



## Canadian Task Force on Preventive Health Care

Developing and disseminating clinical practice guidelines for primary preventive care based on systematic analysis of scientific evidence.



### Message From the Chair

Greetings! In this issue, I am pleased to share information on a number of exciting activities in which the Task Force is involved.

In May, we released our clinical practice guideline, *Recommendations on screening for impaired vision in community-dwelling adults aged 65 years and older in primary care setting*, which was published in CMAJ. For more information about the guideline, systemic review, and associated KT tool, please visit the [guideline page](#). The guideline publication is very exciting as it is the first Task Force clinical practice guideline that the CMAJ published in both English and French. Going forward, all Task Force guidelines will be published in both official languages.

Earlier this month we released our newest clinical practice guideline, *Recommendations on screening for asymptomatic bacteriuria in pregnancy*, which was also published in CMAJ. For more information about the guideline, systemic review, and associated KT tool, please visit the [guideline page](#).

The Task Force has developed an Internship Program to provide mentoring and training opportunities to Canadian healthcare trainees and early career professionals. Task Force interns engage in short-term and longer-term training opportunities with Task Force members and partners. For more information, see below and visit our [website](#).

In addition, the Task Force is leading a 2-year pilot initiative to develop and evaluate a network of Clinical Prevention Leaders (CPLs) who are trained in Task Force guideline development and implementation. The purpose of this network is to develop Canadian capacity in evidence-based guideline development, to promote the uptake of evidence-based guidelines, and to address barriers to guideline implementation at a local level through educational outreach and peer-to-peer learning, in conjunction with other knowledge translation activities. For more information, see below or visit our [website](#).

The Task Force continues to offer two Continuing Medical Education modules through our [e-learning platform](#): *Obesity Prevention and Management and Screening for Cervical Cancer* – see “Continuing Medical Education” below for more information.

As always, we appreciate your interest in the Task Force and we encourage you to stay up to date on our work by visiting our website at [www.canadiantaskforce.ca](http://www.canadiantaskforce.ca).

Sincerely,

Brett Thombs, PhD  
Chair, Canadian Task Force on Preventive Health Care

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### About Us

The Canadian Task Force on Preventive Health Care is composed of experts who develop recommendations for clinical preventive services delivered by Canadian primary care practitioners. The Task Force is responsible for prioritizing the topics that will be reviewed and is supported by the Global Health and Guidelines Division of the Public Health Agency of Canada to define the analytic framework and scope of each topic. The Task Force collaborates with two evidence review and synthesis centres from the University of Ottawa and the University of Alberta, which conduct evidence reviews that the Task Force uses to develop its recommendations. The Task Force’s Knowledge Translation (KT) Team from St. Michael’s Hospital in Toronto leads KT activities to promote guideline reach and uptake and to support practitioners and patients in shared decision making.

## Release of the Task Force's Impaired Vision Guideline

On May 14<sup>th</sup> 2018, the CMAJ published the Task Force's sixteenth guideline. This guideline addresses screening for impaired vision in primary care settings among those aged 65 years or older who live independently in the community and who have not reported concerns about their vision.

People with a visual acuity worse than 20/40 are at higher risk of fall-related injuries, social isolation, and poor health outcomes.

In Canada, optometrists provide routine eye checks, and people who suspect they have a visual problem can consult an optometrist or bring it to the attention of their family physician. Those who have a driver's license must also undergo an eye check as part driver licensing requirements at various ages across provinces.

The Task Force considered the possible health benefits of also screening for visual impairment in primary health care settings among people who have not reported concerns about their vision and to refer individuals, when necessary, to eye care practitioners for formal vision testing. The Task Force considered evidence from a systematic review that included 15 randomized clinical trials of participants aged 65 years or older.

"We found no evidence of benefit to patients – in terms of important health outcomes - from being actively screened for impaired vision in primary care settings," said Dr. Brenda Wilson, who chaired the guideline working group. "The Task Force has therefore recommended against screening for impaired vision in primary care settings among those without vision concerns." Dr. Wilson added, "This does not mean that eye testing by eye care professionals is not valuable. Rather, it means that there seems to be no added benefit to people's health by asking primary health care practitioners to do routine screening when there are not specific concerns."

"Understanding how to support healthy aging and sustained independence in older people is increasingly important as the Canadian population ages," said Dr. Brett Thombs, Chair of the Task Force. "Although routine screening in primary care does not seem to be effective, there may be other ways to support older people to maintain their vision and stay active. We hope that research will help us to identify possible options."

The Task Force [Impaired Vision guideline](#) was published in the CMAJ in both English and French.

For the complete report and details on the Task Force's findings and recommendations and accompanying patient and clinician KT tools, please visit: [www.canadiantaskforce.ca](http://www.canadiantaskforce.ca)

## Release of the Task Force's Asymptomatic Bacteriuria in Pregnancy Guideline

On July 9<sup>th</sup> 2018, the CMAJ published the Task Force's seventeenth guideline. This guideline made a recommendation to continue using a routine screening test on pregnant women but noted the need for better evidence about its effectiveness.

Screening pregnant women for bacteria in their urine when they don't have symptoms of a urinary tract infection (asymptomatic bacteriuria), followed by antibiotic treatment for women who test positive has been part of standard prenatal care in Canada for the last 40 years. The Task Force evaluated whether the procedure should be part of standard care. The Task Force made only a weak recommendation to continue the screening due to limited evidence of benefit and uncertain harm from antibiotic use.

"The Task Force could not strongly recommend the practice because of the lack of trials to inform whether women who were screened and their children were better off than those who were not" said Dr. Ainsley Moore, chair of the Task Force guideline working group. "Given this uncertainty, alongside broader concerns of inappropriate use of antibiotics, more research is clearly needed."

"This is one of many medical treatments that became part of standard care long ago without strong evidence and have continued to be delivered despite never having been rigorously evaluated," said Dr. Roland Grad member of the Task Force guideline working group. "Some such standard practices surely improve the health of Canadians, but some of them may not, and some might even harm some patients."

The recommendation noted that some women who are concerned about using antibiotics in pregnancy when there are no symptoms of an infection might prefer not to be tested. Such situations would warrant a discussion with their health care provider.

The Task Force is calling for studies on asymptomatic bacteriuria screening and treatment to close the evidence gaps. New methods have been developed for evaluating the effectiveness of such entrenched standards of care, and the Task Force emphasized the need for such a trial to inform care of asymptomatic bacteriuria among pregnant women.

*This clinical practice guideline has been endorsed by the Society of Obstetricians and Gynecologists of Canada (SOGC), the Canadian Association of Midwives (CAM), the Nurse Practitioners' Association of Canada (NPAC), and the Canadian Association of Perinatal and Women's Health Nurses (CAPWHN).*

The Task Force [Asymptomatic Bacteriuria in Pregnancy guideline](#) was published in the CMAJ in both English and French.

For the complete report and details on the Task Force's findings and recommendations and accompanying patient and clinician KT tools, please visit: [www.canadiantaskforce.ca](http://www.canadiantaskforce.ca)

## NEW - Lung Cancer Video

This video was developed by the Task Force to provide primary care physicians with key information about lung cancer screening. The video references the Task Force's 2016 lung cancer guideline recommendations. The video explains disease progression; lung cancer screening; and the Task Force lung cancer screening guideline recommendations, including the overall benefits and harms of screening.

To access the Task Force's Lung Cancer Video in English or French please visit:

- [English](#)
- [French](#)

## Conferences

In April 2018, the Task Force hosted a booth at the 2018 Choosing Wisely Canada National Meeting. We disseminated hundreds of KT tools to conference delegates, in both English and French.

## Canadian Family Physician

### NEW – Understanding and communicating risk: Measures of outcome and the magnitude of benefits and harms

The Task Force has released its next article in the [Canadian Family Physician Prevention in Practice series](#). This article outlines measures of outcome and magnitude/effect size that is fundamental to evidence-based decision making by physicians and shared decision making with patients in preventive screening. The article outlines the most effective measures for communicating the benefits and harms of screening to patients and highlights the advantages and disadvantages of commonly used measures. The article shows how these measures can be integrated into shared decision making with patients when discussing screening.

Read the Measures of Outcome and Magnitude of Benefits and Harms article here: <http://www.cfp.ca/content/64/3/181?etoc>

## Continuing Medical Education

### The Obesity Prevention and Management e-learning module

The Obesity Prevention and Management e-learning [module](#) expands on the Task Force's 2015 guidelines on the prevention and management of obesity in [adults](#) and in [youth and children](#). The module is intended to help primary care providers better understand the impact of obesity on patients; explains measures for assessing and monitoring obesity in adults, youth, and children; and provides an overview of behavioural and pharmacotherapeutic interventions available to patients.

### Screening for Cervical Cancer e-learning module

The Task Force is pleased to offer the accredited e-learning [module](#) "Screening for Cervical Cancer with the 2013 Canadian Task Force on Preventive Health Care Guidelines."

This e-learning module represents a unique learning opportunity for primary care providers to develop a deeper understanding of the 2013 Task Force guidelines on cervical cancer screening and some of the nuances of how they can be applied in clinical practice.

*This Self-Learning program has been certified by the College of Family Physicians of Canada for up to 1 Mainpro+ credits.*

## Clinical Prevention Leaders Network Update

The CPL Networks is intended to provide training on the processes involved in evidence-based guidelines, promote the uptake of evidence-based guidelines, and address barriers to guideline implementation at a local level through educational outreach and other KT activities.

To date, 13 CPLs have been selected to undergo training to engage in educational outreach activities. The CPLs are from across Canada (Ontario, Quebec, Manitoba, Alberta, and Saskatchewan) and include physicians, nurse practitioners, residents, and allied health professionals. CPLs have attended three introductory training sessions covering the scope of the initiative, their roles as CPLs, the background of the Task Force, and the fundamentals of KT, as well as seven guideline training sessions

For more information on this initiative, please contact Kate Einarson (research coordinator) ([EinarsonK@smh.ca](mailto:EinarsonK@smh.ca)) with the subject line 'CPL Network'.

## Meet the Task Force

### Dr. Ainsley Moore



Hi, I'm Ainsley!

I am family physician and faculty member with the Department of Family Medicine at McMaster University. As a general practitioner and educator, I am passionate about primary care and training young family medicine residents to become competent and compassionate doctors.

I thrive in busy, noisy, and productive environments. I have the privilege of practicing in a large family health team with a variety of skilled nurses, nurse practitioners, social workers, dietitians, occupational and physical therapists, as well as learners, and fellow physicians.

I am particularly committed to women's health care, caring for older adults, as well as preventive primary care. As a member of

the Canadian Task Force on Preventive Health Care (since 2013), I have been honored to lead guidelines focused on improving women's reproductive health and to contribute to many other important preventive health care guidelines. I have also had the privilege of developing and leading novel Task Force initiatives. In the newly developed role of internship Director, I have welcomed our first interns (Drs. Cadieux and Ramdyal) and I am excited to be facilitating the development and contribution of these talented and young preventive care leaders. I have also had the opportunity to advance methods that support user-friendly guidelines to improve uptake of recommendations that ultimately improve health and health care for Canadians.

On a personal note, my husband (Phil) and I share our home with 'Foxy' our rescue dog and 'Boo' our friendly, feral cat.

## Announcements

### CTFPHC Internship Program

The Task Force is committed to providing mentored training opportunities to Canadian healthcare trainees and early career professionals. Opportunities for Task Force Interns include short-term training opportunities and longer-term internships. Both short-term and longer-term internships involve working closely with a Task Force member who will supervise and provide mentorship to the intern.

- Short-term Internships  
Include projects that can be completed in a period consistent with a residency research rotation and could be used to fulfill rotation requirements.
- Longer-term Internships  
Involve a mentored experience working with the Chair of a Task Force guideline working group from the initiation of the guideline process through completion.

Eligible applicants include MDs in residency training programs or who are conducting fellowships, trainees in doctoral programs, and practicing healthcare professionals in the first 5 years of their careers.

For more information regarding specific eligibility for short-term and long-term internships and the application procedure, please visit the [CTFPHC Internship Program](#) page.

## Opportunities for Engagement

### Usability Testing of Practitioner Tools

The Task Force produces practitioner tools to support each of its guidelines. To ensure that the content, layout, navigation, and aesthetics of these tools are appropriate and useful for practice, we conduct usability testing with practitioners. If you are interested in reviewing and providing feedback on one of our upcoming guideline tools, please email Rossella Scoleri, research assistant, at [scolerir@smh.ca](mailto:scolerir@smh.ca) for more information. Note that we offer \$100 compensation for a one-hour telephone interview.

### Patient Engagement in Guideline Development

The Task Force engages patients in its guideline development process. Specifically, the Task Force recruits patients to provide input at up to three stages of the guideline development process: (1) when outcomes are selected for inclusion in the systematic review protocol; (2) when the final guideline recommendations and KT tools are developed; and (3) when patient KT tools are usability tested. The Task Force uses feedback provided by patients to guide the search for evidence on the harms and benefits of preventive health care interventions and to develop KT tools to accompany the guidelines.

## Guidelines in Progress

Upcoming Task Force clinical practice guidelines include the following topics:

Screening for breast cancer (update)

Screening for esophageal adenocarcinoma

For more information about these forthcoming guidelines, please visit our [upcoming guidelines website page](#).

## Topic Suggestions

Is there a preventive health topic that you would like to see the Task Force develop a clinical practice guideline for? Let us know what you are passionate about! We accept topic suggestions on a rolling basis and would love to hear from you. To submit a suggestion, please complete an [online form](#).

## Suggestions for the next newsletter

Is there a subject that you would like to see addressed in the next issue of the Task Force newsletter? Let us know what you'd like to see covered! We are always accepting suggestions. To submit a suggestion, please email Rossella Scoleri, research assistant, at [scolerir@smh.ca](mailto:scolerir@smh.ca) with the subject line "Newsletter Suggestions".