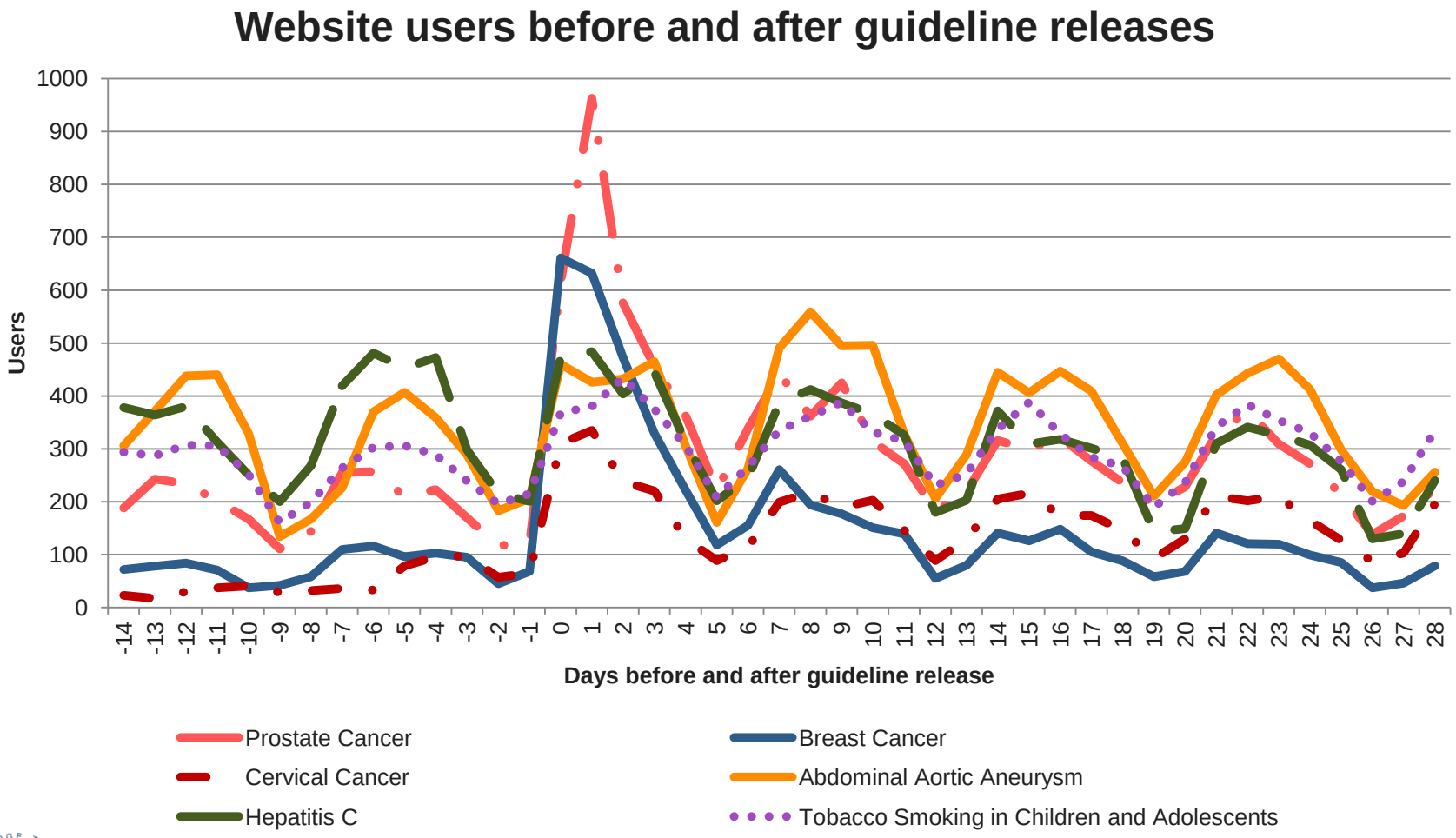
Note: Data is only available for the above (3) guidelines for the French website platform.

Guideline dissemination

CTFPHC website users before and after guideline releases



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Note: The data reported is combined for both the English and French website platforms.

Guideline dissemination

QxMD: Calculate

- Calculate by QxMD is a free digital application
- Clinical calculator & decision support tool for clinicians worldwide
- CTFPHC account offers guidelines and accompanying resources

CTFPHC account	
Total users in 2017	177,656
New users	53%
Returning users	47%
Total sessions	324,314
Total screen views	381,964

Guideline dissemination

QxMD: Read

- Read by QxMD is a paid digital application
- Personalized medical & scientific library for Canadian users
- CTFPHC account offers guideline publications

CTFPHC account		
Total impressions	42,915	57% email 43% feed
Total views	3,162	2,200 abstract views 962 paper views
Total shares	56	100% email

Guideline dissemination
CMAJ & NGC

Guideline topics	2017 CMAJ guideline downloads	2017 NGC page views
Breast cancer	11,608	--
Type 2 diabetes	7,713	1,706
Hypertension	*6,014**	447
Cervical cancer	10,259	1,202
Depression	5,838	2,287
Prostate cancer	14,802	654
Adult obesity	7,618	892
Child obesity	6,329	841
Cognitive impairment	6,023	1,477
Colorectal cancer	13,987	956
Lung cancer	11,908	764
Developmental delay	7,945	655
Tobacco smoking in children & youth	6,328	442
Hepatitis C	13,270	846
Abdominal aortic aneurysm	8,938	--

**The hypertension guideline was published in CFP, not CMAJ*

Dissemination

Publications: Summary

Publication	Dates	Source
“Prevention in Practice” article series	July - December	CFP Journal
Periodic preventive health visits (PPHV) article	November	CFP Journal
Movember shavedown: Why you should not get your prostate checked	November 29	The Conversation

Dissemination

Publications: “Prevention in Practice” article series

- CFP print subscribers as of January 2018
  - 32,751 in Canada
  - 848 US and international

Article topics	Published	Total online views	PDF downloads
Introduction to series	July	1,707	179
Balancing benefits and harms	July	2,700	350
Shared decision making	September	2,170	285
KT tools	November	1,366	139

Dissemination

Publications: Periodic preventive health visits article

- Published in CFP's November Issue
  - Total views: 3,418
  - PDF downloads: 446

- Media and news coverage
  - **17** interview requests
    - **9** with print coverage by media outlets including: Le Devoir, CBC News, and Global News Toronto
    - **8** live radio broadcasts with Radio-Canada, CBC News, and Global News

Dissemination

Media coverage

- News media publication

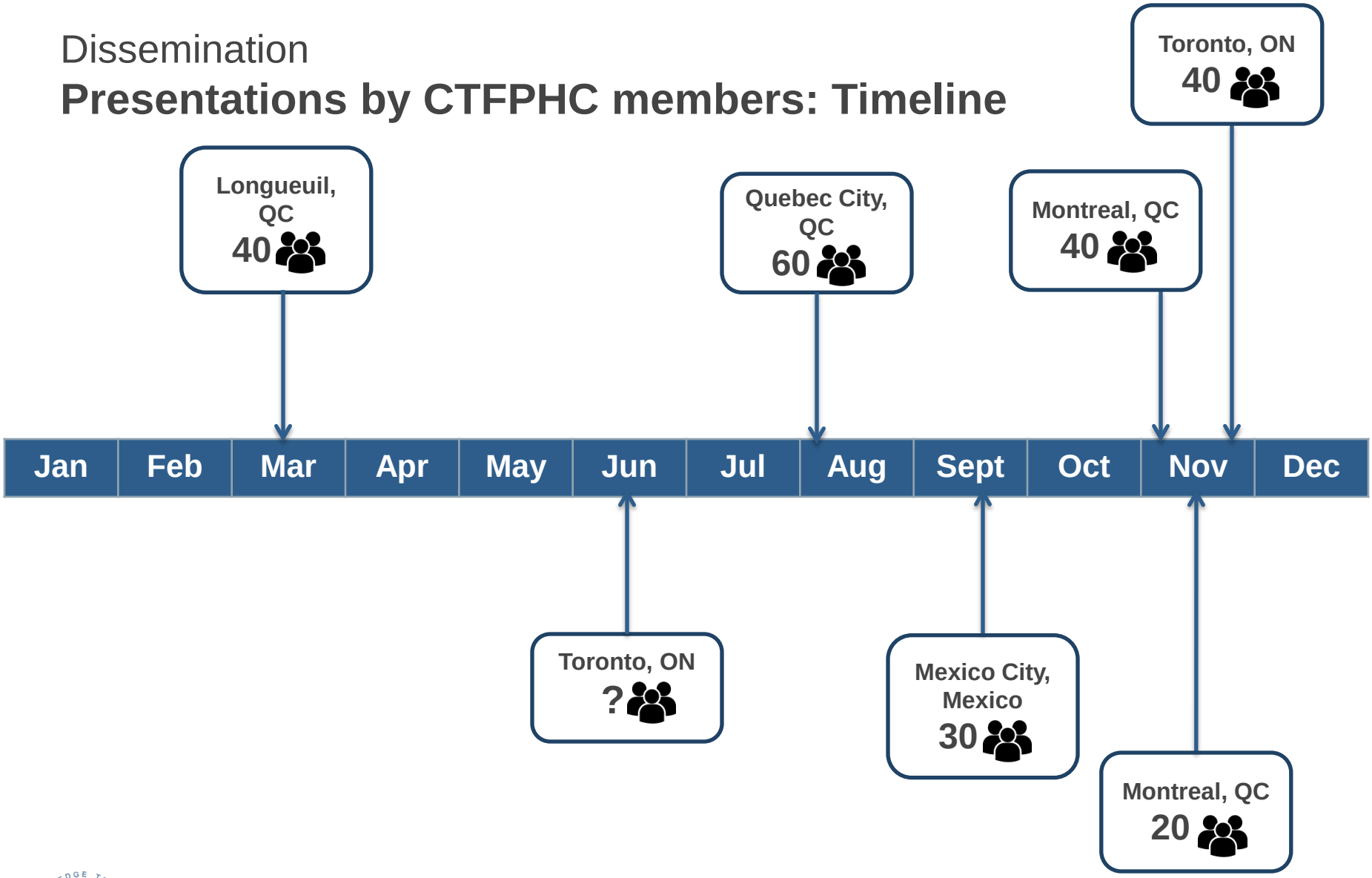
Publication	Dates	Source
Movember shavedown: Why you should not get your prostate checked	November 29	The Conversation

- Additional media interviews

Topics	Published	Source
Changes to Pap testing led to rise in chlamydia cases in Ontario: study	July 10	The Globe and Mail
Your Health Podcast - Episode 23 - Eliminating Annual Checkups	December 21	CIUSSS Centre-Ouest Montréal

Dissemination

Presentations by CTFPHC members: Timeline



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Dissemination

Presentations by CTFPHC members: Summary

Date	Title	Location	Attendance	Presenter(s)
March 29	Guides de pratique clinique préventive au Canada: "the making of"	Longueuil, QC	40	Dr. Groulx
June 28	Patient Engagement: Measuring Effectiveness	Toronto, ON	unknown	Dr. Moore
August 18	First do no harm? The importance of communicating overdiagnosis in guideline recommendations: Approach of the Canadian Task Force on Preventive Health Care	Quebec City, QC	60	Drs. Wilson and Grad
September 12	Expert Consultation on screening and early detection of prostate cancer in Latin America and the Caribbean	Mexico City, Mexico	30	Dr. Dickinson
November 10	Better decision making with patients on the harms and benefits of screening	Montreal, QC	40	Drs. Bell, Dickinson, Grad, and Thombs
November 19	Using clinical guideline evidence gaps to identify questions, studies and methods for primary care research – USPSTF and CTFPHC recommendation statements	Montreal, QC	20	Dr. Birtwhistle
November 30	Who needs the Canadian Task Force on Preventive Health Care? Past, Present, and Future	Toronto, ON	40	Dr. Thombs

Dissemination

CTFPHC Newsletter

- New subscribers in 2017: 498

Issue	Date	Total recipients	Total views
12	March	2035	294
13	June	2043	308
14	September	2041	314
15	December	2463	403

Dissemination

CTFPHC Twitter

2017 posts	121
Total followers	205
#ctfphc mentions	67
@cantaskforce tags	13

Implementation

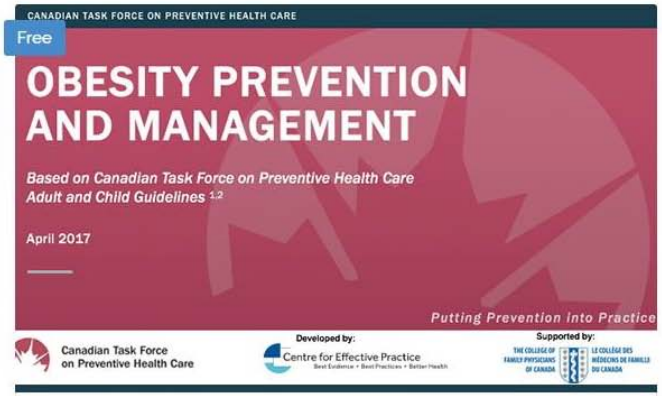
Clinical Prevention Leaders (CPL) Network

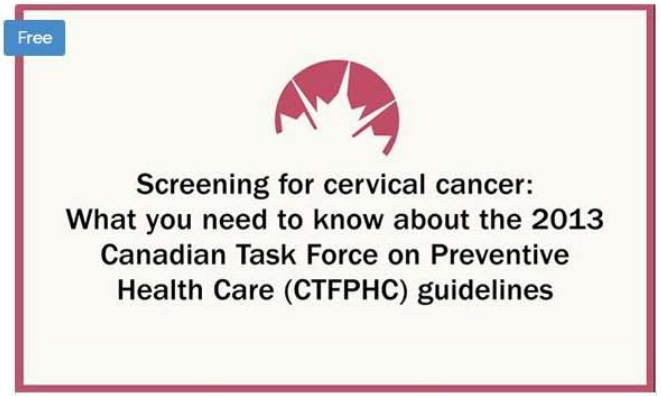
- 13 Clinical Prevention Leaders
- Professions
  - 5 primary care practitioners
  - 4 residents
  - 3 nurse practitioners
  - 1 chiropractor
- Locations
  - 5 Ontario
  - 3 Quebec
  - 2 Alberta
  - 2 Manitoba
  - 1 Saskatchewan

Sessions	Date	Attendance	Facilitator
Introduction to the CPL Network	September 12	13	Danica Buckland
Introduction to the CTFPHC	October 19	13	Danica Buckland
KT and the CTFPHC	November 20	10	Danica Buckland
Screening for Cervical Cancer (2013) CTFPHC Guideline	December 12	6	Dr. James Dickinson

Implementation

E-learning: Continuing medical education (CME) modules





Obesity prevention and management	**CME module**	Screening for cervical cancer
June	**2017 release date**	July
17	**Learners completed**	5
116	**Learners in-progress**	28

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Integrated knowledge translation (iKT)

Patient preferences

- Patient preferences was completed for 2 guidelines:
  - Asymptomatic bacteriuria in pregnancy screening
  - Visual acuity screening

Guideline	Patient participants
Asymptomatic bacteriuria	17
Visual acuity	20

iKT

Usability testing

- Usability testing was completed for 4 KT tools from 3 guidelines:
  - Prevention and treatment of tobacco smoking in children and youth
    - Clinician FAQ
  - HCV screening
    - Clinician FAQ
  - AAA screening
    - 1000-person tool
    - Clinician recommendation table

Guideline	Clinician participants	Patient participants
Tobacco smoking in children and youth	8	--
Hepatitis C virus (HCV) screening	8	--
AAA screening	8	8

Research projects

Comparison of CTFPHC and provincial cancer screening recommendations

Province	Breast cancer screening	Cervical cancer screening	Prostate cancer screening
Alberta	✓[1]	✓	✓
British Columbia	✓[1]	✓	X*
Manitoba	✓[1]	X	--*
New Brunswick	✓[1]	X	--*
Newfoundland & Labrador	✓	X	--*
Nova Scotia	✓[1]	X	X*
Ontario	✓	X	✓*
Prince Edward Island	X	X	--*
Quebec	✓[1]	X*	X*
Saskatchewan	✓	X	--*
Northwest Territories	✓[1]	X*	✓*
Nunavut	--*	X*	--*
Yukon	✓[1]	X*	--*

✓ Provincial recommendation aligns with CTFPHC
X Provincial recommendation does not align with CTFPHC
-- No screening recommendations
* No organized screening program
[1] Some women under 50 years old are accepted with self or physician referral

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This information is from the April 2017 environmental scans from the Canadian Partnership Against Cancer on breast, cervical, and prostate cancer screening in Canada. Available on cancerview.ca.

Survey

Participant demographics

Demographic characteristics (*n* = 198)		
Gender	Male	57
	Female	140
	Prefer not to say	1
Age	20 to 29 years	61
	30 to 39 years	62
	40 to 49 years	40
	50 to 59 years	26
	60 to 69 years	8
	70 to 79 years	1
Years in practice	5 or fewer years	101
	6 to 10 years	19
	11 to 15 years	20
	16 to 20 years	12
	21 to 25 years	8
	26 to 30 years	16
	31 to 35 years	2
	36 to 40 years	5
	41 or more years	1
Profession	Physician	134
	Nurse Practitioner	10
	Resident	54

Survey

Participant demographics

Demographic characteristics (*n* = 198)		
Provinces & Territories	Alberta	21
	British Columbia	11
	Manitoba	8
	New Brunswick	7
	Newfoundland & Labrador	4
	Northwest Territories	1
	Nova Scotia	9
	Ontario	111
	Prince Edward Island	1
	Quebec	18
	Saskatchewan	6
	Nunavut	1
Clinic setting*	Urban	114
	Suburban	35
	Rural	53
Clinic type*	Hospital-based	35
	Community-based	118
	Multidisciplinary	53
	Physician group	80
	Single practitioner	11

*Numbers may not add up to 198 within a category because some PCPs provided demographic characteristics for multiple or none of the clinics in which they work.

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Survey

Breast cancer screening

2011

- Awareness and use of CTFPHC guideline

Breast cancer guideline	Responses	Total responses
Percent of respondents aware of CTFPHC guideline	90%	198
Percent of respondents who primarily use CTFPHC guideline (over other guidelines or no guidelines)	33%	167
Percent of respondents who changed their practice since CTFPHC guideline release	47%	113
Percent of respondents whose practice was already in line with CTFPHC guideline	45%	113
Satisfaction with guideline (out of 7)	6.2 ±1.1	152

Survey

Breast cancer screening

2011

- Awareness and use of CTFPHC tools

KT tool	Aware of tool (*n* = 153)	Use tool (%)	
Patient algorithm	**41%**	**Yes**	**44**
		No	56
Patient FAQ	**33%**	**Yes**	**37**
		No	63
Risks and benefits, age 40-49	**51%**	**Yes**	**47**
		No	53
Risks and benefits, age 50-69	**51%**	**Yes**	**45**
		No	45
Risks and benefits, age 70-74	**46%**	**Yes**	**41**
		No	59
Breast cancer screening video for clinicians	**18%**	**Yes**	**18**
		No	82

Survey

Breast cancer screening

2011

- Current practice

CTFPHC recommendation	Respondents aligned with CTFPHC practice recommendations	Total responses
For women aged 40–49, we recommend not routinely screening with mammography	78%	198
We recommend not routinely performing a clinical breast exam alone or in conjunction with mammography to screen for breast cancer	82%	167

Survey

Breast cancer screening

2011

- Current practice

Patient age group	Respondents who routinely discuss the harms and benefits with patients in each age group	Total responses
39 and younger	12%	167
40 to 49	51%	167
50 to 69	83%	167
70 to 74	50%	167
75 and older	23%	167

Note: Numbers may not add up to the total as PCPs could provide multiple responses.

Survey
Cervical cancer screening

2013

- Awareness and use of CTFPHC guideline

Cervical cancer guideline	Responses	Total responses
Percent of respondents aware of CTFPHC guideline	89%	198
Percent of respondents who primarily use CTFPHC guideline (over other guidelines or no guidelines)	22%	167
Percent of respondents who changed their practice since CTFPHC guideline release	61%	113
Percent of respondents whose practice was already in line with CTFPHC guideline	27%	113
Satisfaction with guideline (out of 7)	6.3 ±1.0	146

Survey

Cervical cancer screening

2013

- Awareness and use of CTFPHC tools

KT tool	Aware of tool (*n* = 150)	Use tool (%)	
Clinician algorithm	**51%**	**Yes**	**47**
		No	53
Clinician FAQ	**34%**	**Yes**	**33**
		No	67
Patient algorithm	**32%**	**Yes**	**38**
		No	62
Patient FAQ	**30%**	**Yes**	**29**
		No	71

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Survey
Cervical cancer screening

2013

- Current practice

CTFPHC recommendation	Respondents aligned with CTFPHC practice recommendations	Total responses
For women aged 30 to 69, we recommend routine screening for cervical cancer every 3 years	92%	167
For women aged 24 or younger, we recommend not routinely screening for cervical cancer	45%	197

Survey

Cervical cancer screening

2013

- Current practice

Patient age group	Respondents who routinely discuss the harms and benefits with patients in each age group	Total responses
19 and younger	17%	167
20 to 24	63%	167
25 to 29	75%	167
30 to 69	77%	167
70 and older	19%	167

Note: Numbers may not add up to the total as PCPs could provide multiple responses.

Survey

Prostate cancer screening

2014

- Awareness and use of CTFPHC guideline

Prostate cancer guideline	Responses	Total responses
Percent of respondents aware of CTFPHC guideline	88%	198
Percent of respondents who primarily use CTFPHC guideline (over other guidelines or no guidelines)	55%	166
Percent of respondents who changed their practice since CTFPHC guideline release	47%	118
Percent of respondents whose practice was already in line with CTFPHC guideline	36%	118
Satisfaction with guideline (out of 7)	5.6 ±1.5	149

Survey

Prostate cancer screening

2014

- Awareness and use of CTFPHC tools

KT tool	Aware of tool (*n* = 153)	Use tool (%)	
Clinician FAQ	**42%**	**Yes**	**33%**
		No	67%
Patient FAQ	**35%**	**Yes**	**38%**
		No	62%
1000-person tool	**63%**	**Yes**	**59%**
		No	41%
Prostate cancer infographic	**45%**	**Yes**	**64%**
		No	36%
CTFPHC screening video	**16%**	**Yes**	**33%**
		No	67%

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Survey

Prostate cancer screening

2014

- Current practice

CTFPHC recommendation	Respondents aligned with CTFPHC practice recommendations	Total responses
For men aged 54 or younger, we recommend not screening for prostate cancer with the prostate-specific antigen test	84%	167
For men aged 55–69 years, we recommend not screening for prostate cancer with the prostate-specific antigen test	84%	31

Survey

Prostate cancer screening

2014

- Current practice

Patient age group	Respondents who routinely discuss the harms and benefits with patients in each age group	Total responses
54 and younger	47%	167
55 to 69	89%	167
70 and older	32%	167

Note: Numbers may not add up to the total as PCPs could provide multiple responses.

Survey

Prevention and treatment of tobacco smoking in children and youth

2017

- Awareness and use of CTFPHC guideline

Tobacco smoking guideline	Responses	Total responses
Percent of respondents aware of CTFPHC guideline	16%	198
Percent of respondents who primarily use CTFPHC guideline (over other guidelines or no guidelines)	22%	166
Percent of respondents who changed their practice since CTFPHC guideline release	33%	27
Percent of respondents whose practice was already in line with CTFPHC guideline	33%	27
Satisfaction with guideline (out of 7)	5.6 ±1.2	26

Survey

Prevention and treatment of tobacco smoking in children and youth

2017

- Awareness and use of CTFPHC tool

KT tool	Aware of tool (*n* = 26)	Use tool (%)	
Clinician FAQ	**39%**	**Yes**	**10%**
		No	90%

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Survey

Prevention and treatment of tobacco smoking in children (aged 5 to 12 years)

2017

- Current practice

CTFPHC recommendation	Respondents aligned with CTFPHC practice recommendations	Total responses
We recommend asking children or their parents about tobacco use by the child at appropriate primary care visits	36%	167
We recommend offering brief information or advice to the child or their parents to prevent tobacco smoking at appropriate primary care visits	35%	167
We recommend offering brief information or advice to the child or their parents to treat tobacco smoking at appropriate primary care visits	73%	167

Survey

Prevention and treatment of tobacco smoking in youth (aged 13 to 18 years)

2017

- Current practice

CTFPHC recommendation	Respondents aligned with CTFPHC practice recommendations	Total responses
We recommend asking youth or their parents about tobacco use by the youth at appropriate primary care visits	78%	166
We recommend offering brief information or advice to the youth or their parents to prevent tobacco smoking at appropriate primary care visits	60%	167
We recommend offering brief information or advice to the youth or their parents to treat tobacco smoking at appropriate primary care visits	87%	167

Survey
HCV screening

2017

- Awareness and use of CTFPHC guideline

HCV guideline	Responses	Total responses
Percent of respondents aware of CTFPHC guideline	38%	198
Percent of respondents who primarily use CTFPHC guideline (over other guidelines or no guidelines)	44%	167
Percent of respondents who changed their practice since CTFPHC guideline release	53%	70
Percent of respondents whose practice was already in line with CTFPHC guideline	30%	70
Satisfaction with guideline (out of 7)	5.8 ±1.3	68

Survey
HCV screening

2017

- Awareness and use of CTFPHC tool

KT tool	Aware of tool (*n* = 70)	Use tool (%)	
Clinician FAQ	**33%**	**Yes**	**35%**
		No	65%

Survey
HCV screening

2017

- Current practice

CTFPHC recommendation	Respondents aligned with CTFPHC practice recommendations	Total responses
We recommend against routine screening for HCV in adults who are not at elevated risk	60%	198
We recommend against routine screening for HCV in adults who were born from 1945 to 1965	51%	167

Survey
AAA screening

2017

- Awareness and use of CTFPHC guideline

AAA guideline	Responses	Total responses
Percent of respondents aware of CTFPHC guideline	63%	198
Percent of respondents who primarily use CTFPHC guideline (over other guidelines or no guidelines)	49%	167
Percent of respondents who changed their practice since CTFPHC guideline release	48%	115
Percent of respondents whose practice was already in line with CTFPHC guideline	23%	115
Satisfaction with guideline (out of 7)	6.0 ±1.1	101

Survey
AAA screening

2017

- Awareness and use of CTFPHC tools

KT tool	Aware of tool (*n* = 105)	Use tool (%)	
1000-person tool	**36%**	**Yes**	**34%**
		No	66%
Clinician recommendation table	**27%**	**Yes**	**32%**
		No	68%

Survey
AAA screening

2017

- Current practice

CTFPHC recommendation	Respondents aligned with CTFPHC practice recommendations	Total responses
For men aged 65 to 80, we recommend one-time screening for AAA with ultrasonography	58%	198
For women older than 65, we recommend against routine screening for AAA with ultrasonography	87%	167

Survey
AAA screening

2017

- Current practice

Patient age group (males)	Respondents who routinely discuss the harms and benefits with patients in each age group (%)	Total responses
64 and younger	19	167
65 to 80	75	167
81 and older	7	167

Note: Numbers may not add up to the total as PCPs could provide multiple responses.

Interviews

Participant demographics

Demographic characteristics (*n* = 28)		
Gender	Male	10
	Female	18
Age	20 to 29 years	11
	30 to 39 years	10
	40 to 49 years	3
	50 to 59 years	4
Years in practice	5 or fewer years	19
	6 to 10 years	2
	11 to 15 years	3
	16 to 20 years	1
	26 to 30 years	3
Profession	Physician	21
	Nurse Practitioner	2
	Resident	5

Interviews

Participant demographics

Demographic characteristics (*n* = 28)		
Provinces & Territories	Alberta	4
	British Columbia	1
	Manitoba	3
	New Brunswick	2
	Newfoundland & Labrador	1
	Nova Scotia	2
	Ontario	11
	Quebec	3
	Nunavut	1
Clinic setting*	Urban	17
	Suburban	4
	Rural	8
Clinic type*	Hospital-based	6
	Community-based	12
	Multidisciplinary	6
	Physician group	12

*Numbers may not add up to 28 within a category because some PCPs provided demographic characteristics for multiple or none of the clinics in which they work.

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Interviews

Theme 2: Sources of screening and preventive health care recommendations

- Along with the CTFPHC, PCPs named other trusted sources for screening and preventive health care recommendations

Types of sources
Disease-specific societies
Provinces
Specialist societies

Specific sources
American Family Physician
Canadian Family Physician
Canadian Medical Protective Association
Cancer Care Ontario
CMAJ
Choosing Wisely
Cochrane
College of Family Physicians
Institut national d'excellence en santé et en services sociaux
Towards Optimized Practice
United States Preventive Services Task Force

Interviews

Theme 4: Implementing guidelines

- PCPs practicing in alignment with CTFPHC guidelines

CTFPHC guideline	Reason for not aligning practice with recommendations
Breast cancer	Patients want to be screened and de-implementing screening "feels unreasonable." "I do find that guideline a difficult conversation to have with people and I twist it into saying "well, you should know what your breast feel like normally so maybe having a feel on a routine basis is a good idea, so that if you do feel something out of the ordinary come and see me" so it's not really following the guideline but it seems like the most reasonable thing to say because it actually feels unreasonable when you say the opposite." – Participant 20
Cervical cancer	There are unintended outcomes of reduced testing for sexually transmitted illnesses and fewer opportunities to see young, healthy female patients. "So with the cervical cancer screening often I let them know that 'Paps are recommended starting according to the provincial guideline'. If they're a high-risk individual sometimes I'll leave it there because I think it's important to be a little bit more, have a little bit more surveillance of high-risk individuals (people who are: multiple partners, high-risk sexual activity) – I may give them less of a choice in how I do it." – Participant 18

Interviews

Theme 4: Implementing guidelines

- PCPs practicing in alignment with CTFPHC guidelines

CTFPHC guideline	Reason for not aligning practice with recommendations
Prostate cancer	Patients want to be screened, and there are conflicting messages about harms and benefits of screening. "If they're in the age group that would previously have been recommended, I'll say, 'Well, let's do it just as a baseline, and then if everything's good we won't worry about it unless something changes,' or maybe I'll say, 'We'll check it in five years instead of every year, right? Just to… We have a baseline now.' So, sometimes that's how I'm compromising on the recommendations, because there's still other guidelines out there that would say the opposite, or not the opposite, but have a different recommendation, right?" – Participant 13
Lung cancer	PCPs write referrals, but patients may not get the right CT scan from specialists. There is no billing code in some provinces. One PCP tried implementing the guideline but did not find it to be valuable. "When the guideline first came out I did have discussions with patients about it and I have maybe once or twice ordered a low-dose Lung CT for my patients, but I find that the results just more often than not come back showing incidentalomas that you then have to follow, that cause anxiety, and so for that reason I actually don't screen for Lung cancer as per the Canadian Task Force guideline." – Participant 19

Interviews

Theme 4: Implementing guidelines

- PCPs practicing in alignment with CTFPHC guidelines

CTFPHC guideline	Reason for not aligning practice with recommendations
Obesity	There are unintended outcomes and a lack of clarity about how to implement the recommendation on obesity management intervention. "I totally agree with the bottom line conclusion here but […] a broader scope of still reinforcing good health behaviours or limiting screen time or increasing physical activity they all kind of go together and if you're not someone who's thinking about that on a regular basis you might misunderstand the bottom line conclusion" – Participant 11
Developmental delay	There is pressure from colleagues to do development screening to demonstrate a commitment to children's health. "I fully understand the difference between 'developmental surveillance' and 'screening' but, […] a lot of the Committees that I sit on there's still a huge push for the 18-month visit and to do developmental screening – that one has been a bit of a challenge to discuss with others. I have to say that I do still do developmental screening […] I mean I haven't made an absolute conclusion but this is another one where I think that I'm concerned about optics and perception." – Participant 11

Interviews

Theme 4: Implementing guidelines

- PCPs practicing in alignment with CTFPHC guidelines

CTFPHC guideline	Reason for not aligning practice with recommendations
Tobacco smoking in children and youth	There is a lack of clarity about how to implement the recommendations on offering brief information and advice about tobacco smoking prevention and treatment. PCPs report that no patients in children and/or youth age groups smoked. "I have seen the 'Tobacco Smoking in Children and Adolescence', I've seen it but I haven't had a chance to use anything through that yet 'cause we haven't had any kiddos that have been smoking – thankfully." – Participant 4
AAA	It is hard to remember, and there are no prompts for screening in typical appointment questions. There is no billing code in some provinces, and PCPs did not find screening to be valuable. "For instance the AAA, which I never ever do, and never see any of my colleagues do. Maybe a EMR would better provide that, or maybe if it was under the jobs description of a nurse working in a community clinic that they be able to cover all of that." – Participant 8