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Summary: An evaluation of Canadian Task Force on Preventive Health Care's 2018 knowledge translation activities

Prepared for the Canadian Task Force on Preventive Health Care

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1.0 Background and Methods

This report provides a condensed overview of the Canadian Task Force on Preventive Health Care ('Task Force') 2018 evaluation report. The 2018 evaluation measured the impact and uptake of the Task Force's clinical practice guidelines and associated knowledge translation (KT) tools, focusing on guidelines released in 2018; including (1) screening for impaired vision; (2) screening for asymptomatic bacteriuria in pregnancy; and (3) breast cancer screening update. In addition to examining data on key KT activities, we engaged primary care practitioners (PCPs) through both surveys and semi-structured interviews to understand the uptake of these KT activities. The results of this evaluation provide feedback on the Task Force's activities, highlight the strengths of the Task Force's KT efforts, and identify areas in which the Task Force can improve KT activities and uptake.

2.0 Results

Guidelines and Dissemination

For highlights of 2018 guidelines and KT activities, please see Appendix A on page 6.

Survey

A total of 244 PCPs completed the survey. Participants practiced in urban (62%, $n = 151$), suburban (20%, $n = 48$), and rural (31%, $n = 75$) settings. They represented twelve provinces and territories, and a range of years of experience (i.e., from five or fewer years to 36 to 40 years). Participants were asked questions about: (a) awareness and use of Task Force guidelines, KT tools, and resources; and (b) self-reported current practices.

(a) Awareness and use of Task Force guidelines and KT tools released in 2018

Just under half of PCPs (47%, $n = 200$) were aware of the Task Force breast cancer screening guideline update. Even fewer PCPs were aware of the asymptomatic bacteriuria (33%, $n = 244$) and impaired vision (17%, $n = 244$) guidelines. Of participants who were aware of the guidelines, less than half used the asymptomatic bacteriuria (31%, $n = 198$) and impaired vision (16%, $n = 199$) screening guidelines. See *Table 1* for participant awareness and use comparisons.

*Table 1: Participant Awareness and Use of Task Force Guidelines Released in 2018**

Guideline	# Aware	% Aware	# Use	%Use
Asymptomatic Bacteriuria	81/244	33%	61/198	31%
Impaired Vision	41/244	17%	32/199	16%
Breast Cancer Update	94/200	47%	-----**	-----**

Less than half of PCPs were aware of the asymptomatic bacteriuria and impaired vision clinician frequently asked questions (FAQs) tool (40%, $n = 70$; and 35%, $n = 29$, respectively). Of those that were aware of the KT tools, even fewer PCPs used the asymptomatic bacteriuria and impaired vision FAQs (9%, $n = 70$; vs. 4%, $n = 29$, respectively). Of the KT tools released in 2018, participants were most aware of the general 1000-person tool (46%, $n = 105$). See *Table 2* for participant awareness comparisons.

*Not all questions were answered by all survey participants because the surveys used branching to guide participant responses, the short version of the survey had fewer questions than the long version, and participants were not required to answer every question.

** The breast cancer guideline update was released December 11th, 2019; Data was collected for this evaluation up to December 31st 2019. Due to the short time frame between the release of the breast cancer guideline update and evaluation data collection, we did not measure use of the guideline or associated KT tools; this may be examined in the 2019 annual evaluation.



Table 2: Participant Awareness of KT Tools Released in 2018*

KT Tool	Topic	# Aware	% Aware
Clinician FAQ	Asymptomatic Bacteriuria	28/70	40%
Clinician FAQ	Impaired Vision	10/35	35%
1000-Person Tool	Breast Cancer Update	48/105	46%
1000-person tool, age 40-49	Breast Cancer Update	41/105	39%
1000-person tool, age 50-59	Breast Cancer Update	41/105	39%
1000-person tool, age 60-69	Breast Cancer Update	39/105	37%
1000-person tool, age 70-74	Breast Cancer Update	37/105	35%

(b) Current practice

Asymptomatic Bacteriuria: 34% of PCPs (n = 71) reported that they had changed their practice to specifically align with Task Force screening for asymptomatic bacteriuria in pregnancy recommendations, and 49% (n = 71) reported their practice was already in line with the Task Force recommendations. 70% of PCP's (n = 243) self-reported practice aligned with the Task Force asymptomatic bacteriuria guideline (i.e. they reported routinely screening pregnant women once during the first trimester with urine culture).

Impaired Vision: 22% (n = 37) of PCPs reported that they changed their practice to specifically align with the Task Force screening for impaired vision recommendations, and 46% (n = 37) reported that their practice was already in line with Task Force recommendations. 58% of PCP's (n = 243) self-reported practice aligned with the Task Force recommendation (i.e. they reported not screening for impaired vision in community-dwelling adults aged 65 years and over.)

Breast Cancer Update: 38% of PCPs (n = 86) reported that they intended to change their practice to align with the updated Task Force breast cancer screening guideline, and 40% (n = 86) reported that their practice was already in line with the updated recommendations. Less than a third of PCPs hadn't decided whether they intend to change their practice to align with the Task Force guideline update (17%, n = 86).

Interviews

We conducted 30 semi-structured interviews with PCPs across Canada, to explore four themes: (1) how and what PCPs first learned about the Task Force, as well as how they hear about new or updated guidelines; (2) sources PCPs used for screening and preventive health care recommendations; (3) how PCPs made the decision to adopt guidelines; and (4) how PCPs implemented Task Force guidelines in their practice, including barriers and facilitators to implementing these guidelines.

(1) Learning about the Task Force

The majority of PCPs were first exposed to the Task Force in their training, such as during nurse practitioner programs, medical school, family medicine residency, and clinical sessions. Other sources of exposure included: colleagues, conferences, continuing education modules, other organizations' newsletters, and publications (e.g., *CMAJ*). Some PCPs kept themselves informed about new Task Force guidelines and resources by doing their own research. Others emphasized the significant time constraints PCPs experience and that they did not have the

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time to seek out information on new guidelines and tools. Other avenues for receiving new or updated Task Force content were: informal updates from colleagues, searching specific topics online, attending conferences & seminars, and newsletters.

(2) Sources of screening and preventive health care recommendations

When asked what sources they used or referred to for screening and preventive health recommendations, almost all participants named the Task Force as one of their main trustworthy sources. PCPs also named several other specialist, disease-specific, provincial, or national organizations that they used in their practice. When asked to describe what makes a guideline trustworthy, participants referred to: organization reputation and values, composition of guideline developers, quality and strength of evidence, guideline presentation and usability, and endorsements or partnerships with reputable organizations and leaders in the field.

(3) Adopting guidelines

When deciding to use a Task Force guideline, PCPs described several main decision-making factors and influencers of guideline uptake: practitioner values and preferences, clinical experience, social/professional influences of colleagues, alignment with other recommendations, and feasibility of implementing guidelines recommendations. When evaluating a guideline, PCPs valued: quality of the evidence, strength of the recommendation, and whether patient values and preferences were considered. In terms of clinical experience, many PCPs described how past clinical experiences, specifically diagnosing numerous cases through screening or missing significant diagnoses, influenced their decision on whether or not to follow guidelines that recommend reduced screening. PCPs said they were more likely to follow a guideline if the majority of their peers and colleagues, particularly more senior clinicians or leaders in the field, were using it. PCPs also described alignment of Task Force and provincial recommendations as a facilitator for guideline adoption. Many PCPs considered provincial recommendations to be the expected standard of care, while others felt using a national guideline helps keep their practice consistent and minimize practice change when training or working in different provinces. Finally, PCPs expressed that they were more likely to follow and adopt recommendations that are practical, easy to implement, and require minimal practice change.

(4) Implementing guidelines

Participants described general facilitators and barriers to implementing guidelines. Participants identified strong evidence, public and PCP awareness of the guideline organization and recommendations, and accessibility of guidelines and tools for patients and clinicians, as three supports for implementing guidelines. PCPs practicing in northern and remote communities identified resource availability and relevance of guidelines to their local context as significant barriers. Additional factors identified that impact implementation of guideline recommendations included patient preferences, guideline and tool integration within EMRs, guideline alignment with policies, and automated screening programs.

Most PCPs expressed support for the Task Force's recent emphasis on shared-decision making. However, others found the change towards shared decision making language to be ambiguous, and would appreciate more concrete directions or training. Almost all participants described engaging patients about their values and preferences; however some reported having more extensive discussions with patients about screening and preventive health care decisions than others. When discussing Task Force guidelines with patients, many PCPs confirmed that they appreciated and frequently used Task Force KT tools; the cancer screening 1000-person tools were most frequently referenced.



3.0 Limitations

The survey and interview participant samples were small and may not be representative of all PCPs in Canada. Also, due to resource limitations, we administered the surveys and interviews in English only. Lastly, the survey and interview data collected in this evaluation were based on participants' self-reported awareness and use of Task Force guidelines, KT tools, and KT resources.

4.0 Recommendations

This report provides a condensed overview of the Task Force 2018 annual evaluation report. Based on this evaluation, we identified seven opportunities for enhancing the impact and uptake of the Task Force's CPGs, KT tools, and resources. We recommend the following:

- 1.0 Increase awareness of Task Force guidelines, Task Force KT tools, and Task Force organization among PCPs
 - a. Build the "Task Force brand"
 - b. Prioritize partnerships with, and promote endorsements by, professional organizations
 - c. Integrate Task Force guidelines and KT tools into practitioner curricula
 - d. Expand Task Force dissemination to reach a wider array of PCPs
- 2.0 Optimize existing Task Force guideline and KT tool dissemination activities
 - a. Improve digital resource and website accessibility
 - b. Optimize Task Force newsletter
 - c. Develop KT tools that are not specific to individual guidelines
 - d. Create material to support shared-decision making and conditional recommendations
 - e. Update older KT tools and guidelines
- 3.0 Directly target and engage patients
- 4.0 Enhance Task Force French presence
- 5.0 Encourage alignment of provincial guidelines with Task Force
- 6.0 Expand CPL network activities
- 7.0 Stop high cost activities with low uptake
 - a. Discontinue CME e-learning modules
 - b. Stop video development
 - c. Re-examine QxMD partnership following completion of the free grant

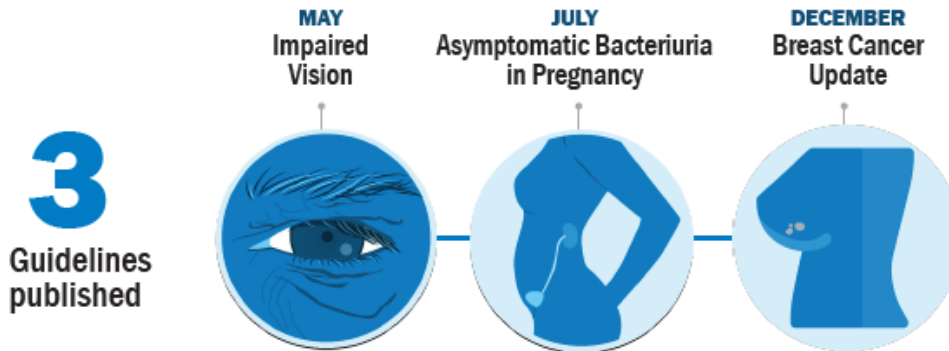


Appendix A



Canadian Task Force
on Preventive Health Care

2018 ANNUAL EVALUATION HIGHLIGHTS



7 
Presentations

17 
Webinars

50,711
KT Tool Web Page Views

16 
Media Interviews

19,192

Tools Disseminated

101+17
Patients Clinicians

Engaged in Guideline
and Tool Development

93%

Increase in Twitter
Followers

5,514 
Podcast Plays

402,363



Website Visits



**Breast
Cancer**

Most Visited Guideline
on TF Website



732

Media Stories
Generated by Breast
Cancer Update