An evaluation of the Canadian Task Force on Preventive Health Care's 2019 knowledge translation activities

Prepared for the Canadian Task Force on Preventive Health Care

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1.0 Background

Evaluating the Canadian Task Force on Preventive Health Care's ('Task Force') activities is a key objective of the Task Force and a provision of the contribution agreement between the Jewish General Hospital and the Public Health Agency of Canada. We conducted an evaluation to assess the impact and uptake of the Task Force's clinical practice guidelines (CPGs), knowledge translation (KT) tools, and KT resources released between January and December 2019. Specifically, this evaluation focused on the guidelines and associated KT tools related to the guidelines released in 2019 (screening for thyroid dysfunction). The evaluation also included select guidelines and associated KT tools that were released in previous years:

1) screening for breast cancer (2018), cervical cancer (2013), prostate cancer (2014) – these guidelines were included because they recommended a substantial change in clinical practice from previous guidelines for primary care practitioners (PCPs).

2) asymptomatic bacteriuria in pregnancy (2018) – this guideline was included because other organizations recently released their own ASB guidelines.

This report describes the results of this evaluation and identifies strengths of the Task Force's current KT efforts, and opportunities for improvement.

2.0 Methods

This evaluation was guided by the RE-AIM evaluation framework,[1,2] a framework for evaluating public health interventions that assesses 5 dimensions; reach, effectiveness, adoption, implementation, and maintenance.

We used the RE-AIM framework to assess two components of the Task Force's KT efforts:

1. The Task Force's **KT activities**, specifically, the types and quantity of materials produced, and how these were disseminated, and
2. The **uptake** of these materials by PCPs, namely, their awareness of materials, how they heard about them, and how they used or adopted them in practice.

2.1 KT Activities: Data collection and analysis

We evaluated how the Task Force disseminated and implemented its guidelines by examining administrative data (E.g. webinar attendance, statements of work, google analytics, newsletter admin data etc.), tracking documents (e.g. CPL presentation and webinar tracking, media tracking, presentation tracking etc.), reports (e.g. patient preferences, usability testing reports, media reports etc.) on key KT activities, including efforts to engage knowledge users and research projects that supported the uptake of Task Force guidelines. These data are presented using descriptive statistics.

2.2 Uptake: Participant recruitment

We recruited PCPs to participate in online surveys and one-on-one telephone interviews to gain insight on the uptake of Task Force KT guidelines and tools.

Survey

We recruited survey participants by advertising through the following channels:

- Task Force website,

- Emails to the Task Force mailing list and recruitment database,
- Snowball sampling through Task Force member's networks,
- Task Force newsletter,
- Task Force social media accounts (Twitter, Facebook, and LinkedIn), and
- Stakeholder organization communications, including Nurse Practitioner Association of Canada, Nurse Practitioner Association of Ontario, Nurses Association of New Brunswick, and family physician clinics in Quebec.

Interviews

At the end of the survey, we asked participants if they were willing to participate in an interview. Among participants who demonstrated interest in participating in an interview, we purposefully selected individuals to represent a range of demographic characteristics, including geographical diversity, years in practice, and self-reported gender identity.

2.3 Uptake: Data collection and analysis

Survey

We evaluated uptake of the guidelines by administering a survey offered in English or French to PCPs to assess self-reported current practices (e.g. how often participants screened patients for the topics in question); awareness and use of Task Force guidelines KT tools, and KT resource (e.g. which Task Force KT guidelines, tools and resources were participants aware of and which did they use); and practice change (e.g. Have participants changed their practice to align with Task Force guidelines). The survey was administered online in English from December 15th 2019 to February 3rd 2020, and in French from January 9th 2020, to February 12th, 2020. Survey participants were entered into a draw to win an iPad.

Responses from the English and French survey were aggregated and analyzed in SPSS[3] to determine response frequencies.

Interviews

One KT Program research assistant and one research coordinator conducted one-on-one semi-structured interviews via telephone with PCPs (30 – 60 min), to explore how they used guidelines and made preventive health care decisions. Interviews were offered in both English and French, however, we were unable to successfully recruit French participants to complete an interview. Interviews were conducted in English between January 13th and February 3rd, 2020, and continued until data saturation was reached. Interview participants were compensated $100 for their time and were not eligible to enter the draw to win an iPad. See pages A40–A42 for the interview guide.

Following each interview, audio recordings were transcribed verbatim. A total of 20% of interview transcripts were double-coded in NVIVO using framework analysis. A meeting followed where discrepancies were discussed to refine the coding framework and target an inter-rater agreement of >0.6[4,5]. The remaining transcripts were single coded by two members of the research team.

3.0 Results

3.1 Guidelines

Results on the reach of Task Force KT activities are outlined below. Summary statistics are provided as presentation-ready tables and figures in the corresponding sections of the slide appendices (pages S1–S84). Page A1 shows highlights.

Guideline publications

The Task Force produced one new guideline in 2019: *Screening for thyroid dysfunction*. This guideline was published in *CMAJ* online and print editions. Pages S1–S4 presents the pre-release stakeholder engagement numbers and post-release dissemination activities and media hits for the 2019 thyroid dysfunction guideline (and associated Clinician FAQ KT tool).

Guideline dissemination

In 2019, the Task Force conducted a number of activities to disseminate all of its guidelines and KT tools:

- Exhibiting and distributing hard copies of 8,309 KT tools at four conferences, targeting primary care practitioners across Canada, as well as distributing 357 electronic tools via email, for a total of **8,666 tools distributed**
- Maintaining and updating the Task Force website,
- Making all Task Force guidelines and tools available on CMAJ in both English and French, and
- Making Task Force guidelines and materials available through mobile applications *QxMD Calculate* and *Read*.

The Task Force routinely seeks endorsements 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. Page S2 lists the endorsements received for the guideline released in 2019.

Additionally, guidelines and KT tools published in earlier years continued to be accessible through the *CMAJ* website, Task Force website, Prevention Plus, ECRI Guideline Trust, and QxMD mobile app. The KT tools pages on the Task Force website were viewed in French 14,741 times, and in 35,467 English times in 2019. See page S17 for a breakdown of the most viewed guideline KT tool pages.

ECRI Guidelines Trust

ECRI Guidelines Trust is a publically available online repository of objective, evidence-based clinical practice guideline content. In 2019, ECRI produced Guideline Briefs (a concise summary of the clinical practice guideline and recommendations) and TRUST (Transparency and Rigor Using Standards of Trustworthiness) Scorecards, rating how well the guidelines fulfilled the IOM Standards for Trustworthy Guidelines. All eligible Task Force guidelines scored highly (58 or higher out of a possible 60), and the Guideline Briefs were viewed 283 times. See page S23 for ECRI Scorecard and Guideline Brief details.

Prevention Plus

The Task Force continues to sponsor Prevention Plus, a continuously updated repository of current best evidence to support preventive health care decisions. Task Force guidelines are disseminated through their searchable database and email alerts. See page S24 for 2019 Prevention Plus details.

Pages S5–S24 outline the 2019 dissemination activities for all Task Force guidelines.

3.2 Dissemination

In 2019, the Task Force disseminated its messages through publications and media coverage, presentations, newsletters, videos, and social media (i.e. Twitter, Facebook, and LinkedIn).

Publications

In 2019, the Task Force published four peer-reviewed publications (including one guideline published in *CMAJ)* and three blog posts in Canadian Family Physician (CFP) Blog. See page S26 for publication details.

As of March 2019, the *Journal of Systematic Reviews* introduced a Task Force Thematic Series where all Task Force protocols and completed systematic reviews will be published. The Task Force published 4 systematic reviews under this collection in 2019. See page S27 for systematic review publication details.

Additionally, the Task Force published eight articles in 2019 as part of the ongoing article series, "Prevention in Practice," in CFP. This series intends to equip PCPs with strategies on how to implement preventive health evidence into their work and engage in shared decision making. See page S28 for more details on the CFP article series, including number of article views and downloads.

Presentations and webinars

Task Force members delivered 6 presentations across Canada targeting primary care physicians and one internationally in 2019; three presentations were at conferences and four were invited speaker presentations. See pages S30–S32 for a summary of the presentations.

Task Force also continued to engage stakeholders through webinars prior to guideline release. Stakeholders were identified by conducting a systematic internet search to identify key experts and key organizations within the guideline topic field. In 2010, the Task Force delivered one pre-release stakeholder webinar for the asymptomatic thyroid dysfunction guideline in 2019, engaging 4 stakeholders in attendance. See page S2 for stakeholder webinar details.

Additional coverage

In September 2019, the College of Family Physicians of Canada's (CFPC) released a Medical Readership Information report , that presented the results of a study of the reading patterns and preferences of Canadian Family Physicians. In this report, **63%** (N = 389) of CFPC members that were surveyed identified the Canadian Task Force on Preventive Health Care as a top source for useful and reliable guidelines. See page S29 for more details.

Media coverage

The thyroid dysfunction guideline, released by the Task Force on November 18th 2019, received a large amount of positive media coverage with over 85 media mentions, 8 interview requests with Task Force members, and an Altimetric score of 208. It was the top clicked link in the CMAJ November newsletter, and was the 9th most read article of CMAJ"s top 25 most read articles in 2019 – this is a particularly impressive accomplishment considering this guideline was only released in November. Following the release of this guideline, the Task Force saw a 6% Twitter follower increase over 9 days. See pages S3 -S4 for more details.

Overall, the Task Force received more than 420 media mentions in 2019 including coverage of the breast cancer screening guideline, thyroid dysfunction guideline, screening for colorectal cancer, lung cancer screening, PSA testing, guideline methodology and other topics. The Task Force also received 27 interview requests from media outlets on topics such as breast cancer screening, thyroid dysfunction, and general screening. See pages S33 – S36 for more details.

Newsletter and Social Media

In 2019, the Task Force communicated updates on its work, such as new guideline publications, through its quarterly newsletter and Twitter. The Task Force also created new LinkedIn and

Facebook accounts in 2019 (see page S39 for number of followers as of 2019). At the end of 2019, the quarterly newsletter had 3290 subscribers (e.g., PCPs, patient advocacy groups, regional health authorities). This represents a 32% increase in subscribers from the previous year. The communications team implemented a more visual newsletter layout from the September newsletter onwards and introduced a new guideline alert for newly released guidelines, first deployed for the thyroid dysfunction guideline in November 2019. The number of Task Force Twitter account followers doubled this year, increasing from 295 followers at the end of 2018, to 614 Twitter followers at the end of 2019. The Task Force communications team increased posting frequency from 2-3 times per month in 2018 to weekly in 2019, seeing a 210 % increase in impressions and a 175% increase in engagement. See page S37 and S38 for 2018 newsletter and Twitter details.

Videos

The Task Force has released several videos in previous years to support a number of guideline topics, available in both French and English. See page S18 for more details on the Task Force's top 10 most viewed videos in 2019, compared alongside number of views in 2018.

3.3 Implementation

The Task Force continued to support guideline uptake through its implementation efforts which include the Clinical Prevention Leaders (CPL) Network and e-learning modules.

Clinical Prevention Leaders Network

Established in October 2017, the purpose of the CPL network is to promote the uptake of Task Force guidelines and to address local barriers to guideline implementation through educational outreach and other KT activities. The CPL network currently consists of 9 PCPs members from five provinces. The network held one webinar session in 2019, and network members engaged a total of 382 PCPs as part of outreach activities across Canada. The CPL network is a two-year pilot project; an evaluation of the pilot is underway and a report is expected in 2020. See page S41 to S42 for details on the CPL network.

E-Learning modules

In 2017, the Task Force released two e-learning modules; one on obesity prevention and management and one on screening for cervical cancer. Each module was certified by the College of Family Physicians of Canada for up to one MainPro+ credit, however MainPro+ accreditation expired in September 2018 and July 2018 respectively. Only 14% (*n* = 37) and 12% (*n* = 32) of survey participants were aware of these e-learning modules, which is similar to previous years (see page S43 for details).

3.4 Integrated knowledge translation

Integrated knowledge translation (iKT) is the process of engaging knowledge users throughout the research process to increase the benefit and potential impact of research findings[6]. The Task Force applied iKT principles by engaging patients and clinicians in the development of its guidelines and tools.

Patient preferences

In 2019, the Task Force conducted patient engagement projects for five upcoming guideline topics. A total of 87 patients (86 English-speaking, 1 French speaking) were engaged in surveys and interviews about their preferences and values around screening and preventive health care interventions. The Falls Prevention Phase 1 topic was the first guideline to offer patient preferences in both English and French. See page S45 for more details.

Usability testing

Once KT tools were developed, a sample of knowledge users were given draft versions of the tools and asked to provide feedback on their usability. In addition to the three guideline specific tools that were tested, a general Shared Decision Making tool underwent usability testing at the 2019 Family Medicine Forum hosted in Vancouver. In total, 33 clinicians and 8 patients were engaged in the development and refinement of four tools. See page S46 for more details.

3.5 Research projects

In 2019, the Task Force continued its work on several research projects to increase understanding of how best to support the uptake of Task Force guidelines and KT tools amongst PCPs and patients.

Prostate cancer screening tool co-creation and comparison

In 2017, with funding from the Ontario Institute for Cancer Research (OICR), the Task Force and the KT Program collaborated with members of the public. The project goal was to compare a conventional patient education tool and a co-created patient education tool and determine their impact on decision making and decisional conflict on PSA testing for prostate cancer. Results from the 2018 research report showed that the **co-created patient education tool did not significantly differ in effectiveness from the patient education tool developed by experts**. The report recommends that patient education tool material developers choose the method that best fits their goals and resources (see the Task Force 2018 Annual Evaluation report for more details on this study).

An article on this study titled *"Are patient educational materials on cancer screening more effective when co-created with patients? A randomized controlled trial"* was published in *Current Oncology* in April 2019.

Presenting GRADE guideline recommendation statements for clinical practice

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

Beginning in 2015, the Task Force undertook a study to inform how to present recommendations for improved uptake among PCPs. 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.

The Task Force applied these findings by changing recommendation wording from ‘weak recommendation’ to ‘conditional recommendation’, to improve understanding and facilitate implementation of guidelines, and emphasize the value that the Task Force places on shared-decision making. Conditional recommendations based on patient values and preferences require clinicians to recognize that difference choices will be appropriate for different patients, and those decisions must be consistent with each patient’s values and preferences. These wording changes and revised definitions were updated on the Task Force website in 2018.

Results from the 2019 annual evaluation survey indicated that 17.5% of participants were aware of these recent language changes, and 36% of participants believed the language change from "weak" to "conditional" helps facilitate the implementation of recommendations where the balance between desirable and undesirable effects is small, the quality of evidence is lower, and there is more variability in the values and preferences of individuals. See page S49 for more details.

AGREE-II Guideline Comparison Project

In 2019, the Task Force partnered with the SPOR Alliance and Institute of Medical Research to perform a quality assessment and comparison of selected Task Force guidelines with international organizations' guidelines similar in scope according to their characteristics and methodological quality to identify the potential factors behind the differences in the recommendations from both groups.

The prioritized Task Force guidelines included in this comparison project are: Screening for Adult depression (expected in 2020), Perinatal depression (expected in 2020), Thyroid dysfunction (2019), Breast cancer (2018), Asymptomatic Bacteriuria in Pregnancy (2018) Abdominal Aortic Aneurysms (2017), Hepatitis C (2017), Lung cancer (2016), Colorectal cancer (2016), Developmental delay (2016), Prostate cancer (2014), and Cervical cancer (2013).

The project methods and approach is described below:

1. Search and selection of related guidelines from the literature (non-Task Force) considering similar scope and similar settings, trying to match for time of publication.
2. Summary of guideline characteristics and main recommendations
3. Quality assessment of the guidelines (AGREE II)
4. Analysis of the differences between Task Force and non-Task Force guidelines (e.g., differences in scope, content, direction of the recommendations, and strength of the recommendations)

A final report outlining results is expected in 2021.

3.6 Uptake

Survey

Participant demographics

A total of 263 people completed the 2019 annual evaluation survey: 15 completed the survey in French and 248 completed the survey in English.

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), and participants were not required to answer all questions. Additionally, some questions allowed participants to select more than one option; therefore, numbers may not add up to 263 within some categories.

Survey participants practiced in urban (61%, *n* = 160), suburban (12%, *n* = 32), and rural (32%, *n* = 83) 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 in practice). 39% (*n* = 103) of survey participants had 5 or fewer years of practice. See pages S51 –53 for participant demographics.

Asymptomatic thyroid dysfunction screening (2019)

Awareness and use of Task Force guideline and tools

Very few participants (62%; *n* = 162) were aware of the asymptomatic thyroid dysfunction screening guideline. Those who were aware were very satisfied with the guideline, rating it a mean of 6.0 ±1.1 out of 7. Half of participants (51%; *n* = 135) reported that they were following the Task Force thyroid dysfunction guideline, while a quarter (25%; *n* = 66) indicated they did not follow any guideline. Half of the participants (48%; *n* = 78) who knew about the thyroid dysfunction screening guideline were aware of the accompanying clinician FAQ KT tool. 30% (*n* = 24) of those who were aware of the FAQ KT tool indicated they used the tool.

Current practice

More than three quarters of participants' self-reported screening practices for thyroid dysfunction were consistent with Task Force recommendations. Specifically, 84% (*n* = 221) of participants reported that they did not routinely screen adults aged 18 years and older for thyroid dysfunction. A total of 7% (*n* = 18) reported screening this population every year, and 5% (*n* = 13) reported screening every two or three years. Most participants did not routinely discuss the harms and benefits of thyroid dysfunction screening with patients.

See pages S54–S58 for more details on awareness and use of the Task Force thyroid dysfunction screening guideline and tool and participant alignment with Task Force recommendations.

Breast cancer screening (2018 update)

Awareness and use of Task Force guideline and tools

Many participants (84%; *n* = 221) were aware of the Task Force breast cancer screening guideline update released in 2018. These participants were also satisfied with the guideline, rating it a mean of 5.8 ±1.3 out of 7 (where 7 represented being "very satisfied"). More than one third of participants (38%; *n* = 99) said they primarily used the Task Force breast cancer screening guideline. Most other respondents (57%; *n* = 151) said they primarily followed provincial or territorial guidelines. Approximately half of the participants who knew about the breast cancer screening guideline were aware of the accompanying 1000-person KT tools.

Current practice

Participants' self-reported screening practices for breast cancer were mostly consistent with Task Force recommendations. Specifically, 78% (*n* = 204) of survey respondents reported that they did not routinely screen women aged 40–49 years and 90% (*n* = 237) reported screening women aged 50-60 every two - three years for breast cancer with mammography. 76% (*n* = 199) of participants reported that they did not routinely conduct clinical breast exams in their practice. Approximately three-quarters of participants indicated they routinely discuss the harms and benefits of breast cancer screening with patients between the ages of 40 – 49 (*n* = 176) and 50 – 69 years (*n* = 197).

See pages S59–S63 for more details on awareness and use of the Task Force breast cancer screening guideline and tools, and participant alignment with Task Force recommendations.

Cervical cancer screening (2013)

Awareness and use of Task Force guideline and tools

Most participants (83%; *n* = 218) were aware of the Task Force cervical cancer screening guideline. These participants reported that they were satisfied with the guideline, rating it a mean of 5.9 ±1.1 out of 7. Fewer than one-quarter of participants (23%; *n* = 61) indicated that they primarily used the Task Force cervical cancer screening guideline. Most respondents (73%; *n* = 193) primarily followed provincial guidelines. Approximately half of participants (49%; *n* = 107) who knew about the cervical cancer screening guideline were aware of the cervical cancer screening clinician algorithm KT tool.

Current practice

Participants' self-reported screening practices for cervical cancer had varying degrees of consistency with Task Force recommendations. Specifically, 82% (*n* = 216) of survey respondents reported that they screened women aged 30–69 years every three years while only 47% (*n* = 124) reported that they did not routinely screen women under 25 years old. Approximately three-quarters of participants reported discussing the harms and benefits of cervical cancer screening with patients aged 20 – 69 years.

See pages S64 - S68 for more details on awareness and use of the Task Force cervical cancer screening guideline and tools, and participant alignment with Task Force recommendations

Prostate cancer screening (2014)

Awareness and use Task Force guideline and tools

Most participants (84%; *n* = 221) were aware of the Task Force prostate cancer screening guideline. These participants were somewhat satisfied with the guideline, rating it a mean of 5.5 ±1.1 out of 7. More than half of participants (59%; *n* = 155) reported primarily using the Task Force prostate cancer screening guideline. Most of the remaining respondents primarily followed provincial guidelines (24%; *n* = 63) or no guideline (9%; *n* = 25). More than half of participants (60%; *n* = 133) who knew about the prostate cancer screening guideline were aware of the prostate cancer 1000-person KT tool. 64% (*n* = 82) of those who knew about the 1000-person tool said they had used it.

Current practice

Participants' self-reported screening practices for prostate cancer were fairly consistent with Task Force recommendations. Specifically, 81% (*n* = 213) of survey respondents reported that they did not routinely screen men younger than 55 years for prostate cancer with the PSA test. In addition, 66% (*n* = 174) of survey respondents reported that they did not routinely screen men aged 55–69 years with the PSA test. Approximately half of participants (*n* = 129) reported discussing the harms and benefits of prostate cancer screening with patients aged 54 and younger, and 70 and older. Significantly more participants (79%; *n* = 208) reported having these discussions with patients aged 55 to 69.

See pages S69–S73 for more details on awareness and use of the Task Force prostate cancer screening guideline and tools and participant alignment with Task Force recommendations.

ASB in pregnancy screening

Awareness and use of Task Force guideline and tools

Half of participants (48%; *n* = 126) were aware of the Task Force ASB in pregnancy guideline, which is an increase from last year where only one-third of participants (33%; *n* = 80) were aware of this guideline. Those who were aware of the guideline were fairly satisfied with it, rating it a mean of 5.8 ±1.0 out of 7. Over one-third of participants (38%; *n* = 100) said they primarily used the Task Force ASB screening guideline. Most of the remaining respondents stated they used a provincial or territorial guideline (33%; *n* = 87), a different national guideline (9%; *n* = 25), or they did not use any guideline (14%; *n* = 38). Approximately half of participants (48%; *n* = 61) who knew about the ASB screening guideline were aware of the accompanying frequently asked questions (FAQ) KT tool, and 25% (*n* = 15) of those aware of the tool reported using it.

Current practice

Participants' self-reported screening practices for ASB in pregnancy were fairly consistent with Task Force recommendations. Specifically, 65% (*n* = 171) of survey respondents reported that they screen pregnant women once during the first trimester or first pre-natal visit with a urine culture. About 17% (*n* = 45) of participants indicated that they screen pregnant women more than once during pregnancy using a urine culture.

See pages S74- S78 for more details on awareness and use of the Task Force ASB in pregnancy screening guideline and tools and participant alignment with the Task Force recommendations.

Task Force resources

When asked if they were aware of or had used any of the Task Force resources, participants were most likely to identify the Task Force website (58%; *n* = 153), the periodic preventive health visits article (42%; *n* = 110), the Task Force newsletter (40%; *n* = 105) and the QxMD app (31%; *n* = 82). They were less likely to identify *CMAJ* podcasts (20%; *n* = 53), Prevention Plus (15%; *n* = 39), Twitter (12%; *n* = 32), or the ECRI guideline trust (6%; *n* = 16).

See page S80 for details on Task Force resource awareness and use.

When participants were asked how they accessed the Task Force KT tools, the most popular methods reported were visiting the Task Force website (75%; *n* = 197) and receiving copies at conferences (23%; *n* = 61). Some participants accessed the KT tools by printing them from the website (21%; *n* = 55), and very few participants viewed them through QxMD (6%; *n* = 16).

See page S81 for details on Task Force KT tool access.

Interviews

We conducted 23 interviews with PCPs from across Canada. These interviews explored four main themes:

1. How and what PCPs first learned about the Task Force, as well as how they heard 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

We chose participants with diverse demographic characteristics. Interview participants represented ten provinces and territories. Fifteen participants identified as women (65%) and eight identified as men (35%). Participants ranged from 5 or fewer years of practice to 40 or more years of practice. 39% (*n* = 9) of interview participants had 6 to 15 years of practice. We interviewed eleven (48%) primary care physicians, ten (43%) nurse practitioners, and two (9%) primary care residents. See pages S83 –S84 for interview participant demographics.

Theme 1: Reach and maintenance

We asked PCPs to describe how they were made aware of the Task Force, what types of information they first learned about the Task Force, and how they continue to learn about new or updated guidelines. Participants were also asked to provide suggestions on how the Task Force could improve its KT activities.

How PCPs were first exposed to the Task Force

Exposure type	Number of mentions
Medical School	10
Residency	5
Nurse Practitioner Training	4
Colleagues	2
Conferences	2

Most interview participants first learned about the Task Force in their training, such as during nurse practitioner programs, medical school, and family medicine residency. Residents noted that some Task Force guidelines are part of exam requirements, and the Task Force KT tools and website are useful study aides. In some cases, participants' colleagues, mentors, or their students had recommended the Task Force as a source for screening information and guidelines. Participants also reported first learning about the Task Force by receiving KT tool handouts at conferences or from colleagues, personal research on specific topics, continuing medical education modules, receiving emails from other organizations (e.g. CMAJ), small group

sessions in their clinical practice, or surveys administered by the Nurse Practitioners Association of Ontario.

Types of information PCPs first learned about the Task Force

We asked participants to describe the types of information they learned about Task Force when they were first exposed to the organization. Most participants mentioned first learning that the Task Force was a useful resource for national preventive health clinical practice guidelines that could help guide their practice. Many also mentioned first learning that the Task Force developed freely available tools that can be used as part of conversations with patients. Others first learned about specific guidelines, typically breast cancer, prostate cancer, or cervical screening, or concepts like over-diagnosis or evidence-based approaches to recommendations.

Continuous learning and maintaining practices

We asked participants to discuss how they stayed up to date with new guidelines and materials, as well as how they first learned about the most recent Task Force guideline, screening for asymptomatic thyroid dysfunction.

Method for hearing about new or updated guidelines	Number of participants
Email from Task Force	11
Conferences	8
Personal Research	7
Colleagues or preceptors	7
Task Force Website	5
Journals (e.g. CMAJ)	5
CMEs	4
Updates from organizations (e.g. NPAC, NPAO, CFPC, Choosing Wisely)	4
Don't hear	4
Social Media (e.g. Twitter)	2
Small Group Sessions	1
Podcasts	1
Presentations	1

Most PCPs heard about new or updated guidelines through emails, conferences, colleagues, or conducting their own research to stay up to date. Many who were further along in their practice discussed challenges of staying up to date with new and updated guidelines, citing time

constraints and neglecting to go to conferences or complete as many CMEs (see quote below as an example).

"…I do go back to them…website pages, and I also attend conferences and I try to keep up with my journal reading, although it's never as great as it could be…I wish I always had a few extra moments to do more but…Also, we have a multi-disciplinary team, so I'm always working with other physicians…So we just kind of hash ideas off each other as well" – PP014

For Task Force guidelines specifically, most heard about new or updated guidelines through the Task Force newsletter and guideline alerts or booths and presentations at conferences like the Family Medicine Forum. Several participants mentioned that they feel like they don't hear about new or updated guidelines, and have to rely on self-directed research on specific topics of interest. Some mentioned they would appreciate or do appreciate the Task Force guideline email alerts that notify them when a new guideline comes out, while others cited email overload as a reason they are not interested in signing up for the Task Force newsletter.

Of those who were aware of most recent Task Force guideline on screening for thyroid dysfunction, most heard about this guideline through the Task Force email alert; others learned about it through Nurse Practitioners Associations, CMEs, or the CMAJ journal.

Theme 2: Perceived trustworthiness of guidelines

When participants were asked which 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 cited specialist, disease-specific, provincial, and other national organizations as their trusted sources for guidelines.

Trusted Sources for Guidelines	Number of participants
Canadian Task Force on Preventive Health Care	19
Provincial bodies	17
Disease-specific or specialist organizations	12
Other national organizations	9

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:

Factors that influence guideline trustworthiness		
Factor	**Number of PCPs who mentioned**	**Example or quotes**
Quality and transparency of	16	Many PCPs cited quality of evidence as key indicator for guideline trustworthiness. This included the number and quality of studies used (with Randomized Controls

evidence and methods		Trials seen as the gold standard), how up to date the evidence and research is, as well as whether evidence was from local settings (e.g. Canadian vs. International data). Transparency and rigor in how the guidelines were developed, and explanations for why certain recommendations or decisions were made also impacted trustworthiness.
Composition of guideline developers (e.g. trustworthy members, relevant expertise of members, etc.)	11	Participants indicated they would trust guidelines that were developed by organizations made up of people they perceived to be trustworthy, and who had relevant experience (e.g. family medicine experience for family medicine guidelines, experience with evidence and methods)
Organization reputation	8	Participants felt the reputation of the guideline development organization impacted the trustworthiness of guidelines. Participants felt organizations that were well-established, supported or recommended by colleagues, and focused on evidence based research, were considered to have a good reputation and would produce trustworthy guidelines.
Supported or endorsed by other reputable organizations	7	Some participants felt guidelines that were supported or endorsed by trusted or reputable colleagues, specialists, or other reputable organizations were more trustworthy. Consensus across guidelines from different guideline development groups also contributed to trustworthiness
Minimal or transparent conflicts of interest and perceived bias (e.g. funding sources)	6	Lack of conflict of interest was cited as being important for guideline trustworthiness. Transparency in funding sources was also important – some PCPs felt government funded initiatives may take costs too much into account, and private funded or specialist initiatives may have an alternative agenda. Transparency of who creates the guidelines and any potential conflicts of interest also impacted trustworthiness
Clear, practical, and feasible	4	Guidelines that were considered 'logical, practical and feasible were considered to be more trustworthy. Some participants also emphasized that clear and concise writing contributes to trustworthiness
Process for PCPs to provide input	1	Additional considerations for trustworthiness included the opportunity for PCPs to provide input before the guideline is published

Theme 3: Adopting guidelines

When asked about the factors that influence guideline adoption, PCPs described several main decision-making factors that influence their decision to adopt or follow guidelines (see tables below):

Factors that influence decisions to follow guidelines		
Factor	**Number of PCPs who mentioned**	**Example**
Evidence level and strength of recommendation	14	PCPs indicated the strength and quality of evidence would impact their decision to follow a guideline. They reported being less inclined to follow weak recommendations or those based on low levels or quality of evidence.
Patient Preferences	13	Many PCPs discussed the impacts patients have on decision-making for guideline adoption, and as influencers for practice change. If a patient's preferences still do not align with the guideline recommendations following a shared decision making discussion, or a patient insists on a certain screening test, PCPs may change their practice or stop following a recommendation to align with patient preferences. When there are conflicting recommendations, many PCPs will refer to a patient's preferences to determine which guideline to follow. "…sometimes I find that you can talk to them about the guideline and talk to them about what the evidence is, but I think still at the end of the day, especially as family doctors, you have to have that shared decision-making conversation with the patient. So, that's probably the biggest piece that I'm finding so far…why maybe I alter the guideline a bit, or don't quite follow it." – P009
Clinical judgement or experience	12	When faced with conflicting recommendations, many PCPs rely on their own clinical judgement to decide on which guideline to adopt. This decision can vary by patient. Previous experience (for example, not screening a patient who ended up having cancer) can influence practice change and guideline adoption as well.
Consensus	12	Guidelines that are aligned with provincial, employer, or other guidelines are easier to adopt. Consensus between guidelines can influence practice change.

Local standards of practice (e.g. provincial guidelines)	11	Many PCPs tended to prioritize or adopt local standards of practice (e.g. provincial guidelines), because of reporting requirements from employer, to be consistent with their colleagues, or because they were using provincial resources.
Up to date evidence and guidelines	11	Up to date evidence and references were listed as factors that influence decisions to adopt guidelines, as well as how long ago the guideline was released. Participants were more likely to follow newer recommendations over older ones
Colleagues or opinion leaders	9	Participants mentioned that their decision-making for guideline uptake is influenced by what their colleagues are doing. If a trusted colleagues recommends a certain guideline, they may be more likely to follow it.
Reputation of guideline development organization	8	PCPs cited that they were more likely to follow recommendations from guideline development groups that they trust, or that their colleagues and other organizations support.
Funding or resources	5	Funding structures or available resources influence practice change and guideline adoption. For example, many PCPs reported that funding for certain tests are based on provincial guidelines, therefore if a guideline conflicts with what is funded, they may be less likely to follow that guideline. Lack of resources can also impede a PCP's ability to follow a recommendation (e.g. access to screening test)

The table below outlines influencing factors that drive guideline adoption (e.g. who drives guidelines becoming practice), as identified by participants:

Influencers that drive guidelines becoming practice		
Influencers	**Number of PCPs who mentioned**	**Example**
Guideline development organizations	13	Many PCPs felt guideline development organizations (e.g. Task Force) impact which guidelines become practice, based on their dissemination an implementation efforts
Colleagues or leaders in the field	12	Colleagues were listed by several PCPs as influencers for guidelines becoming practice – PCPs were more likely to follow guidelines that the majority

		of their colleagues follow. Some looked to leaders in the field for advice on which guidelines to follow.
Physicians themselves	12	Many PCPs saw individual practitioners as the main influencers for guidelines becoming practice, since they ultimately have autonomy over which guidelines they will follow.
Government	9	Some PCPs felt the government played a large role in guidelines being implemented into practice, since they are responsible for developing provincial guidelines. Many felt automated screening programs implemented by the government played a large part in determining which guidelines become practice (e.g. if the cervical cancer screening program sends reminders based on provincial guidelines, clinicians are more likely to follow that guideline).
Researchers/Academia	7	Participants felt that researchers and academics can impact guidelines becoming practice, since they are responsible for driving the research agenda, determining what kind of research gets done, and how much evidence there is for a particular topic.
Specialists	4	Some felt specialists (e.g. Endocrinologists, gynecologists) have a large impact on which guidelines become practice
Patients	3	A few PCPs felt patients influenced guidelines becoming practice, since they are the final decision-makers.

Theme 4: Implementation

When asked to describe their screening and preventive health care practices, PCPs spoke about general supports and challenges to implementing guidelines and how they engaged patients in discussions about preventive health care guidelines and recommendations.

4.1 Facilitators and barriers to guideline implementation

PCPs described factors that influence their ability to implement guidelines in their practice, after they have decided to adopt or follow a guideline (see table below):

Factor	Example
Time constraints (e.g. for looking up new guidelines, or having discussions with patients)	Participants described a lack of time to have meaningful discussions with patients about the recommendations as a barrier to guideline implementation. Many PCPs who have been practicing for a long time also found it difficult to find the time to keep abreast of new guidelines and recommendations

	"I figure, they're here, they're undressed. It'll take me thirty seconds. Why not just examine their breast? I'm using breast as an example because that's the one thing that really threw us [recommendation was different than previous common practice]. So yeah. It's difficult and frankly the path of least resistance is to just do it. I can't explain to them in 30 seconds why I shouldn't do it" – P023
Physician awareness	PCPs found it difficult to stay up to date with the many guidelines released for different topics, unless they are actively seeking them out. Physicians reported that not being aware of new or updated guidelines is a barrier to implementation. *"I think just awareness, right? Sometimes you forget. You get busy in your practice*" – P001
Consensus (including alignment with provincial guidelines)	PCPs found it easier to implement guidelines that had consensus across multiple organizations (e.g. alignment with provincial recommendations helps facilitate implementation as recommendations may align with provincial reporting requirements). Having conflicting recommendations was cited as a barrier to implementation.
Practice change required	Guidelines that recommended a large change in practice were cited as being more difficult to implement, compared to those with recommendations perceived as more feasible or practical. For example if PCP's previous practice included regular screening for breast cancer, but a new guideline recommended against regular screening, this would require a large mindset and habit change for PCPs as well as patients, making it more difficult to implement.
Evidence level and strength of recommendations	Some PCPs reported that guidelines that supported by higher levels of evidence are easier to follow. They felt higher levels of evidence lead to stronger recommendations, and they felt more confident in implementing the recommendations.
Funding or financial incentives	PCPs reported that financial incentives (e.g. preventive care bonuses) or funding alignments (e.g. testing coverage) can help facilitate guideline implementation. *"I would say to an extent preventive care bonuses. Like…the ones that are for cervical cancer and for breast cancer and the FOBT [fecal oculate blood test] it's a little bit easier to implement in the sense that you're kind of keeping that in your mind and so there is some of that incentive to actually be focusing particularly on those at a re-visit."* - P004
Patient awareness and preferences	Participants discussed how patient preferences and awareness can be barriers to guideline implementation. Implementation can be more difficult when recommendations don't align with patient expectations, if patients have personal or family experience with the disease, or if patients are insistent on screening despite recommendations against doing so.

	"Patients being aware of the guidelines. It's really hard to have that conversation and convince them to not do those things, and I try to have those conversations, but sometimes it doesn't go well, or let's say the annual physical. They're like 'My doctor has always been doing this. Why aren't you [doing] this,' and then they think I'm a worse doctor for not doing it, and I try to talk to them and say, 'hey, listen.' It takes me longer to have this conversation than for me to just do those maneuvers, or order the tests and be done with it, and then, they're like 'Maybe, but my doctor always did it". I think having that public perception and shifting that". – P022 *"I think patients are just inundated with information to have their thyroid checked. So, sometimes I just give in."* – P005
Complexity of recommendations	Recommendations that are in clear writing and concise, clearly outlining what the provider needs to do are easier to implement. PCPs reported that complex or lengthy guidelines (e.g. complicated algorithms) are more difficult to implement. PCPs also cited the simplicity of recommended actions as a facilitator (e.g. ASB screening test using urine sample was considered a simple test, therefore this guideline was easier follow compared to guidelines that may have more complicated testing or actions required).
Colleague influence	Many PCPs highlighted that colleagues can be a barrier or facilitator to guideline implementation. In cases where PCPs are covering for other doctors in their clinic, they feel obligated to follow that doctor's current practice. If the colleagues around them are following a certain guideline, it makes it easier to implement that guideline.
Reminders/EMR integration	A few PCPs highlighted that reminders are helpful to help facilitate guideline implementation. For example having screening recommendations integrated as templates in EMR. *"When we actually do a complete physical with the patient and we have our template, at the end they have a screening part, you know just as a reminder to us, you know, screening for colon cancer, to make sure that this is up to date or mammogram, but I've never actually seen the lung cancer screening or the AAA screening on those templates…So, I find that even having those on those templates are kind of a reminder to be like "Oh, does the patient fit this screening?" and if so, we should probably do it. So, that's probably one way that probably I could use them more and maybe I could even talk to my colleagues about including that on the templates, just so we remember to do that."* P009

4.2 How patients are engaged in discussions about preventive health care guidelines and recommendations

Almost all interviewees (19 out of 23) described having shared decision making conversations with patients about a variety of preventive health topics.

"*The way I run my practice is, I do a lot of consultation with the patient that's impacted by their health, and so within that discussion, I often will include them into that decision-making part. So, I will say, 'This is…which direction do you want to go', because it's their health after all. So I can say 'Well, here's the two guidelines that I tend to follow for, you know, breast cancer screening. This one strongly encourages this. This one says we don't need to go that route', and then I talk to them maybe about the merits, or the disadvantage of screening for what one says and not screening, the impact with that, and then let them be the final decision-maker in that."* - P010

In particular, all nurse practitioner participants described these conversations with patients as a critical and integrated part of their practice, highlighting that they perhaps have more time available for these discussions than family physicians.

"*I [a nurse practitioner] get an average of 30 minutes per client, in my scenario…If you're a new client I have forty or fifty minutes with you. You go to a doctor's office, they don't have that kind of time. Most of them don't have that kind of time."* P013

Common barriers to patient engagement that participants identified included: time constraints, lack of direction for how to engage patients effectively in shared decision making conversations, and lack of patient awareness or misinformation surrounding guidelines and recommendations.

"So [shared decision making conversations] could be tricky because I think, you know, in a primary care setting unfortunately we're constantly seeing patients for acute issues, and…so the vast majority of these visits are focused on addressing their concerns acutely, and we try to squeeze in health prevention where there is time. So, it doesn't usually leave a lot of time to focus on health prevention to be honest." P011

Participants also highlighted that these conversations differ depending on how engaged each individual patient is (e.g. some patients are not interested in any discussion, some are actively seeking screening, and some are indifferent). Most PCPs identified KT tools as useful facilitators for shared decision making conversations, most frequently refencing the Task Force cancer screening guideline tools.

"So, I will use a lot of the handouts to engage patients, because I do find that that helps them realize. Or for example, one of the bigger ones I use is the PSA one, just because there's a lot of talk out there and the guidelines are saying that we don't really recommend screening for PSA just because of the potential harm and things like that. So, sometimes I find that men are really anxious because they really want it done because maybe they've had family members with prostate cancer, or maybe they have family members who have told them to get screened for it, and so it really comes down to explaining to them why we don't do it, but it does take a lot of time, I think from the family physician, to do that, to make them realize, but I think the handouts help…to engage patients." – P009

"For example the one I use most is prostate screening. If somebody is uncertain about whether they want a test done or not, then I will bring up the guideline and review it with them and show them the pros and cons and, you know, the evidence behind it. Then, for the Canadian Task Force ones, I do like, I have a few of the ones I use a lot that are in the laminated copies and I find those very handy" – P021

Some participants also highlighted that since annual preventive health exams are no longer recommended, they feel they have less opportunity to engage with patients in shared discussions around preventive health care decisions.

"We don't have the annual health exam, it makes It hard to discuss these issues with patients, because you have to start talking with these patients at other visits. You won't have a lot of time to discuss things in detail. It's a little bit hard to just book an appointment just for preventive care. So, I mean, that has made it a little challenging, in terms of preventative care, but previously when there was an annual exam it was really easy, because you line up the preventative care that you want to discuss, you prepare your tools, and all that you discuss that day is preventive care. Now there is no annual exam, it makes it a little harder." P008

When asked what they would do if a patient's preferences differed from guideline recommendations, over half of participants said they would discuss the harms and benefits of each option, but ultimately would follow whatever the patient decided.

"Well, part of that conversation always looks at the risks and benefits. So, the PSA test for example, yes…I go through the risks and the benefits with that patient, and if they truly still want to have the test I will order it, because really they are in the driver seat…so as long as they understand the risk and benefit I would absolutely order that for them" – P016

"Well, some patients are pretty persistant. They want their thyroid checked when they are having trouble losing weight, or even though we just had it done six months ago it was normal. So, sometimes doing the education with them…sometimes regrettably we might order a test just to appease a patient." – P001

PCPs also identified nurses, pharmacists, and allied health professionals (e.g. Physiotherapists, dieticians) as people who could assist with discussing screening and preventive health care with patients. They also described clinical and administrative assistants as being potential key supports as they are typically the first point of contact for most patients prior to an appointment. Some participants also felt it could be helpful to offload some responsibility for these discussions to patients themselves, and encourage them to be informed – one PCP identified that a way to support this would be to improve access to guideline information and tools for patients.

Theme 5: Suggestions for improvement

Participants identified several suggestions for improving reach and access of Task Force guidelines and KT tools:

1) *App or EMR integration:* Participants suggested integrating Task Force guidelines into existing applications or EMRs could improve and reach of guidelines and KT tools, and can make it easier to receive notifications or reminders about new or existing guidelines and tools. Examples of apps that participants said they used included 'Up-to-date', 'CMA – Joule' and 'Cancer Care Ontario app'.

2) *Media Campaigns:* Participants suggested that media campaigns targeted to the public could be used to keep patients informed and combat misinformation, which would ultimately improve guideline uptake and effective shared decision-making conversations.

3) *Improve KT tool accessibility:* Participants identified that accessing KT tools on the Task Force website is not necessarily intuitive, and improvements could be made to improve usability of the Task Force website for patients. Some participants also mentioned that the KT tools were not accessible for their patient population (e.g. older patients with

vision impairments, new Canadian populations speaking different languages, or Indigenous populations).

4) *Improve Nurse Practitioner engagement:* Nurse practitioner participants felt that Task Force could improve engagement with their profession, for example making a concerted effort to integrate into nurse practitioner education programs, or collaborating with more nurse practitioner associations. Some mentioned that while they understood the Task Force targets primary care practitioners, they felt they are not being equitably engaged compared with primary care physicians, and it is not clear that the Task Force is interested in engaging with NPs, despite NPs seeing themselves as crucial early adopters and enthusiastic proponents of preventative care.

   "Often, if you look at a clinic that has MD's and NP's….often the early adopters are the nurse practitioners that bring things into clinics. Maybe it's a workload thing, because we have more time to participate in stuff. I don't know, but like anecdotally that's what I've noticed, and when we have learning events, our physician speakers will often say…"You guys have a lot more questions than a doctor."…so there's a different feel and keenness with nurse practitioners and I always try to promote this as something that we are a bit different, and if you want to get your word out maybe you need to kind of concentrate a bit more [on NPs]…the worst thing you can do is say "For family physicians," because then that just ignores the 4000 nurse practitioners that we have practicing in the province.

   So, then it's up to the Task Force to reach out to those stakeholders, reach out to the universities who are teaching our nurses, our RPNs, our nurse practitioners…" P020

   As an example, some NP participants pointed out that there are no nurse Practitioner members on the Task Force.

   "There's always been historically some barriers between physician and nurse practitioners, and it's like the Canadian Task Force is very heavy with the physician group, and one thing I would like to see…trying to encourage across all provinces, to involve nurse practitioners who are also primary care providers with a really key preventive health care focus. We [NPs] should be involved in some of the working groups…it would be really helpful, and by having some key nurse practitioners in those working groups, could then disseminate the information even more, right?" – P003

   Nurse practitioner participants also identified that provincial NP associations are typically where many NPs go for up to date information, and partnering with these organizations as well as posting on their sites could be a useful way to spread awareness among NPs.

5) *Conferences:* Participants felt the Task Force could attend more conferences to increase their presence and awareness of guidelines, recommendations and tools. Nurse practitioner participants suggested that the Task Force attend popular nurse practitioner conferences to improve nurse practitioner engagement (e.g. NPAO annual conference)

6) *Email alerts/reminders:* Some participants learned about the new Task Force thyroid guideline via an email alert, and noted that the Task Force could consider highlighting different existing Task Force guidelines and tools at relevant times (e.g. sending a

reminder about the Task Force prostate cancer guideline to their mailing list during Movember campaigns). Participants highlighted that any email reminders or updates would need to be brief, clear, and user-friendly.

7) *Updates:* Many participants called for more frequent updates of older Task Force guidelines. Participants felt that if guidelines are not updated frequently enough, the guidelines lag behind current research.

8) *Branding:* Some participants felt that the Task Force could improve their branding and messaging, to more clearly promote what separates them from other guideline organizations and why PCPs should follow their recommendations over others.

   "What is the unique value proposition? What is it that this group is doing that's different from all the other groups that are out there also providing guidelines?" – P012

4.0 Limitations

The number of survey and interview participants who participated in the study was relatively small given the diverse Canadian context, 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 Task Force and its guidelines. As such, these results may overestimate awareness of the Task Force and its guidelines and associated KT tools.

We offered surveys and interviews in both English and French for the first time in this year's annual evaluation. Significantly fewer PCPs completed the survey in French (n = 15) compared to English (n = 248), and no participants completed an interview in French, therefore the results of this evaluation may not represent the awareness and use of Task Force guidelines and KT tools among French-speaking PCPs.

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. It is therefore possible that participants' responses were affected by social desirability and recall biases.

5.0 Recommendations

Based on this evaluation, we have identified eight opportunities for the Task Force to enhance the impact and uptake of the Task Force's CPGs, KT tools, and resources. We recommend the following:

1. Highlight alignment of Task Force guidelines with provincial and other organizations, and prioritize partnerships with professional organizations

Participants mentioned that alignment of recommendations (particularly with provincial guidelines due to reporting requirements and financial incentives) facilitated guideline adoption and implementation, as well as contributed to guideline trustworthiness. Areas of alignment and explanations for any differences in guidelines (which are currently being identified via the Guideline Comparison Research project) could be highlighted by the Task force through their website or newsletter channels. Guidelines that were endorsed or supported by other organizations also improved trustworthiness and encouraged guideline adoption. The Task Force should prioritize and promote partnerships with professional organizations and leverage these partnerships to increase dissemination of their guidelines and KT tools through partner organizations' channels.

2. Directly target and engage patients

Patient preferences play a critical role in the adoption and implementation of guidelines, and many PCPs consider patients the ultimate decision-makers in preventive health care decicions. However PCPs often cite time constraints as a barrier to having effective shared decision making conversations with patients. The Task Force could consider targeting patients (e.g. create more patient-facing tools and media content, improve access of tools and guideline content for patients on the website) to increase patient awareness and trust of Task Force guidelines, and potentially reduce the time required by PCPs to explain the Task Force as an organization, and the evidence behind their recommendations.

3. Enhance Task Force French presence

The Task Force engaged one French speaking participant in patient engagement activities, and 15 French speaking PCPs as part of the annual evaluation. While this represents the greatest number of French speaking clinicians and patients that have been involved in these activities to date, it still represents a small percentage of all participants. Recruitment difficulties may be influenced by a lack of Task Force partnerships with relevant French PCP organizations. French website and KT tool page views, as well as French podcast listens remain relatively low compared to English counterparts. The Task Force could consider actively building partnerships with French PCP and patient organizations to improve trustworthiness and boost dissemination of Task Force guidelines, KT tools, and engagement opportunities among the French-speaking Canadian population. The Task Force now has a French research coordinator located in Quebec who could help facilitate engagement of French stakeholder organizations and recruitment.

4. Explore integration into existing mobile apps or EMRs

Participants continue to highlight that integration into mobile applications could improve reach and access to Task Force guidelines and KT tools. The Task Force has previously attempted to

develop and maintain their own app, as well as integrate into EMRs, but have experienced significant challenges. The Task Force should reflect on the lessons learned from these previous attempts, in order to tackle this challenge in a thoughtful way. Since mobile applications require substantial resources, the Task Force could consider integrating and promoting their guidelines and KT tools through existing apps (e.g. Up-to-date). Participants also highlighted the role app and EMR integration play in sending effective reminders and notifications, which helps with guideline adoption and implementation.

5. Expand Task Force dissemination to increase engagement with NPs

NPs are key players in delivering preventive care, and NP participants emphasized that there are opportunities to improve engagement with Canadian NP professionals, including:

a) *Explore additional NP conferences to exhibit and distribute Task Force tools*
b) *Build and leverage partnerships with provincial NP organizations (e.g. the provincial NP organizations and NPAC)*
c) *Consider recruiting and onboarding Nurse Practitioners as Task Force members*

6. Explore new media or content promotion strategies

a) *Continue to optimize Task Force newsletter*

Newsletter engagement increased following the introduction of a new more visual format. The Task Force also saw newsletter subscribers increase by approximately one third over the past year, and many PCPs highlighted emails as a main source for guideline information. Therefore efforts to promote the Task Force newsletter at conferences and presentations should continue.

b) *Continue with Guideline Alerts*

Several PCPs first heard about the new thyroid dysfunction guideline through the Task Force guideline alert sent out to their mailing list. Others highlighted concise and clear updates could help increase awareness of new or updated guidelines and tools.

c) *Deliver coordinated content at strategic times*

Many participants identified reminders and patient awareness as facilitators to guideline implementation, and physician awareness was cited as an important factor impacting guideline adoption. Coordinated media campaigns could not only act as a reminder and increase awareness amoung PCPs, but could also help combat potential misinformation or media campaigns targeted to patients (e.g. posting content or sending email reminders about the Task Force prostate cancer guideline in November, to coincide with the annual Movember messaging that encourages everyone to seek screening).

d) *Continue to highlight the Task Force brand*

Most participants identified the Task Force as their trusted source for preventive health care guidelines, and cited several factors that contributed to guideline trustworthiness that the Task Force exhibits (e.g. evidence based, transparency in methods, composition of guideline development group, minimal or transparent COIs, etc.). The Task Force should continue to highlight the elements that make them a trustworthy source for guidelines, and what sets them apart from other guideline development organizations.

7. Improve KT tool accessibility

Many PCPs identified KT tools as key facilitators for effective shared decision making conversations and guideline implementation. However some PCPs identified that KT tools were not always accessible to their patient populations (e.g. older patients with vision impairments, new Canadian populations speaking different languages). The Task Force could consider approaches for making Task Force tools and resources more accessible for diverse audiences (e.g. creating recordings for those who are visually impaired, or transcribing podcasts for those who are hearing impaired).

8. Update older guidelines more frequently

Many PCPs called for more frequent updates of older Task Force guidelines. Participants felt that if guidelines are not updated frequently enough, they may lag behind current research.They highlighted that they are more likely to implement the most up-to-date guideline available on a specific topic. Task Force could consider strategies for updating older guidelines and recommendations more frequently.

6.0 References

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2019 Guideline Publications

Guideline publications

Asymptomatic Thyroid Dysfunction

Pre-release: Stakeholder engagement

Released November 2019

- Engaged **99 stakeholders**
  - 45 generalist organizations
  - 21 disease-specific organizations
  - 2 clinical experts
  - 20 peer reviewers
  - 11 usability testing participants
- Hosted 1 guideline preview webinar on November 13th, 2019
  - Presented by Dr. Richard Birtwhistle
  - Attendance: 4 stakeholders

Endorsements

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Nurse Practitioner Association of Canada

CSEM SCEM
The Canadian Society of Endocrinology and Metabolism
La Société canadienne d'endocrinologie et de métabolisme

St. Michael's
Inspired Care.
Inspiring Science.

Guideline publications

Asymptomatic Thyroid Dysfunction

Post-release: Dissemination & media

Dissemination	n =
CMAJ journal subscribers (received guideline)	84,711
CMAJ guideline downloads	10,488 (EN) 848 (FR)
Task Force website English page visits	968
Task Force website French page visits	164
Podcast plays	994 (EN) 825 (FR)
Media	
Media Mentions	>85
Interview requests with Task Force members	8
Social Media engagement	6% follower increase over 9 days
Altmetric score	208
Citations	1

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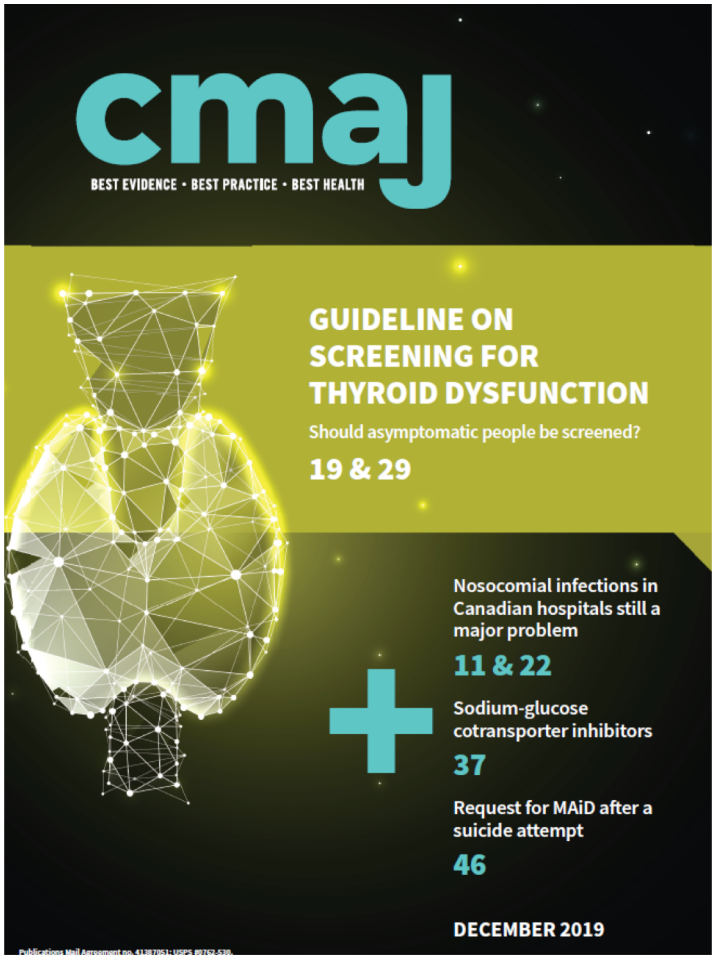
Note: Numbers are based on data from January 1, 2019 to December 31, 2019.
Media data are based on media reports from the Task Force communications team

Guideline publications
Asymptomatic Thyroid Dysfunction
Post – release: Dissemination & media

Highlights:

- Featured on the **December 2019 cover of CMAJ**
- **Top clicked link** in the November 2019 CMAJ eTOC monthly Joule newsletter
  - 1,905 total clicks, 1,747 unique clicks
- **#9 most read article of CMAJ's top 25 most read articles in 2019**



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Guideline Dissemination

Guideline dissemination

Conferences & KT tools

- The Task Force disseminated **8666** KT tools at **3** conferences

Conference	Dates	Location	Delegates attended	KT tools disseminated	
				EN	FR
Choosing Wisely Canada National Meeting 2019	May 27, 2019	Montreal, QC	>300	**707**	**864**
Congrès annuel de medicine 2019	Oct 29 – Nov 1, 2019	Montreal, QC	700	**-**	**1534**
Family Medicine Forum (FMF) 2019	Oct 30– Nov 2, 2019	Vancouver, BC	3000	**5141**	**420**

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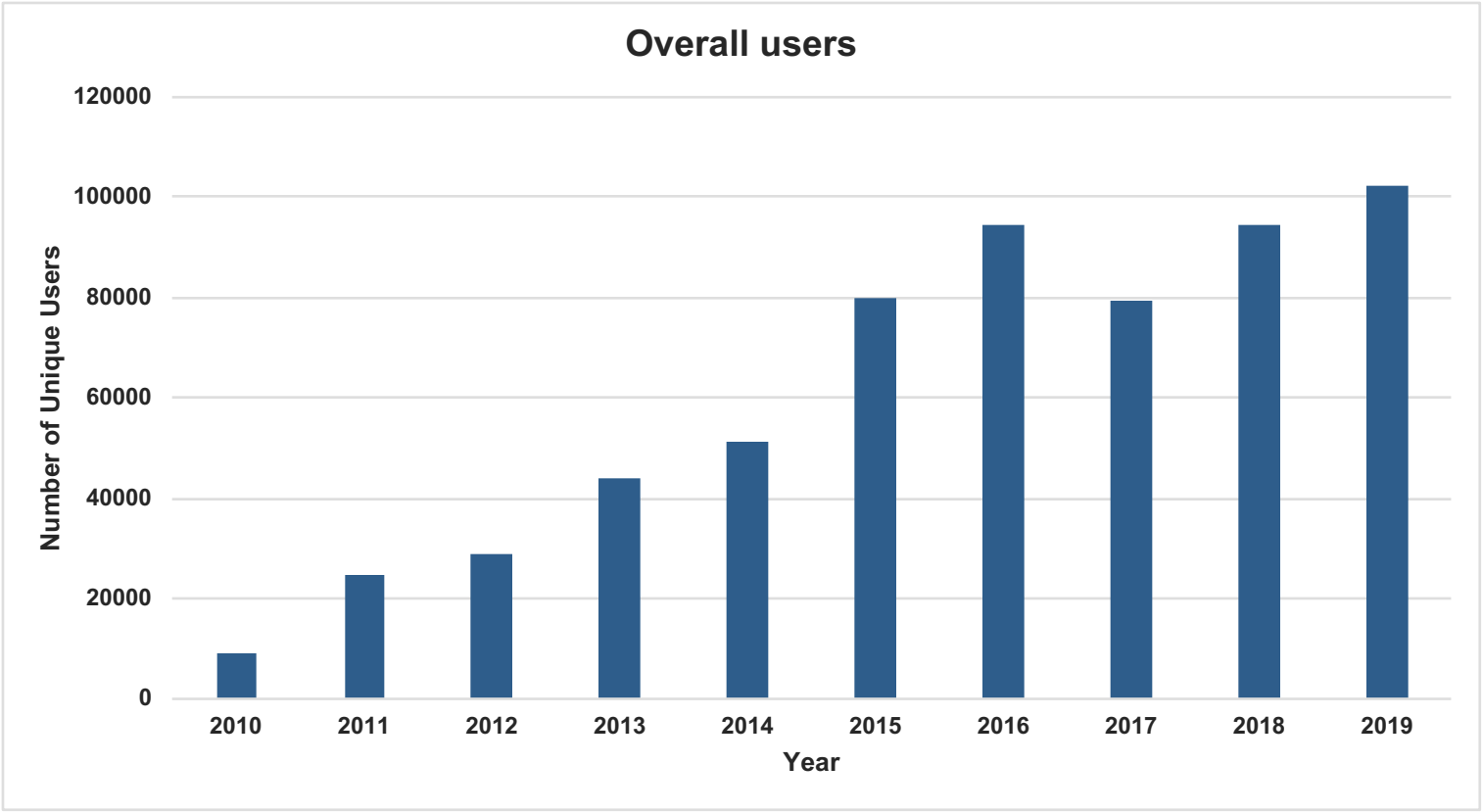
Guideline dissemination

Task Force website annual users



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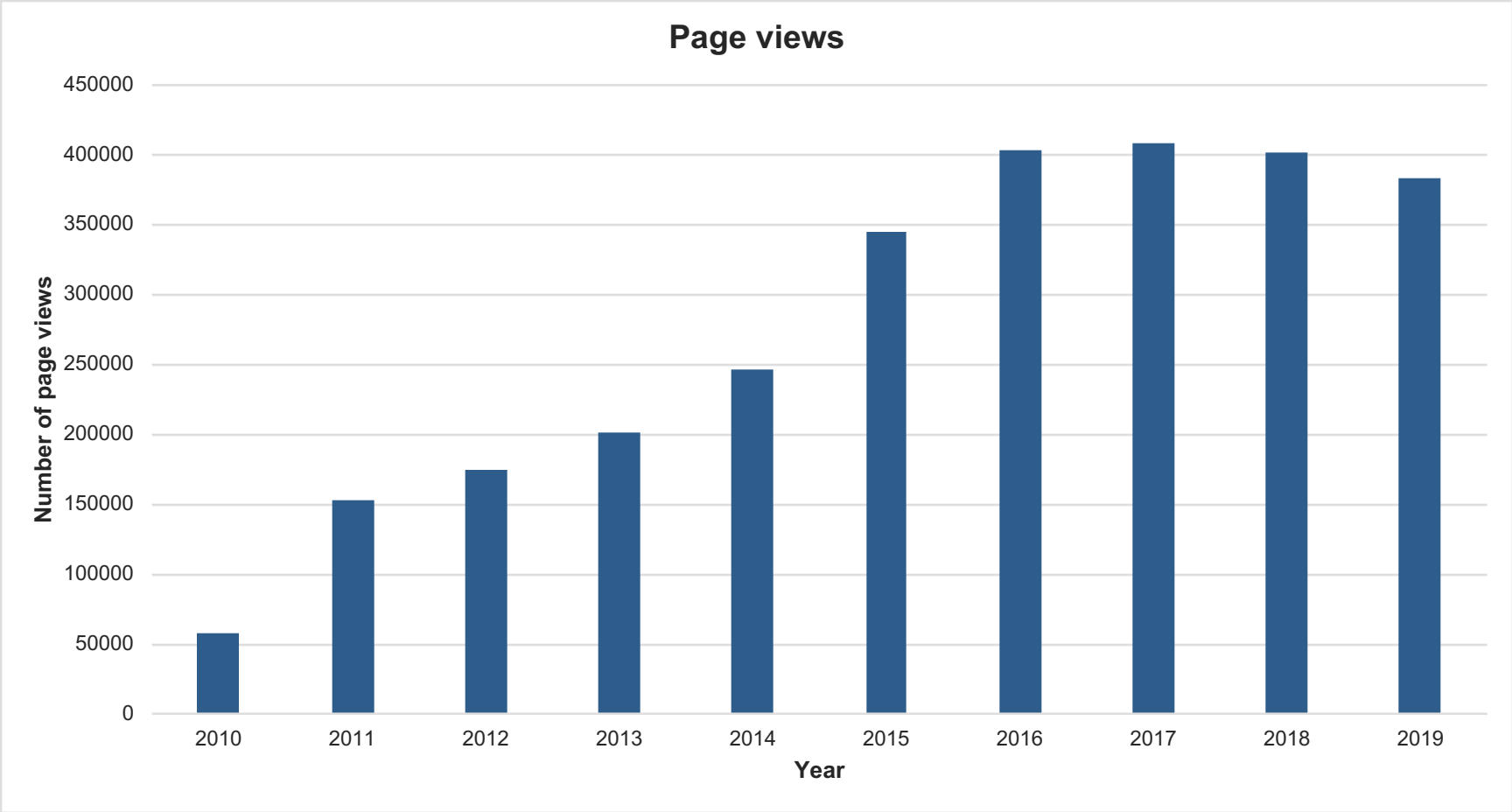
Note: The data reported is combined for both the English and French website platforms.
2019 values may be reduced due to errors with analytics data collection between January 2019 and March 2019

Guideline dissemination

Task Force website annual page views



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Inspired Care.
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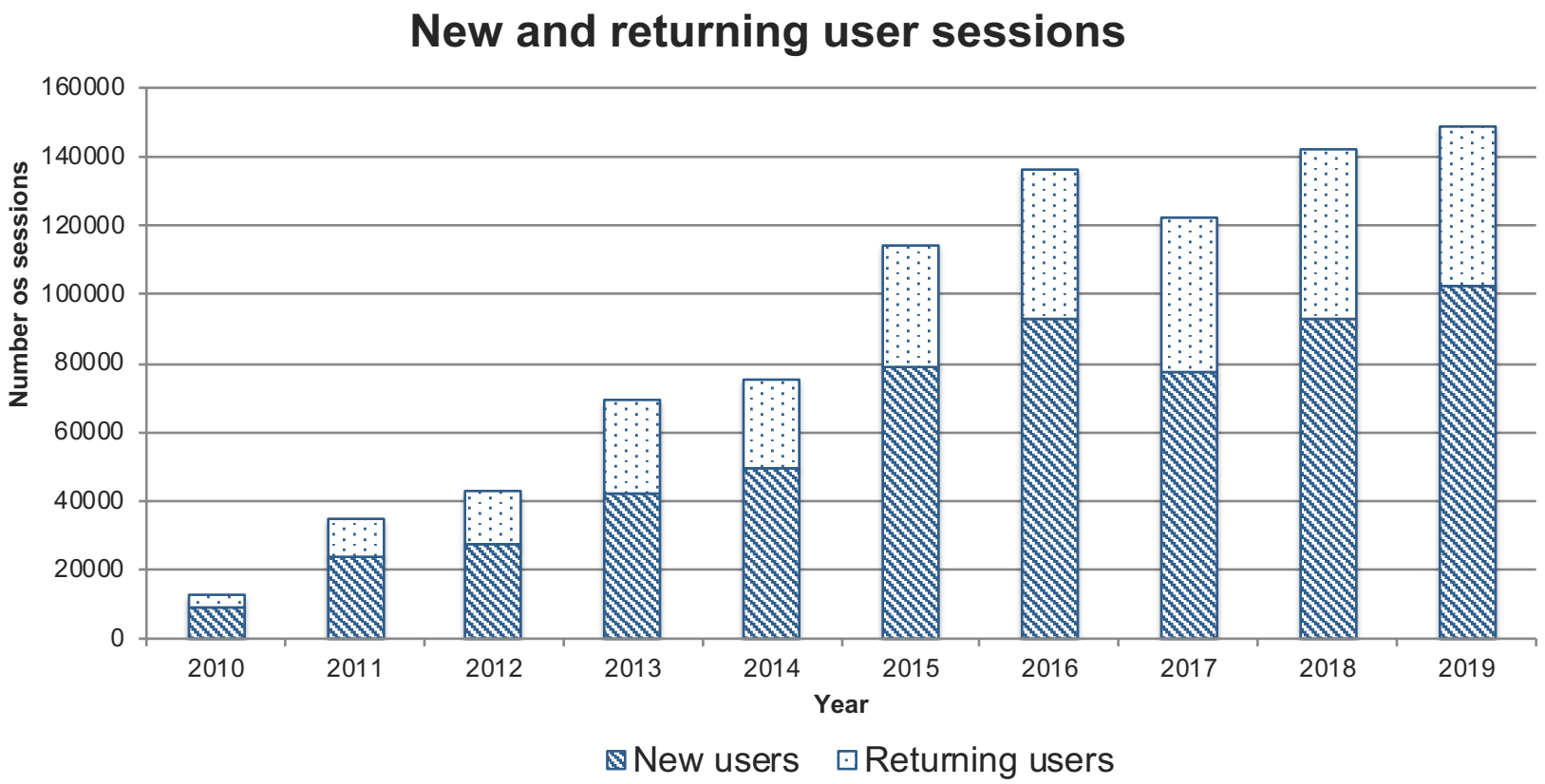
Note: The data reported is combined for both the English and French website platforms.
2019 values may be reduced due to errors with analytics data collection between January 2019 and March 2019

Guideline dissemination

Task Force website sessions by new and returning users



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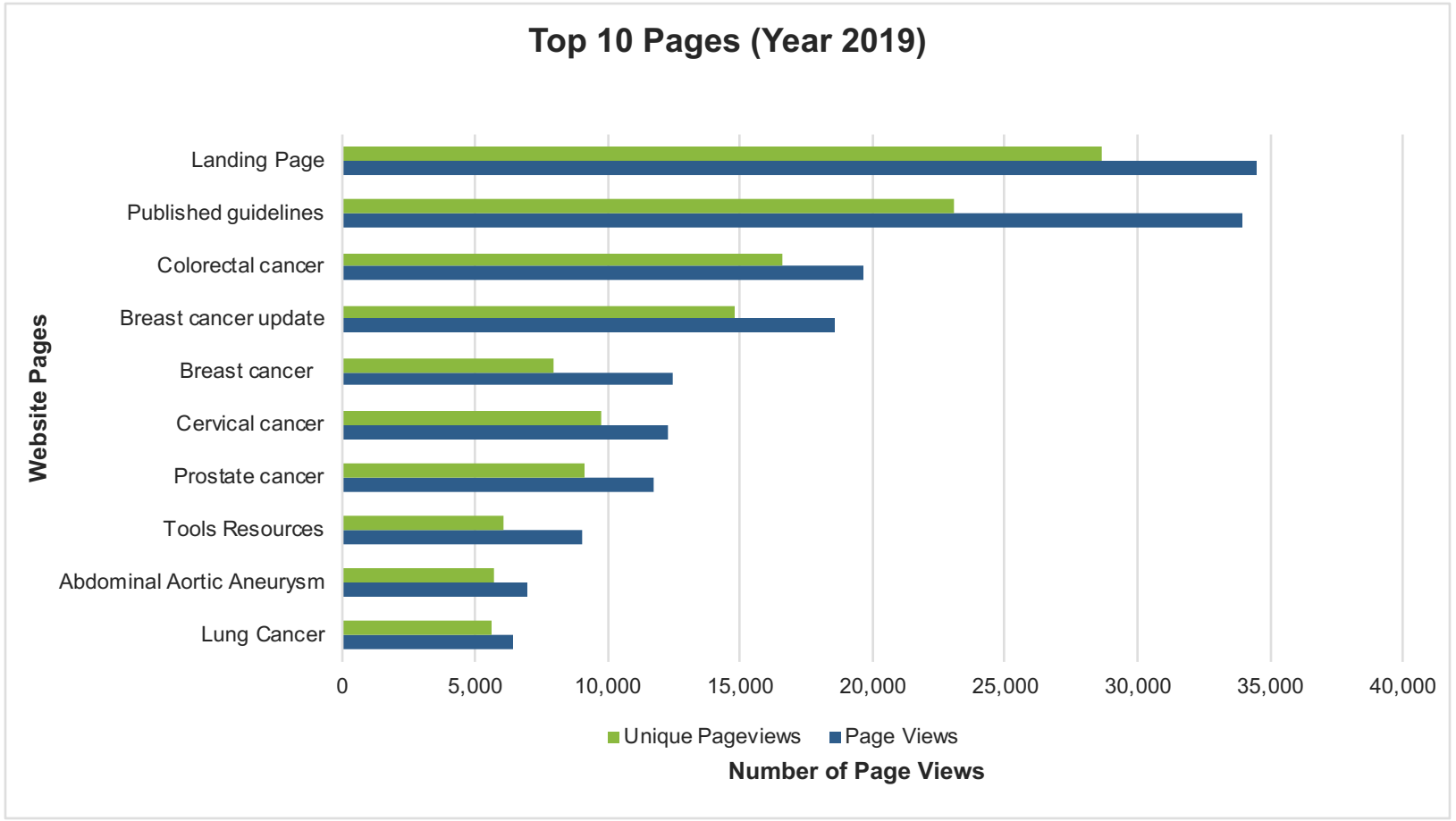
Note: The data reported is combined for both the English and French website platforms.
2019 values may be reduced due to errors with analytics data collection between January 2019 and March 2019

Guideline dissemination

Top 10 most viewed Task Force website pages



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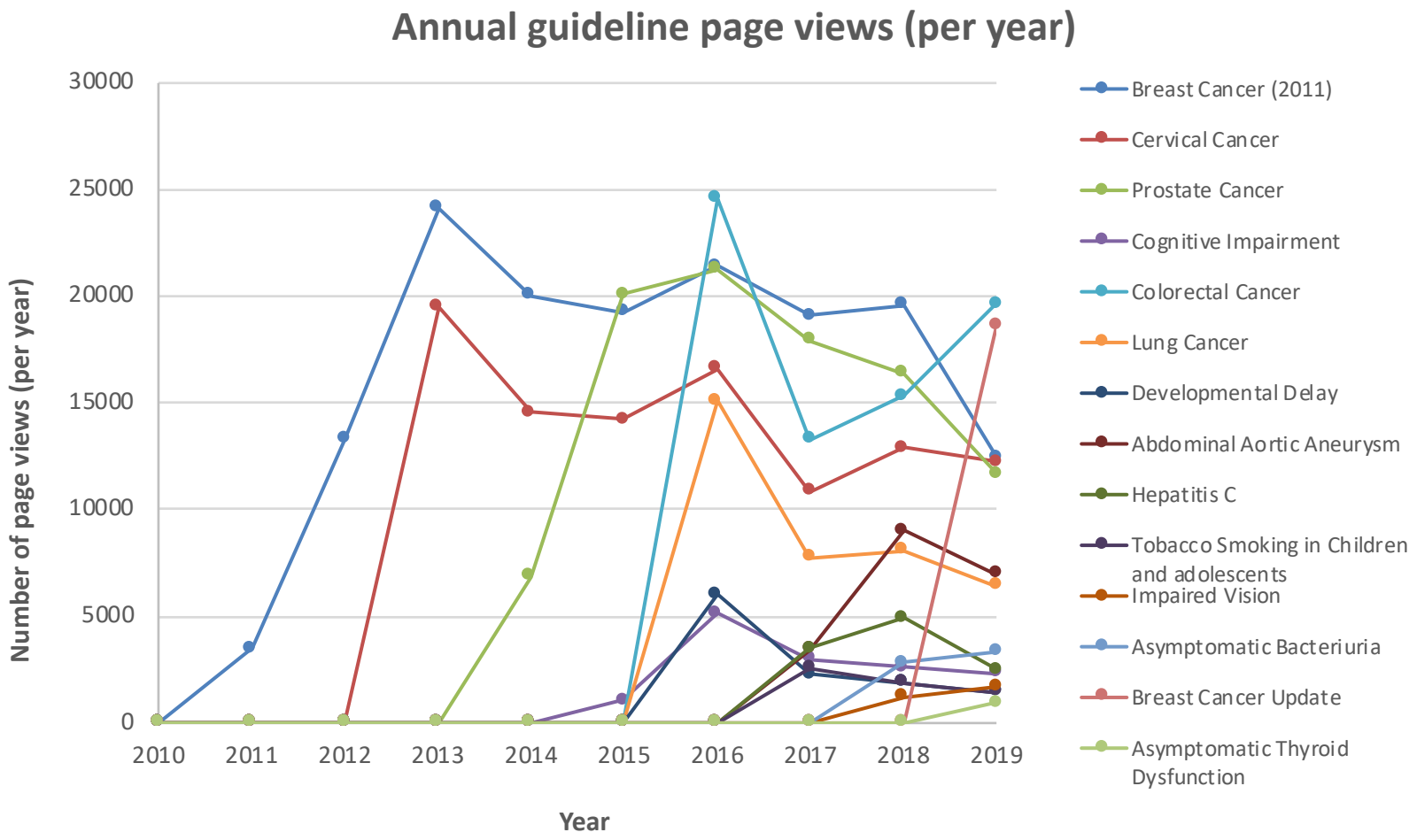
Note: 2019 values may be reduced due to errors with analytics data collection between January 2019 and March 2019

Guideline dissemination

Annual guideline page views (Task Force English website)



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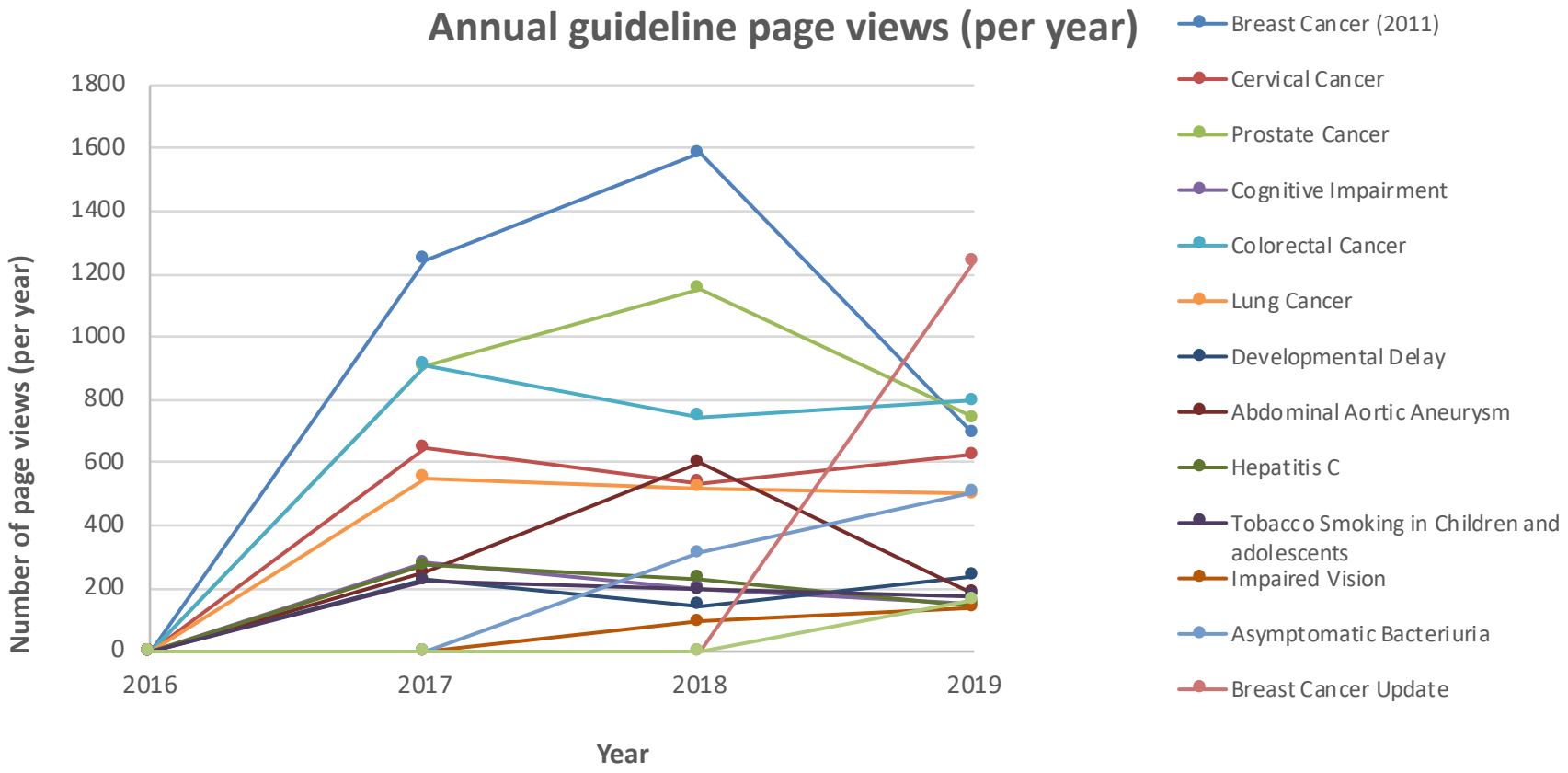
Note: The breast cancer guideline update webpage data was unavailable for the month of Dec.2018

Guideline dissemination

Average guideline page views (Task Force French website)



Note: Date for the French website platform is only available from 2017 onwards.
Note: The breast cancer guideline update webpage data is unavailable for the month of Dec.2018

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Guideline dissemination

Task Force website user locations

Top 5 cities	Sessions
Toronto	10,286
Montreal	8,666
Calgary	4,501
Ottawa	4,070
Vancouver	2,870

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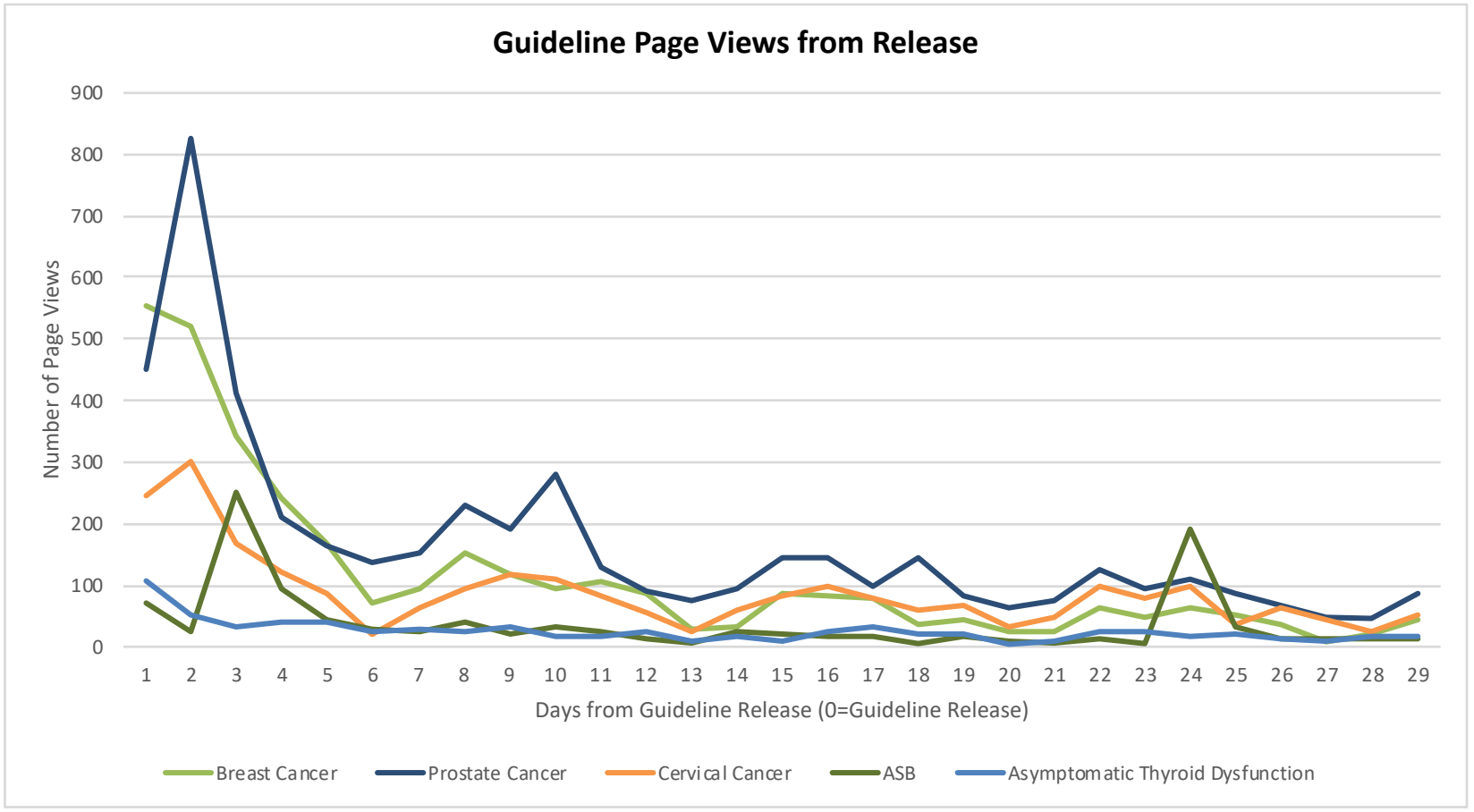
Note: The data reported is combined for both the English and French website platforms.

Guideline dissemination

Task Force English website guideline page views after release



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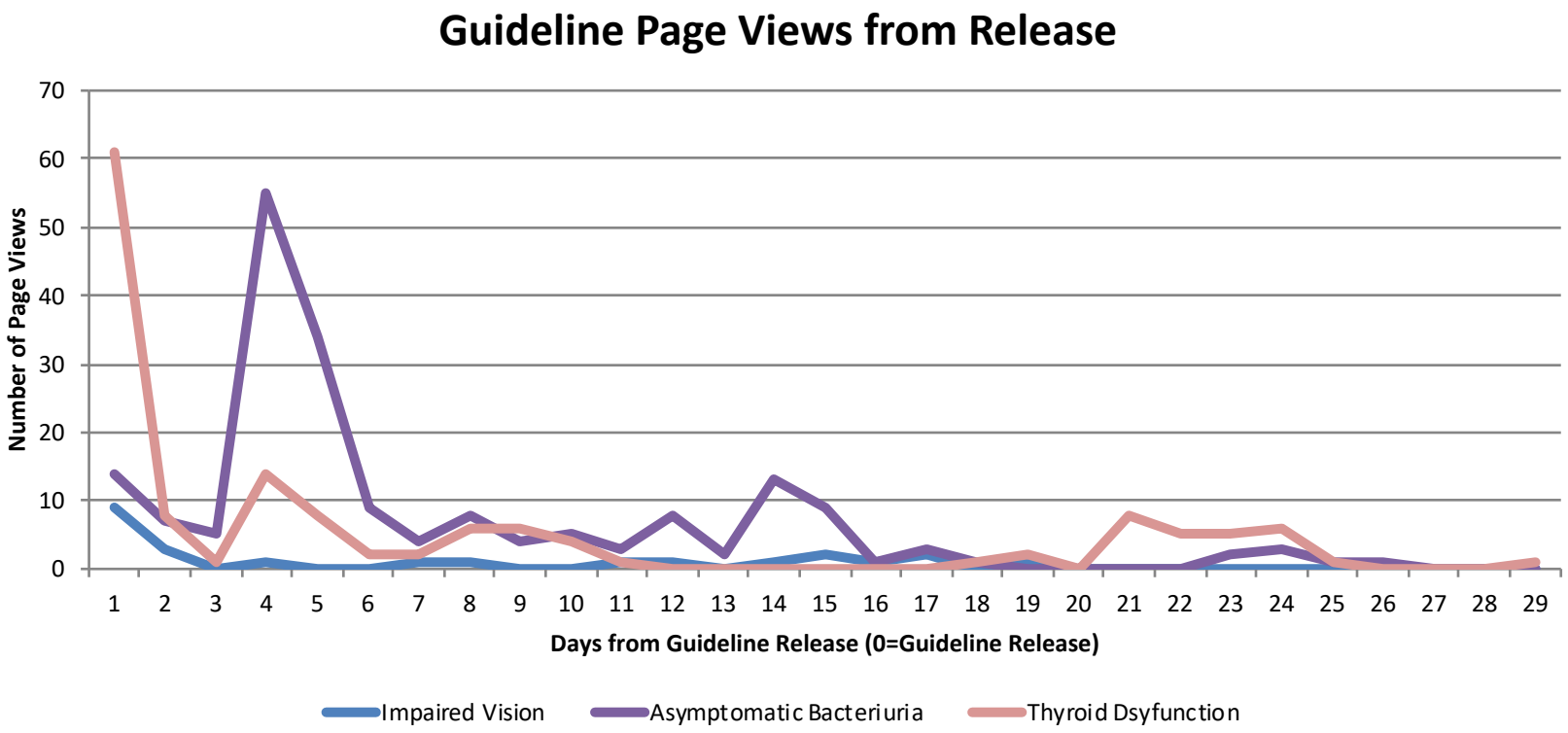
Note: The breast cancer guideline update webpage data is unavailable from December 2018 to March 2019, therefore the data from the Breast Cancer guideline released in 2011 is used in this graph

Guideline dissemination

Task Force French website guideline page views after release



Note: Guideline page view data for the French website platform is only available for guidelines released in 2017 onwards

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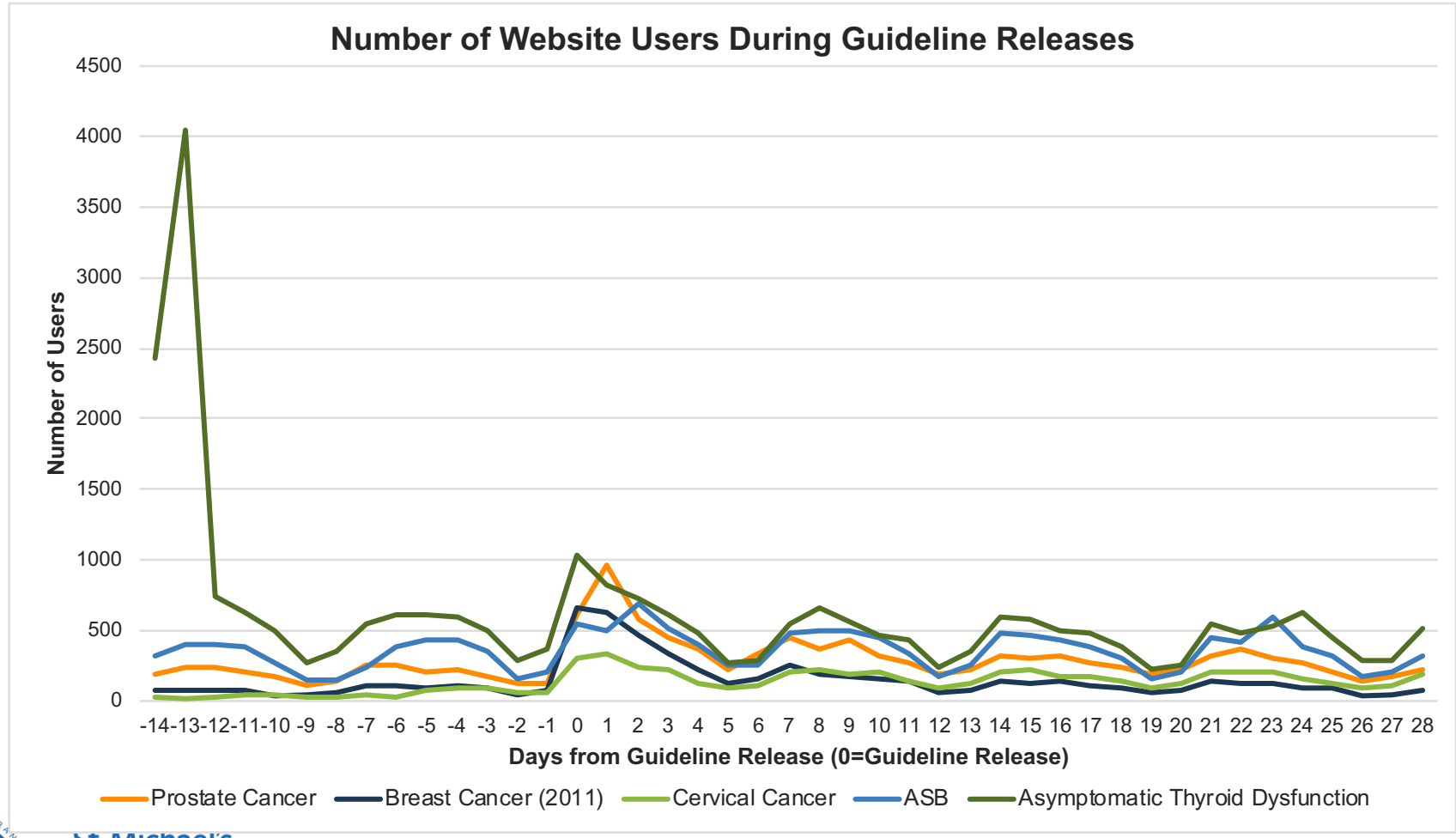
Guideline dissemination

Task Force website users before and after guideline releases



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Note: The breast cancer guideline update webpage data is unavailable from December 2018 to March 2019, therefore the data from the Breast Cancer guideline released in 2011 is used in this graph. The data reported is combined for both the English and French website platforms.

Guideline dissemination

KT Tool Page Views

- Total KT tool page views in 2019: **50, 287** (71 % English; 29% French)

Top 10 Most Viewed KT Tool Pages in 2019				
Guideline	**Tool**	**English**	**French**	**Total tool page views**
Diabetes, Type 2	Clinician FINDRISK	1422	5751	**7173**
Prostate Cancer	Harms & Benefits	4705	374	**5079**
	Clinician FAQ	2254	265	**2519**
	1000-person	1243	202	**1445**
Hypertension	Clinician Algorithm	1739	1782	**3521**
Breast Cancer (2018)	1000-person, 40-49	1374	101	**1475**
	1000-person, 50-59	1091	214	**1305**
	1000-person	1908	301	**2209**
Colorectal Cancer	Clinician Recommendation Table	1626	180	**1806**
Cervical Cancer	Clinician Algorithm	1936	230	**2166**

Guideline dissemination
2019 YouTube Video Views

Top 10 Most Viewed Videos (2019)	# YouTube Views 2019	2018 Views
Cancer Screening	**482**	1274
Lung Cancer - Overview, risk factors & screening (Part 1 of 3) (2018) *	**458**	940
Breast Cancer—Screening Guideline Video (2011)	**325**	300
Cancer du poumon - Vue d'ensemble, facteurs de risque et dépistage – (Vidéo 1) (2018)*	**283**	162
Prostate Cancer—Video for Physicians (2014)	**259**	348
Dépistage du cancer	**84**	268
Cancer de la prostate—Vidéo pour les médecins	**74**	87
Cancer du poumon - Inconvénients et avantages - Vidéo 3	**59**	37
Lung Cancer - Should I be Screened? (Part 2 of 3) (2018) *	**55**	361
Lung Cancer - Harms & Benefits - (Part 3 of 3) (2018) *	**46**	280

Guideline dissemination

QxMD: Calculate

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

Task Force account	
Total users in 2019	112,995
New users	53%
Returning users	47%
Total sessions 2019	190,530

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Guideline dissemination

QxMD: Read

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

Task Force account 2019		
Total impressions	42,321	68% email 32% feed
Total views	865	72% abstract views 28% paper views
Total shares	10	100% email 0% Twitter 0% Facebook
Professions	Physician	73%
	Resident	14%
	Nurse Practitioner	7%

Guideline dissemination

CMAJ –Task Force guideline downloads and podcast plays

Guideline topics	2019 CMAJ downloads	Citations (Scopus)	Podcast Plays
Breast cancer (2018)	16,569	21	839 (ENG); 659 (FR)
Colorectal cancer	11,823	79	165
Thyroid Dysfunction*	**10,488**	1	**994 (ENG); 825 (FR)**
Prostate Cancer	9,293	93	-
Adult Obesity	7,637	69	235
Cervical Cancer	7,633	106	-
Asymptomatic Bacteriuria	7,341	3	325
Hepatitis C	6,457	20	163
Lung cancer	6,299	50	138
Abdominal Aortic Aneurysm	5,744	7	212
Child Obesity	5,664	48	120
Cognitive impairment	5,250	19	153
Adult Depression	5,091	100	-
Developmental delay	4,607	24	150
Type 2 Diabetes	4,058	82	-
Tobacco in children	3,368	6	144
Impaired Vision	3,152	2	243

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**Thyroid Dysfunction guideline was released in November 2019, therefore the total downloads represents only two months of downloads*

Guideline dissemination

CMAJ –French Translation Views

French Guideline Translation	2019 Views on CMAJ
Breast Cancer update	1,057
Asymptomatic Thyroid Dysfunction	848
Impaired Vision	703
Asymptomatic Bacteriuria	658
Abdominal Aortic Aneurysm	67
Hepatitis C	22
Colorectal Cancer	20
Lung Cancer	0
Developmental Delay	0
Tobacco Smoking in Children	0

Dissemination

ECRI: 2019 Scorecard and Brief Page Views

Guideline	Score (/60)	Guideline Brief Page Views	TRUST Scorecard Page Views
Thyroid Dysfunction*	59	-	-
Breast Cancer (2018)	58	137	12
Impaired Vision	59	17	1
Asymptomatic Bacteriuria	59	4	2
Abdominal Aortic Aneurysm	59	7	0
Hepatitis C	59	1	0
Tobacco in Children and Youth	59	33	1
Developmental Delay	58	8	0
Lung Cancer	60	22	0
Colorectal Cancer	59	8	1
Cognitive Impairment	58	1	0
Obesity in Adults	59	18	0
Obesity in Children	58	27	5

**Page views for 2019 are not available for Thyroid Dysfunction Guideline Brief and Scorecard as they were not posted on ECRI's website in 2019*

Dissemination

Prevention Plus: 2019 Registrants and Accesses

- Prevention Plus is sponsored by the Task Force, and is a continuously updated repository of current best evidence from research to support preventive health care decisions

2019 Quarter	# of registrants	Number of Logins	Number of Page clicks	Total Website Searches	Article Accesses	Clicks on External links
Q1	39	23	398	1	50	738
Q2	40	41	900	2	275	928
Q3	43	56	918	0	298	1400
Q4	52	92	1713	10	561	1214

Dissemination

Dissemination

Publications

Publication	Dates	Source	Type
Recommendation on screening adults for asymptomatic thyroid dysfunction in primary care	November 2019	*CMAJ*	Peer Reviewed
Recommandation sur le dépistage de la dysfonction thyroïdienne en soins primaires chez l'adulte	November 2019	*CMAJ*	Peer Reviewed
Are patient education materials about cancer screening more effective when co-created with patients? A qualitative interview study and randomized controlled trial	April 2019	*Current Oncology*	Peer Reviewed
Asymptomatic bacteriuria in pregnancy: systematic reviews of screening and treatment effectiveness and patient preferences	March 2019	*BMJ Open*	Peer Reviewed
If Shared Decision Making Is So Good, Why Don't We Do It?	February 2019	*CFP Blog*	Blog Post
Family Medicine and The Canadian Task Force on Preventive Health Care: Are we up for the challenge?	September 2019	*CFP Blog*	Blog Post
Quality of the screening process: An overlooked critical factor and an essential component of shared decision making about screening.	May 2019	*CFP Blog*	Blog Post

Dissemination

Publications: Systematic Reviews

Publication	Dates	Source	Accesses
Screening for depression in women during pregnancy or the first year postpartum and in the general adult population: a protocol for two systematic reviews to update a guideline of the Canadian Task Force on Preventive Health Care	January 19	*Systematic Reviews (Task Force Thematic Series)*	*3548*
Effectiveness of stop smoking interventions among adults: protocol for an overview of systematic reviews and an updated systematic review	January 19	*Systematic Reviews (Task Force Thematic Series)*	*4105*
Screening to prevent fragility fractures among adults 40 years and older in primary care: protocol for a systematic review	August 3	*Systematic Reviews (Task Force Thematic Series)*	*1284*
Screening for thyroid dysfunction and treatment of screen-detected thyroid dysfunction in asymptomatic, community-dwelling adults: a systematic review	November 18	*Systematic Reviews (Task Force Thematic Series)*	*953*

Dissemination

Publications: “Prevention in Practice” article series

- CFP print subscribers as of January 2020:
  - 33,937 in Canada
  - 1056 US and international

Article topics	Published	Total online views	PDF downloads
Update on task force terminology and outreach activities	January 2019	1011	157
Mise à jour sur la terminologie et les activités de rayonnement du groupe d’étude	January 2019	570	83
Teaching shared decision making	July 2019	2064	490
Enseigner la prise de décision partagée	July 2019	994	270
Age to stop? Age to stop?	August 2019	3735	618
Est-ce l’âge d’arrêter?	August 2019	1065	121
Quality of screening mammography	November 2019	771	49
Measuring what really matters. Screening in primary care*	November 2019	-	-

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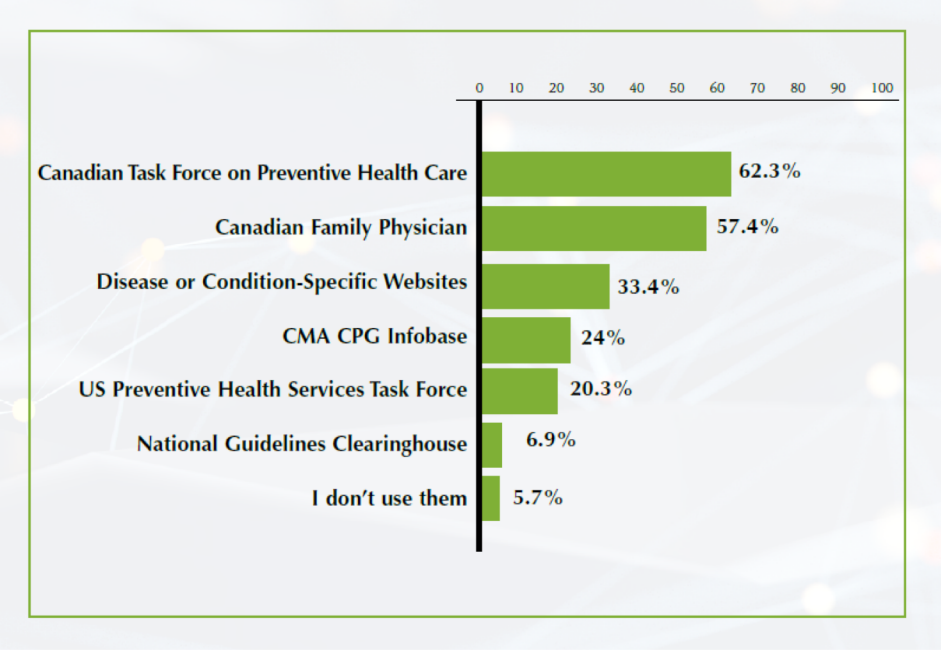
*Information on downloads and views of this article were not available at the time of data collection

Dissemination

The College of Family Physicians of Canada (CFPC)

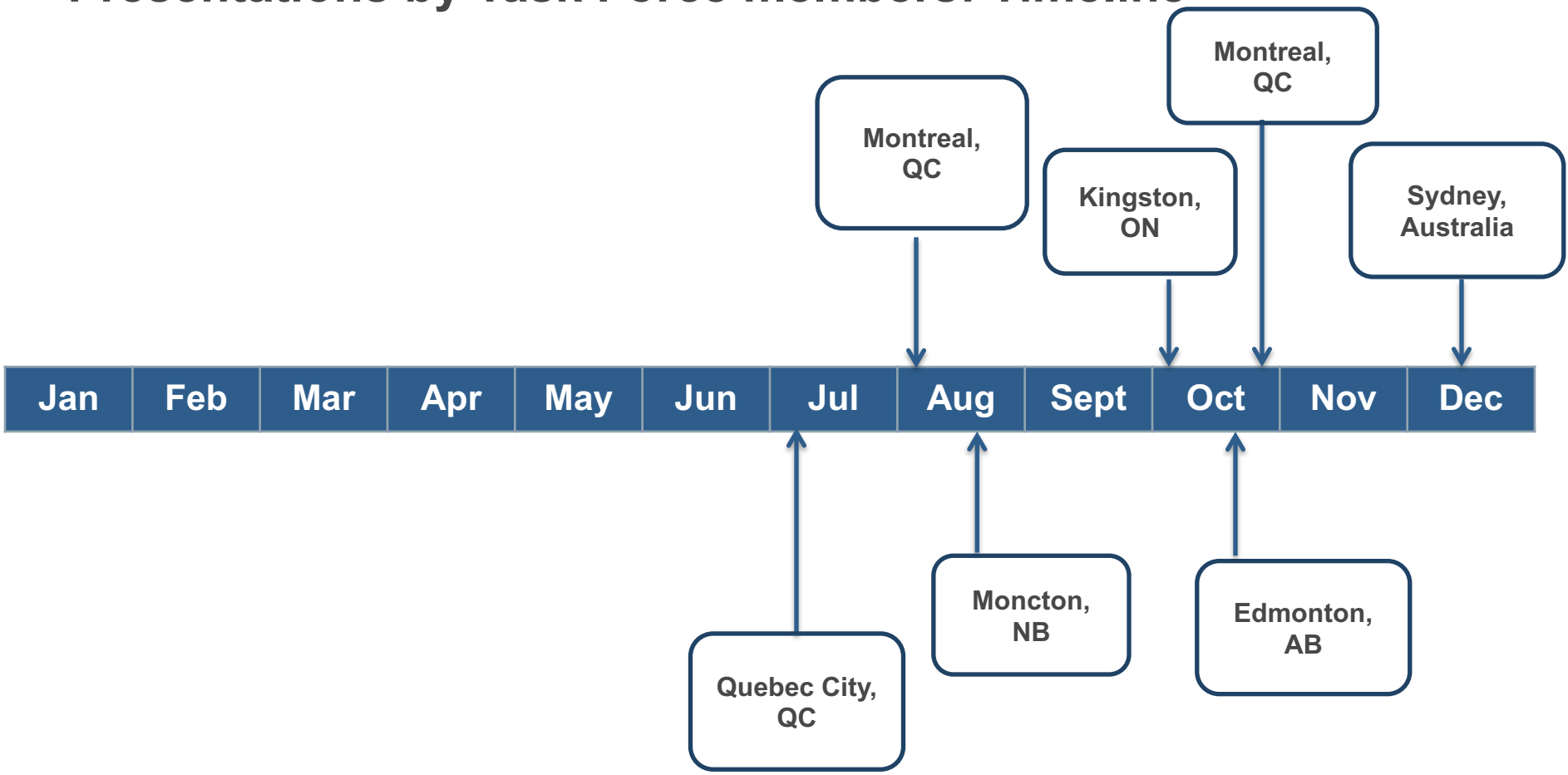
- In CFPC's Medical Readership Information report released in September 2019, **63%** of CFPC members surveyed identified the Canadian Task Force as a top source for useful and reliable guidelines



Source: This image was pulled from the September 2019 Medical Readership Information study report, released by CFPC

Dissemination

Presentations by Task Force members: Timeline



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Dissemination

2019 Conference Presentations by Task Force members:

Month	Title	Location	Presenters
July	Eliciting patient preferences in shared decision-making: A strategy for engaging patients in the development of a clinical practice guideline on screening for depression among adults	International Shared Decision Making, (Quebec City, QC)	Ainsley Moore; Eddy Lang
October	How Thick is the Evidence for Dense Breasts?: Breast Cancer Screening	Practical Evidence for Informed Practice (PEIP), (Edmonton, AB)	Scott Klarenbach
December	The importance of sharing information on overdiagnosis for decision making? Experiences and perspectives from different countries	Preventing Overdiagnosis, (Sydney, Australia)	Guylene Theriault; Eddy Lang

Dissemination

2019 Invited Speaker Presentations by Task Force members:

Date	Title	Location	Presenters
August	Breast Cancer Screening Guideline	INESSS, (Montreal, QC)	Guylene Theriault
August	Dépistage des cancers : mieux faire pour contrer le surdiagnostic	Ecole d'ete de perfectionnement sur le vieillissement, (Moncton NB)	Guylene Theriault
October	Recommendations on screening for breast cancer in women	Grand Rounds, Queen's University, Kingston, Ontario	Guylene Theriault
October	Integrating Shared Decision-Making into Prevention Activities	McGill University, Continuing Professional Development, TELS, Montreal, QC	Brett Thombs

Dissemination

Media: 2019 Highlights

- Task Force Lung Cancer guideline and 1000-person diagram feature on BBC Newsnight in August 2019

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Dissemination

Media: Mentions by Topic

- **> 420 media mentions** in 2019

Topic	Number of media mentions**
Breast cancer guideline 2018 update	187
Thyroid dysfunction guideline	87
Colorectal cancer screening	68
Prostate cancer screening	27
Lung cancer screening	9
Guideline methodology, bias in guidelines and other topics	-
Total coverage	**423**

Note: Totals are approximate as tracking methods differ and monitoring services do not pick up mentions in languages beyond English and French

Dissemination

Media: Article Type

Type of media	Total Number in 2019
News (Website)	217
Radio	102
Television	49
Miscellaneous (website)	15
Blog	14
Newspaper	5
Magazine	1
Unclassified	20
Total coverage	423

Dissemination

Media: Interview Requests

- 27 interview requests and 17 completed interviews in 2019

Topic	# Interview Requests	# Completed Interviews
Breast cancer guideline 2018 update	17	7
Thyroid dysfunction guideline	8	8
General screening	2	2
Total	**27**	**17**

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Dissemination

Task Force Newsletter

- ~32% increase in Newsletter subscribers

2019 Task Force Newsletter					
Issue	**Date**	**Total recipients**	**Opened**	**Total Clicks**	**Top Link Clicked**
20	March	2608	47%	444	Newsletter PDF
21	July	2889	47%	487	Breast Cancer Update
22	September*	3113	36%	846	Thyroid Guideline
23	December	3290	35%	1432	CFP MRI Study

*a new newsletter layout was implemented for the September newsletter

Dissemination

Task Force Social Media: Twitter

- **Doubled number of followers** on Twitter (319 new followers in 2019)
- 210% increase in impressions
- 175% increase in engagement

Task Force Twitter	2019
Total followers	614
Tweet Impressions	188,657
Retweets	243
Likes	393
Mentions	776
Profile visits	2468
Link clicks	743

Dissemination

Task Force Social Media: LinkedIn and Facebook

- NEW Task Force LinkedIn and Facebook pages were created in 2019

Task Force Account	Followers*
LinkedIn	24
Facebook	33

*Follower number are as of report submission date

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Implementation

Implementation

Clinical Prevention Leaders (CPL) Network

- 9 Clinical Prevention Leaders

- Professions
  - 6 primary care practitioners
  - 3 nurse practitioners

- Locations
  - Ontario
  - Quebec
  - Alberta
  - Manitoba
  - Saskatchewan

CPL Network 2019 Webinars

Session	Date	Attendance	Facilitator
Diabetes	March 27, 2019	2 PCPs	Dr. Kevin Pottie

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Implementation

CPL Outreach Activities

Date	Topic	Presenter	Organization	Location	# Attendees
Jan 2019	All Task force guidelines	Yannick	CISSS Lanaudière	Berthierville, QC	2
Feb 2019	Colon cancer screening	Alex	Cancer Care Ontario	Mississauga, ON	20
Mar 2019	Colon and Breast cancer screening, and cancer risks of obesity	Alex	University of Toronto, Cancer Care Ontario	Brampton, ON	120
Mar 2019	Lung, colon, and prostate cancer screening	Alex	MH/CW Regional Cancer Program	Mississauga, ON	100
Jun 2019	Colon cancer screening	Alex	Halton Health Care	Oakville , ON	25
Jun 2019	Colon cancer screening	Alex	Trillium Health Partners	Mississauga, ON	20
Jun 2019	Colon cancer screening	Alex	Halton Health Care	Oakville, ON	20
Oct 2019	Cervical Cancer Screening	Alex	Gyn Oncology of Canada at FMF organized by CCFP	Vancouver, BC	50
Nov 2019	Breast Cancer screening	Alex	Gyn Oncology of Canada at FMF organized by CCFP	Vancouver, BC	25

Implementation

E-learning: Continuing Education Modules (CME)

2018 Annual Evaluation Survey Results		
Task Force Resource	**% Aware of resource (*n* = 263)**	**% Used resource (*n* = 263)**
Cervical Cancer Screening e-learning module	**14%**	**4%**
Obesity Prevention and Management e-learning module	**12%**	**2%**

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Integrated Knowledge Translation

Integrated knowledge translation

Patient preferences

- **87 patients** were engaged in patient preferences activities for 5 guidelines:

Guideline	Patient Participants	
	ENG	FR
Pregnant and Post-Partum Depression (Phase 2)	14	-
Child and Adolescent Depression (Phase 1)	16	-
Adult Depression (Phase 2)	18	-
Chlamydia & Gonorrhea (Phase 2)	17	-
Falls Prevention (Phase 1)	21	1*

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*Note: Falls Prevention Phase 1 was the first guideline topic to offer patient patient preferences activities in both French and English

Integrated knowledge translation

Usability testing

- Usability testing was completed for 4 KT tools (one general tool and 3 guideline tools):

Guideline	Tool	Clinician participants	Patient participants
Thyroid Dysfunction	Clinician FAQ	12	-
Esophageal Adenocarcinoma	Clinician FAQ & Patient FAQ	12	8
-	Shared Decision Making tool*	9	-

*Note: Usability testing for this tool was conducted at the 2019 Family Medicine Forum; this tool is not specific to one guideline.

Research Projects

Research projects

Comparison of Task Force and provincial cancer screening recommendations

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

✓ Provincial recommendation aligns with Task Force
X Provincial recommendation does not align with Task Force
-- 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 2018 environmental scans from the Canadian Partnership Against Cancer on breast, cervical, and prostate cancer screening in Canada. Available on cancerview.ca.; An updated scan for 2019 was not published at the time of this report

Research Projects

Presenting GRADE guideline recommendation statements

2019 Annual Evaluation Survey Results	
Question (n = 263)	**% Aware of recent language change**
Are you aware of the Task Force's recent language change from 'weak' to 'conditional' recommendations?	**17.5%** (*n* = 46)

Question (n = 263)	% Yes	%No	% Not Sure
Does the language change from "weak" to "conditional" help facilitate the implementation of recommendations where the balance between desirable and undesirable effects is small, the quality of evidence is lower, and there is more variability in the values and preferences of individuals?	**36%** (*n* = 94)	**25%** (*n* = 65)	**39%** (*n* = 104)

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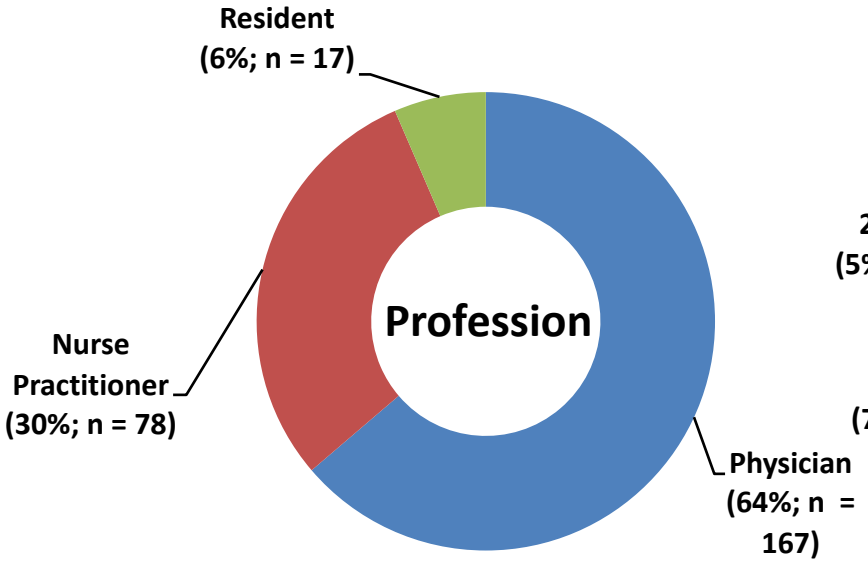
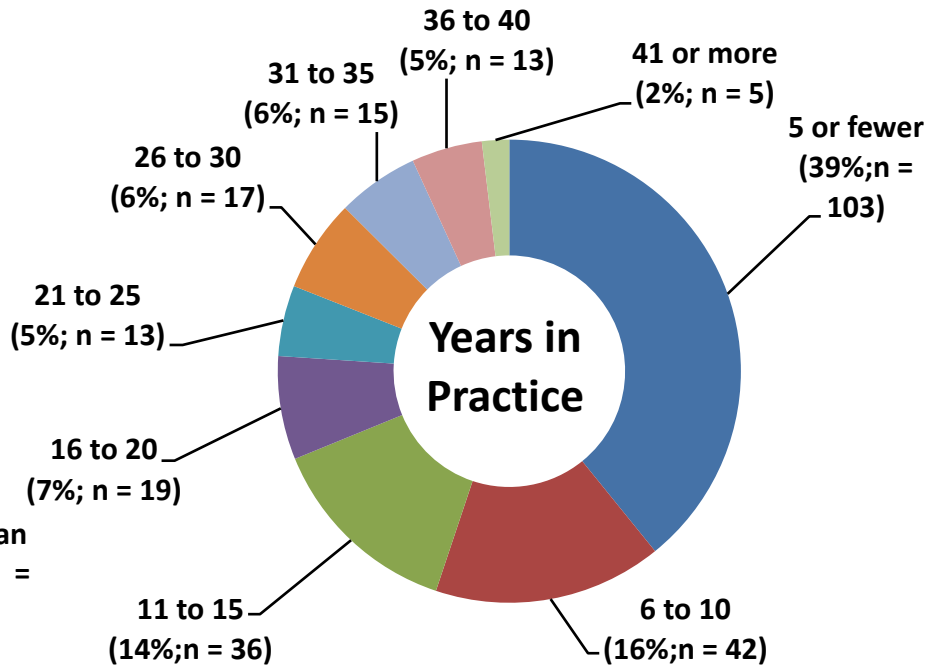
Survey

Survey
Participant demographics (*n* = 263)





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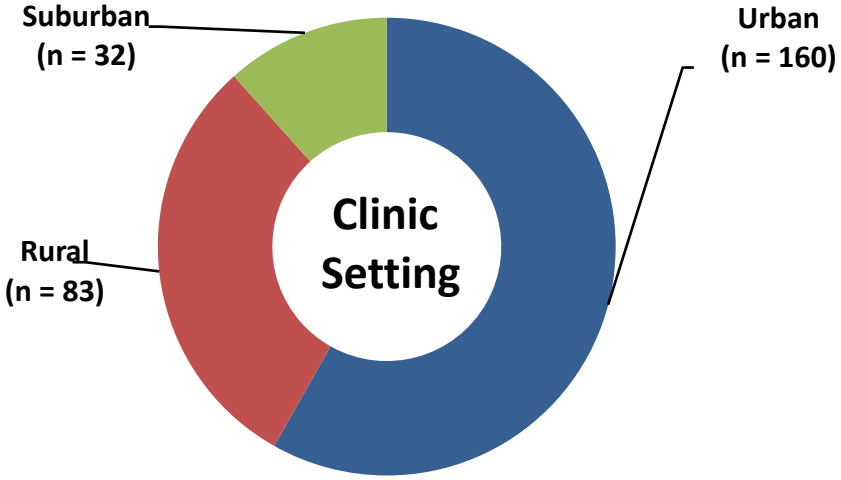
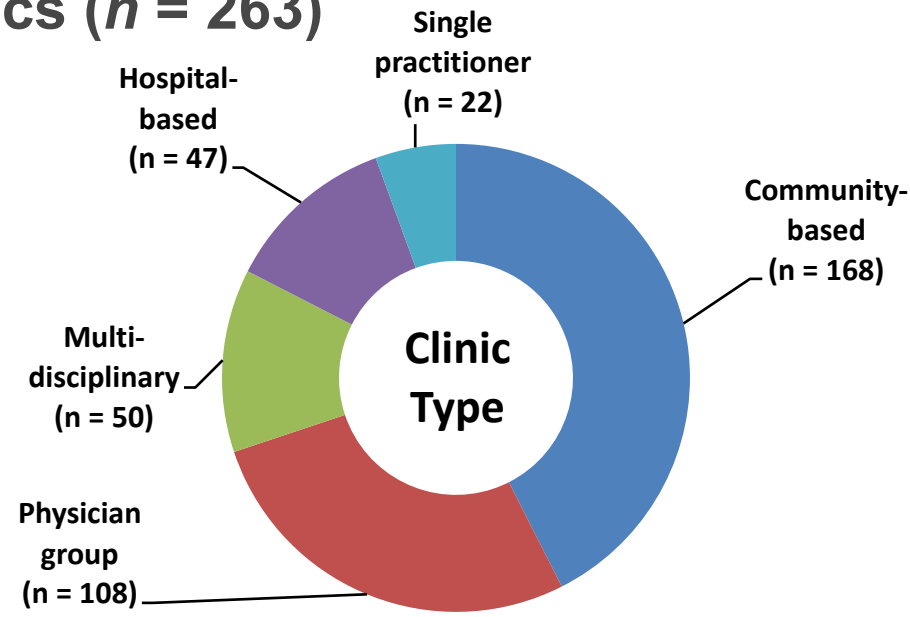
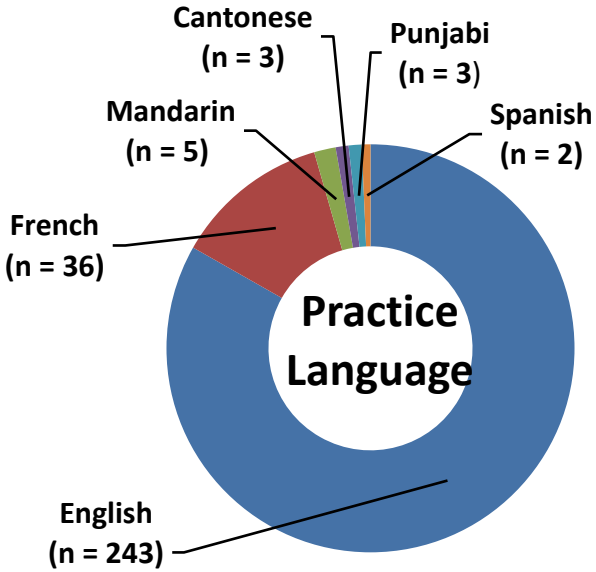
Survey
Participant demographics (*n* = 263)



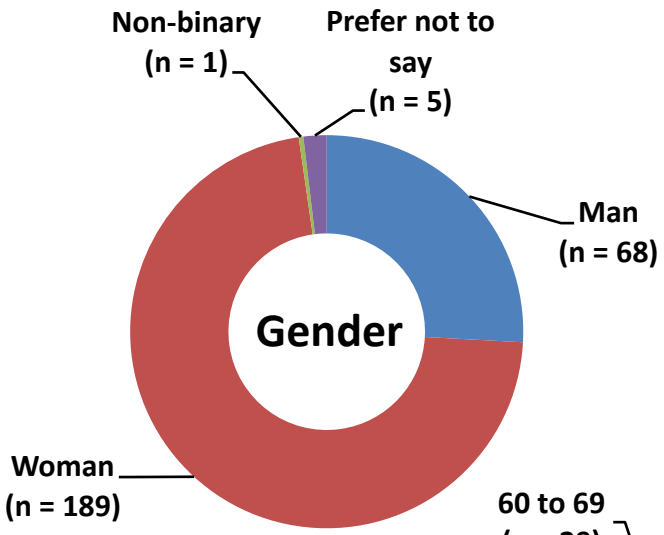


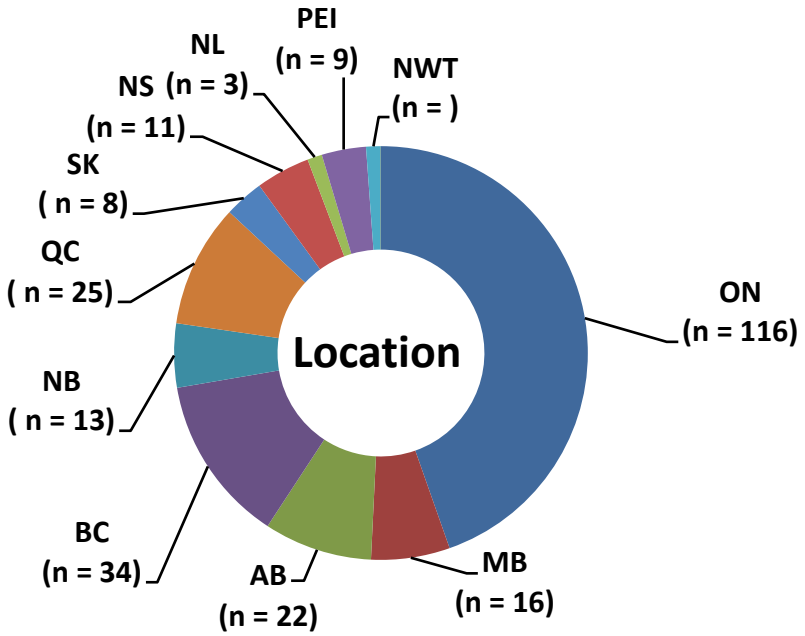


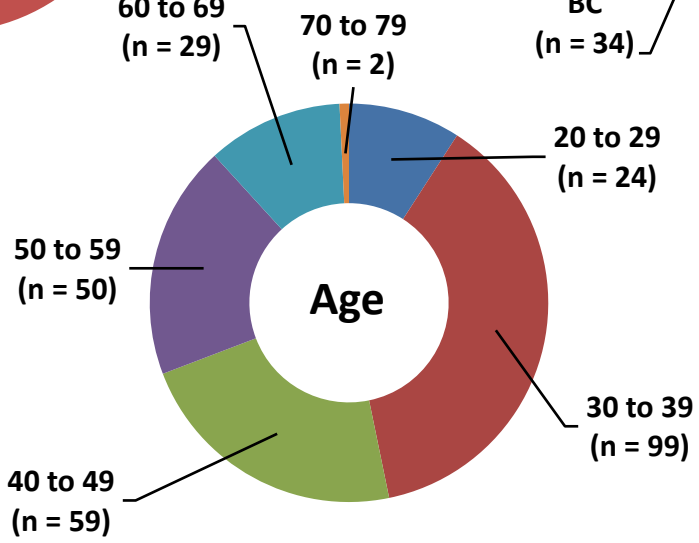
Note: Numbers may not add up to 263 within a category because some PCPs provided demographic characteristics for multiple or none of the clinics in which they work.

Survey

Participant demographics (*n* = 263)







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Survey

Screening for thyroid dysfunction

2019

- Awareness and use of Task Force guideline

Thyroid dysfunction guideline	2019 Responses
% of respondents **aware** of Task Force guideline	**62%** (n = 263)
% who primarily **use Task Force guideline** (over other guidelines or no guidelines)	**51%** (n = 263)
Satisfaction with guideline (out of 7)	**6.0 ± 1.1** (n = 162)

Survey

Screening for thyroid dysfunction

2019

- Practice change and intent to change

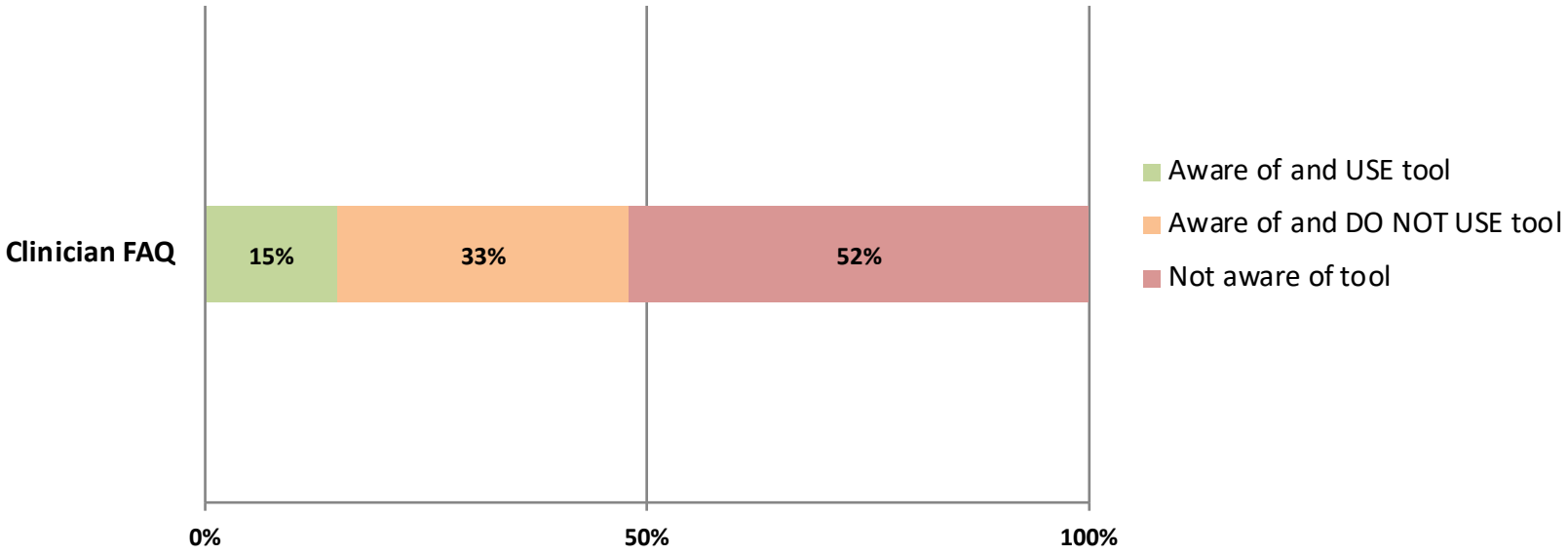
Screening for thyroid dysfunction guideline	Responses
% who **changed their practice** to specifically align with Task Force guideline since its release	**37%** (n = 164)
% whose practice was **already consistent** with the Task Force guideline	**49%** (n = 164)
# who **intend to change** their practice / # who indicated they have not changed their practice	9/23 (9 were undecided)

Survey

Screening for thyroid dysfunction

2019

Awareness and use of Task Force KT tools (*n* =164)



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Survey

Screening for thyroid dysfunction

2019

- Current practice

Task Force recommendation	Respondents aligned with Task Force practice recommendations (*n* = 263)
We recommend against screening asymptomatic non-pregnant adults aged 18 years and older for thyroid dysfunction in primary care settings	**84%**

Survey

Screening for thyroid dysfunction

2019

- Current practice

Patient age group	Respondents who routinely discuss the harms and benefits with patients in each age group (*n* = 263)
17 and younger	4%
18 to 30	4%
31 to 60	14%
61 and older	10%

Note: Numbers may not add up to the total as PCPs could provide multiple responses, or select none of the options.

Survey

Breast cancer screening

2018

- Awareness and use of Task Force guideline

Breast cancer guideline	2019 Response	2018 Responses*
% of respondents **aware** of Task Force guideline	**84%** (n = 263)	75% (n = 244)
% who primarily **use Task Force guideline** (over other guidelines or no guidelines)	**38%** (n = 263)	49% (n = 199)
Satisfaction with guideline (out of 7)	**5.8 ± 1.3** (n = 223)	5.8 ±1.1 (n = 140)

*These results were retrieved from the Task Force 2018 Annual Evaluation reports

Survey

Breast cancer screening

2018

- Practice change and intent to change

Breast cancer guideline	2019 Responses	2018 Responses*
% who **changed their practice** to specifically align with Task Force guideline since its release	**32%** (n = 223)	49% (n = 125)
% whose practice was **already consistent** with the Task Force guideline	**51%** (n = 223)	44% (n = 125)
# who **intend to change** their practice / # who indicated they have not changed their practice	6/38 (22 were undecided)	3/6

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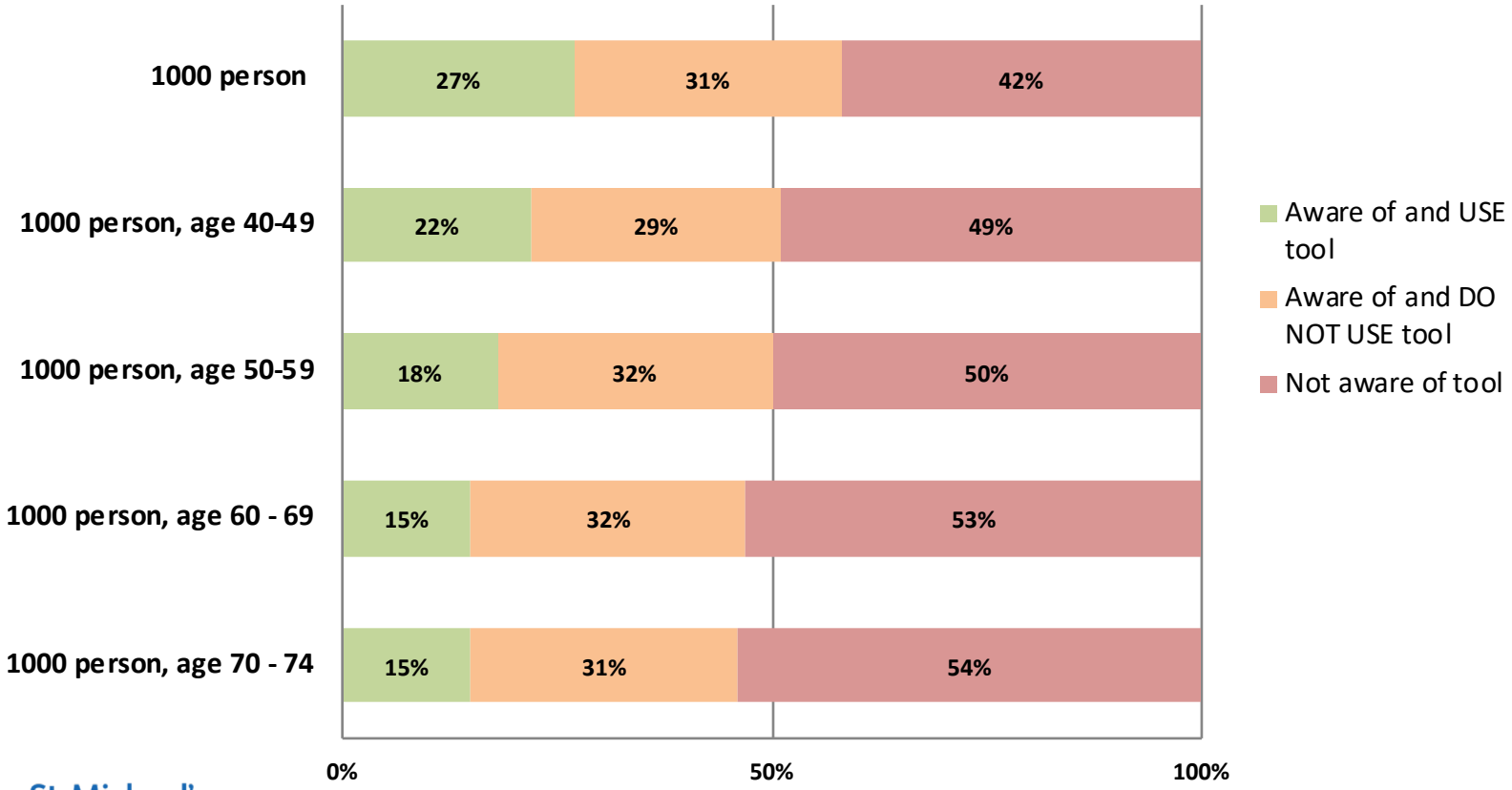
* These results were pulled from the Task Force 2018 Annual Evaluation report

Survey

Breast cancer screening

2018

Awareness and Use of KT Tools (*n* = 224)



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Survey
Breast cancer screening

2018

- Current practice

Task Force recommendation	Respondents aligned with Task Force practice recommendations (2019)	2018 Alignment*
For women aged 40–49, we recommend not routinely screening with mammography	**78%** (n=263)	87% (n = 243)
For women aged 50-69 years, we recommend screening with mammography every 2-3 years	**90%** (n = 263)	89% (n = 198)
We recommend not routinely performing a clinical breast exam alone or in conjunction with mammography to screen for breast cancer	**76%** (n = 263)	75% (n = 199)

*These results were retrieved from the Task Force 2018 Annual Evaluation report

Survey

Breast cancer screening

2018

- Current practice

Patient age group	Respondents who routinely discuss the harms and benefits with patients in each age group (n = 263)	2018 Responses* (*n* = 244)
39 and younger	**23%**	15%
40 to 49	**67%**	54%
50 to 69	**75%**	74%
70 to 74	**51%**	45%
75 and older	**33%**	19%

Note: Numbers may not add up to the total as PCPs could provide multiple responses, or select none of the options.

*These results were retrieved from the Task Force 2018 Annual Evaluation report

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Survey

Cervical cancer screening

2013

- Awareness and use of Task Force guideline

Cervical cancer guideline	2019 Responses	2018 Responses*	2017 Responses*
% of respondents **aware** of Task Force guideline	**83%** (n = 263)	82% (n = 244)	89% (n = 198)
% who primarily **use Task Force guideline** (over other guidelines or no guidelines)	**23%** (n = 263)	29% (n = 199)	22% (n = 167)
Satisfaction with guideline (out of 7)	**5.9 ± 1.1** (n = 218)	6.0 ± 0.9 (n = 155)	6.3 ±1.0 (n = 146)

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*These results were retrieved from the Task Force 2017 and 2018 Annual Evaluation report

Survey
Cervical cancer screening

2013

- Practice change and intent to change

Cervical cancer guideline	2019 Responses	2018 Responses*	2017 Responses*
% who **changed their practice** to specifically align with Task Force guideline since its release	**42%** (n = 218)	58% (n = 143)	61% (n = 113)
% whose practice was **already consistent** with the Task Force guideline	**37%** (n = 218)	25% (n = 143)	27% (n = 113)
# who **intend to change** their practice / # who indicated they have not changed their practice	11/45 (18 were undecided)	3/13	--**

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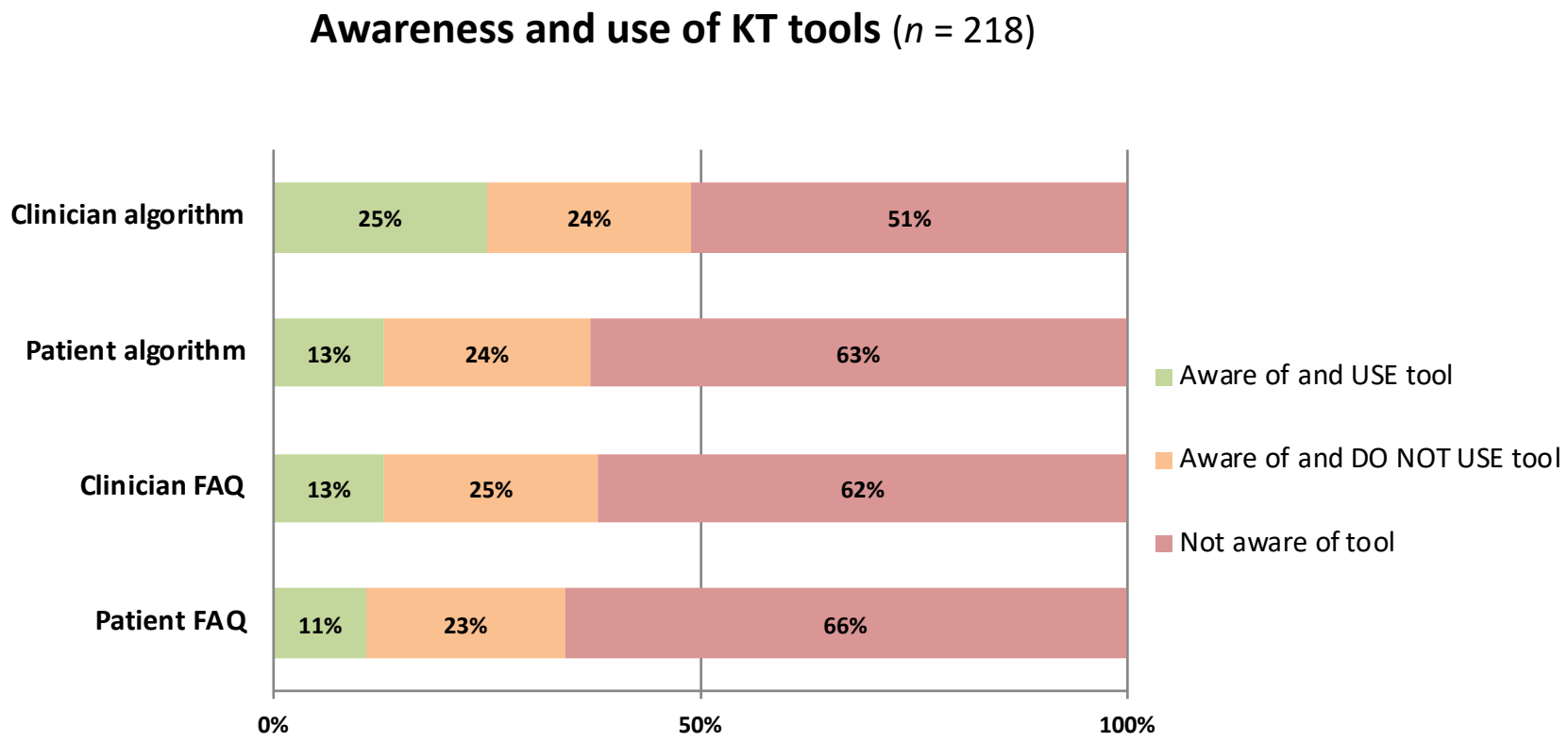
*These results were retrieved from the Task Force 2017 and 2018 Annual Evaluation reports
**This question was not asked in the 2017 annual evaluation survey

Survey

Cervical cancer screening

2013



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Survey
Cervical cancer screening

2013

- Current practice

Task Force recommendation	Respondents aligned with Task Force practice recommendations	2018 Alignment*	2017 Alignment*
For women aged 30 to 69, we recommend routine screening for cervical cancer every 3 years	**82%** (n = 263)	**87%** (n = 200)	92% (n = 167)
For women aged 24 or younger, we recommend not routinely screening for cervical cancer	**47%** **(n = 263)**	**51%** (n = 243)	45% (n = 197)

*These results were retrieved from the Task Force 2017 and 2018 Annual Evaluation reports

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Survey

Cervical cancer screening

2013

- Current practice

Patient age group	Respondents who routinely discuss the harms and benefits with patients in each age group (n = 263)	2018 Responses* (*n* = 200)
19 and younger	**27%**	22%
20 to 24	**68%**	60%
25 to 29	**73%**	64%
30 to 69	**73%**	65%
70 and older	**28%**	21%

Note: Numbers may not add up to the total as PCPs could provide multiple responses, or select none of the options.

*These results were retrieved from the Task Force 2018 Annual Evaluation report

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Survey

Prostate cancer screening

2014

- Awareness and use of Task Force guideline

Prostate cancer guideline	2019 Responses	2018 Responses*	2017 Responses*
% of respondents **aware** of Task Force guideline	**84%** (n = 263)	81% (n = 244)	88% (n = 198)
% who primarily **use Task Force guideline** (over other guidelines or no guidelines)	**59%** (n = 263)	59% (n = 199)	55% (n = 166)
Satisfaction with guideline (out of 7)	**5.5 ± 1.4** (n = 220)	5.7 ± 1.1 (n = 158)	5.6 ±1.5 (n = 149)

*These results were retrieved from the Task Force 2017 and 2018 Annual Evaluation report

Survey

Prostate cancer screening

2014

- Practice change and intent to change

Prostate cancer guideline	2019 Responses	2018 Responses*	2017 Responses*
% who **changed their practice** to specifically align with Task Force guideline since its release	**36%** (n=220)	53% (n = 143)	47% (n = 118)
% whose practice was **already consistent** with the Task Force guideline	**37%** (n= 220)	41% (n = 143)	36% (n = 118)
# who **intend to change** their practice / # who indicated they have not changed their practice	15/28 (11 are undecided)	2/8	--**

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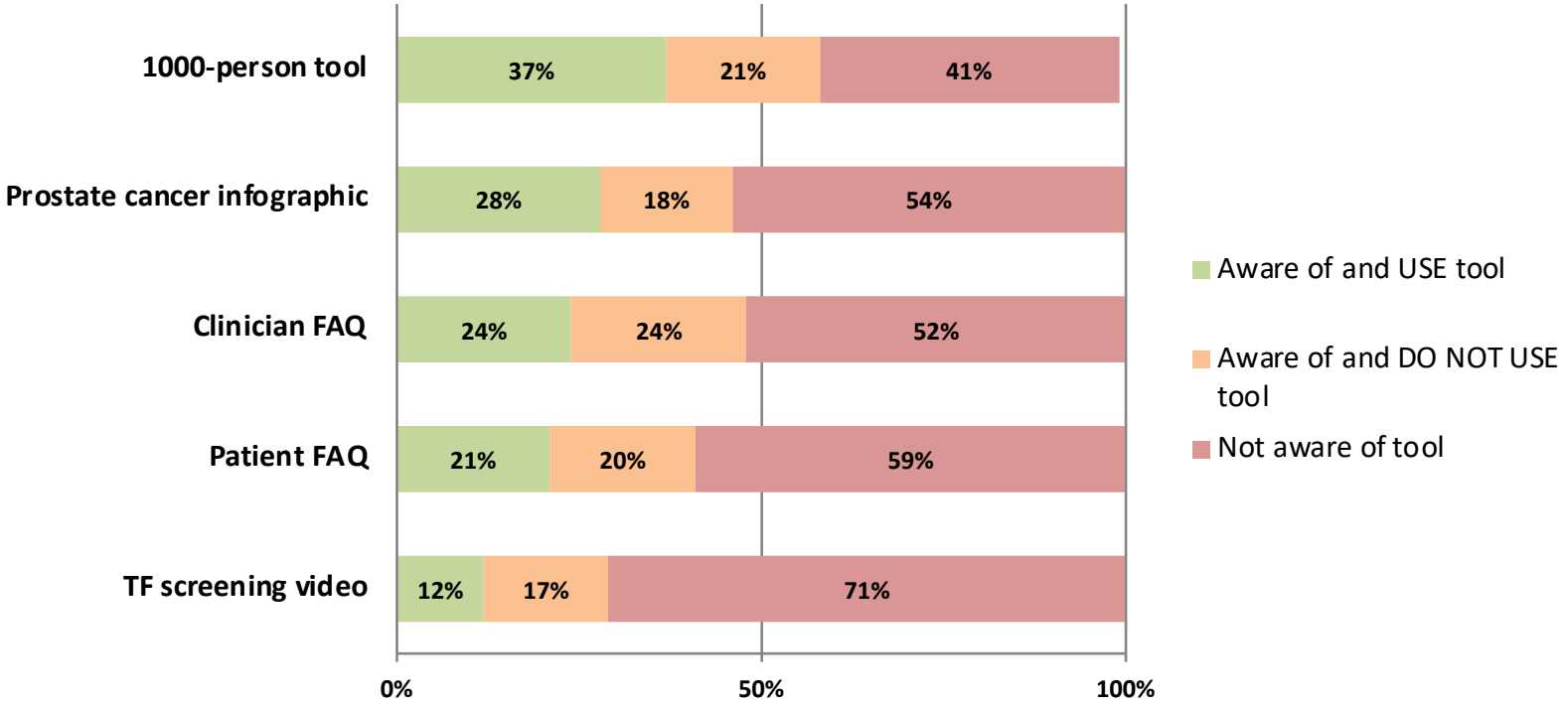
*These results were retrieved from the Task Force 2017 and 2018 Annual Evaluation reports
**This question was not asked in the 2017 annual evaluation survey

Survey

Prostate cancer screening

2014

Awareness and use of Task Force KT Tools (*n* = 222)



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Survey
Prostate cancer screening

2014

- Current practice

Task Force recommendation	Respondents aligned with Task Force practice recommendations	2018 alignment*	2017 alignment*
For men aged 54 or younger, we recommend not screening for prostate cancer with the prostate-specific antigen test	**81%** (n = 263)	88% (n = 199)	84% (n = 167)
For men aged 55–69 years, we recommend not screening for prostate cancer with the prostate-specific antigen test	**66%** (n = 263)	79% (n = 243)	84% (n = 31)

*These results were retrieved from the Task Force 2017 and 2018 Annual Evaluation reports

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Survey

Prostate cancer screening

2014

- Current practice

Patient age group	Respondents who routinely discuss the harms and benefits with patients in each age group (n = 263)	2018 Responses* (*n* = 200)
54 and younger	**49%**	49%
55 to 69	**79%**	76%
70 and older	**51%**	38%

Note: Numbers may not add up to the total as PCPs could provide multiple responses, or select none of the options.

*These results were retrieved from the Task Force 2018 Annual Evaluation reports

Survey

Screening for asymptomatic bacteriuria in pregnancy

2018

- Awareness and use of Task Force guideline

Asymptomatic bacteriuria guideline	2019 Responses	2018 Responses*
% of respondents **aware** of Task Force guideline	**48%** (n = 263)	33% (n = 244)
% who primarily **use Task Force guideline** (over other guidelines or no guidelines)	**38%** (n = 263)	31% (n = 198)
Satisfaction with guideline (out of 7)	**5.8 ± 1.0** (n = 127)	5.8 ± 0.8 (n = 55)

*These results were retrieved from the Task Force 2018 Annual Evaluation report

Survey

Screening for asymptomatic bacteriuria in pregnancy

2018

- Practice change and intent to change

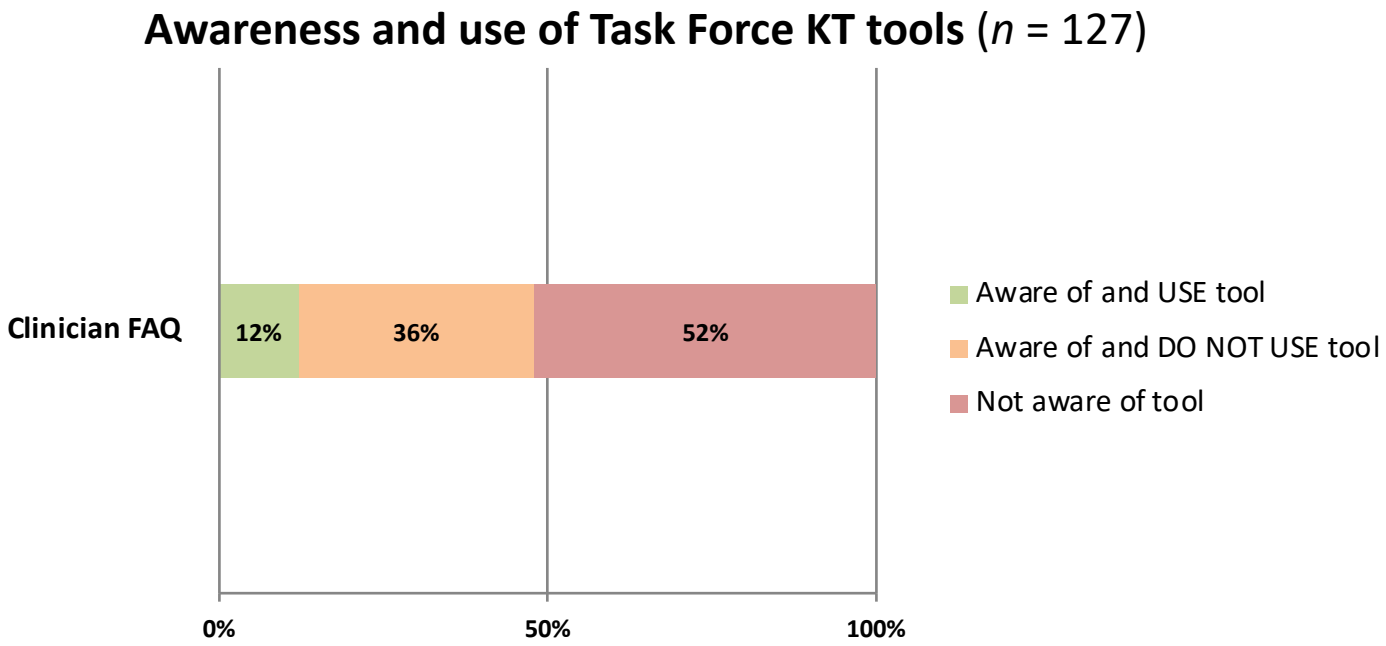
Asymptomatic bacteriuria guideline	2019 Responses	2018 Responses*
% who **changed their practice** to specifically align with Task Force guideline since its release	**43%** (n = 128)	34% (n = 71)
% whose practice was **already in line** with Task Force guideline	**42%** (n = 128)	49% (n = 71)
# who **intend to change** their practice / # who indicated they did not change their practice	11/19 (7 are undecided)	2/9

* These results were pulled from the Task Force 2018 Annual Evaluation report

Survey

Screening for asymptomatic bacteriuria in pregnancy

2018



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Survey

Screening for asymptomatic bacteriuria in pregnancy

2018

- Current practice

Task Force recommendation	Respondents aligned with Task Force practice recommendations	2018 Alignment*
We recommend screening pregnant women once during the first trimester with urine culture for asymptomatic bacteriuria	**65%** (n = 263)	**70%** (n = 243)

*These results were retrieved from the Task Force 2018 Annual Evaluation report

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Survey

Screening for asymptomatic bacteriuria in pregnancy

2018

- Current practice

Patient age group	Respondents who routinely discuss the harms and benefits with patients in each age group (n = 263)	2018 Responses* (*n* = 200)
Under 25	38%	33%
25 to 39	41%	37%
40 to 64	21%	16%
65 and older	3%	1%

*These results were retrieved from the Task Force 2018 Annual Evaluation reports

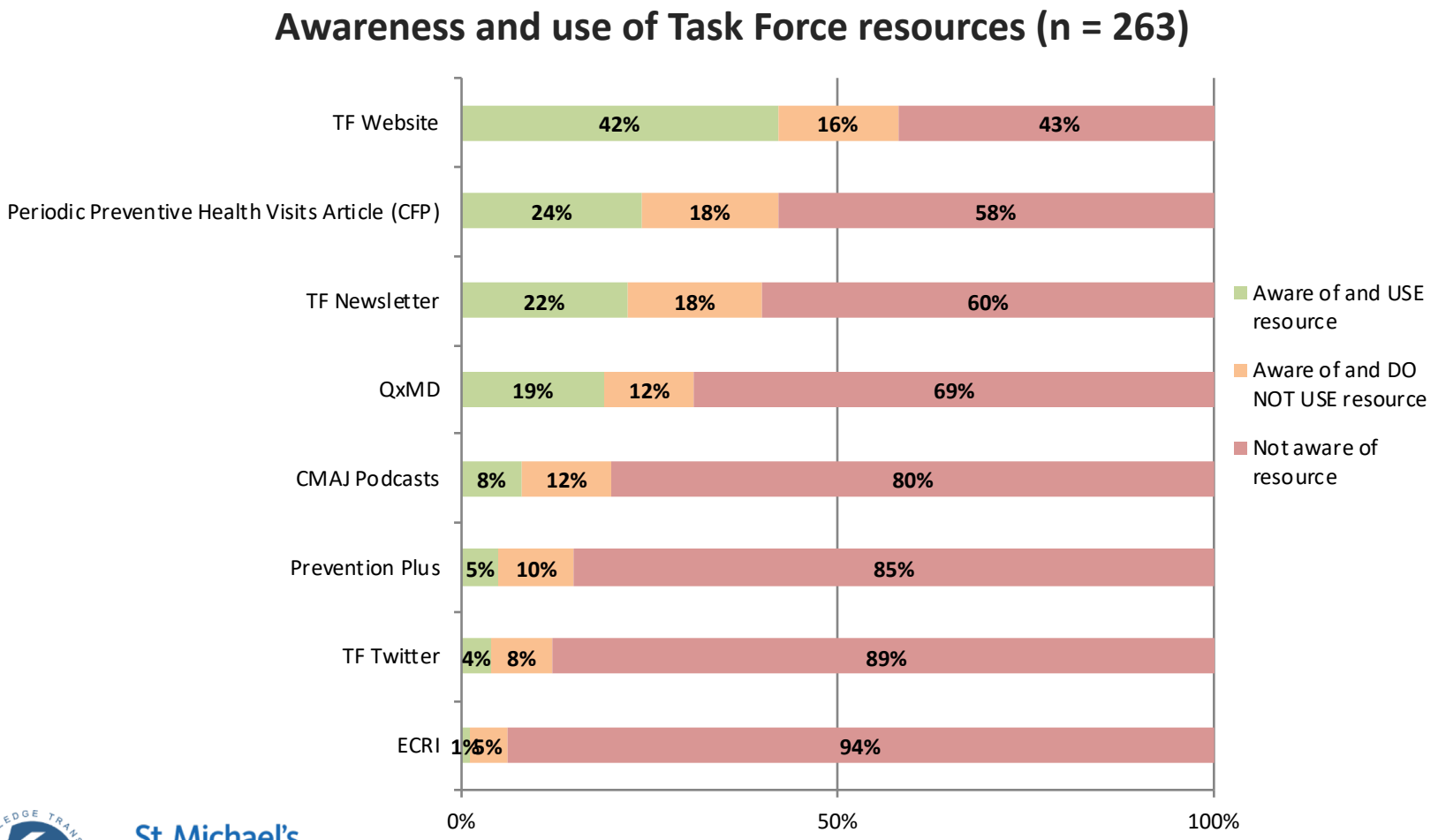
Survey

Awareness, use and satisfaction across guidelines (n = 263)

Guideline	Aware of guideline	Primarily use Task Force guideline	Satisfaction (out of 7)
Cervical cancer	**83%**	**23%**	**5.9 ± 1.1** (n = 218)
Prostate cancer	**84%**	**59%**	**5.5 ± 1.4** (n = 220)
Breast cancer	**84%**	**38%**	**5.8 ± 1.3** (n = 223)
Asymptomatic bacteriuria	**48%**	**38%**	**5.8 ± 1.0** (n = 127)
Thyroid dysfunction	**62%**	**51%**	**6.0 ± 1.1** (n = 162)

Survey

Awareness and use of Task Force resources



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Survey

Task Force KT Tool access

Source	% of PCPs that use this source to access KT tools	
	2019 (*n* = 263)	2018 (*n* = 200)
Website	**75%**	71%
Printed copies (conferences)	**23%**	33%
Printed copies (personal)	**21%**	22%
Printed copies (CMAJ)	**11%**	12%
QxMD	**6%**	6%

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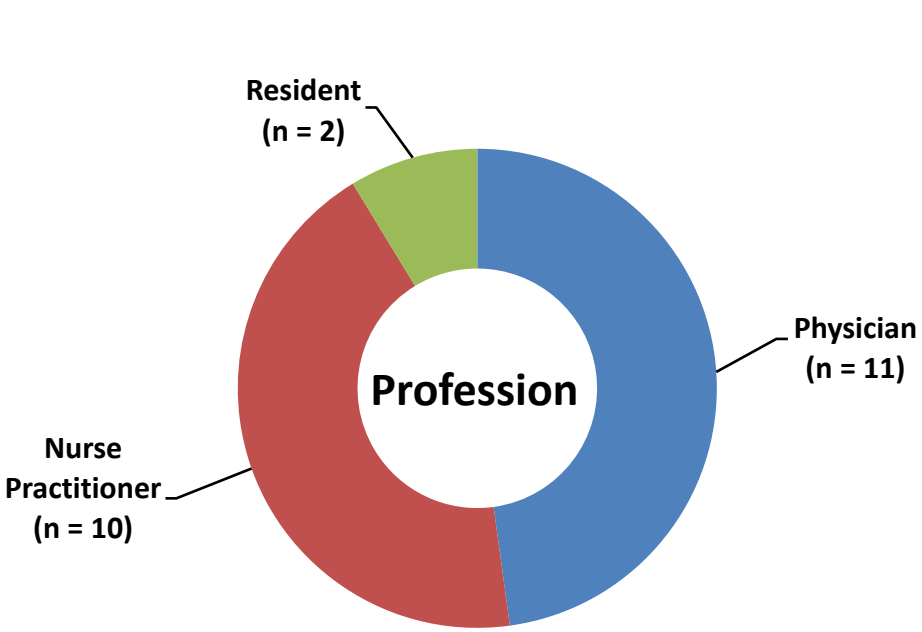
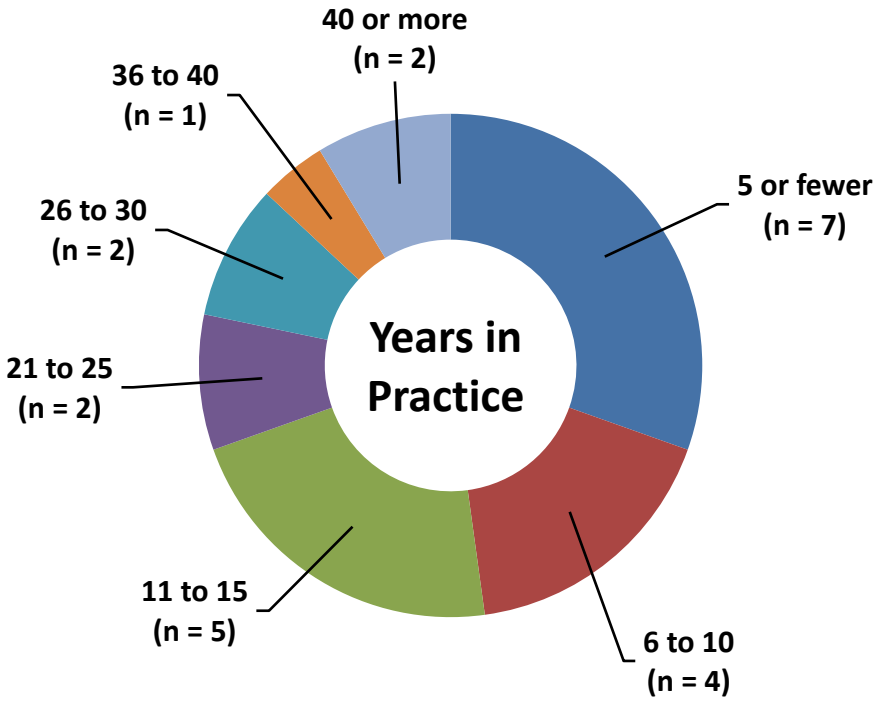
Interviews

Interviews

Participant demographics (*n* = 23)





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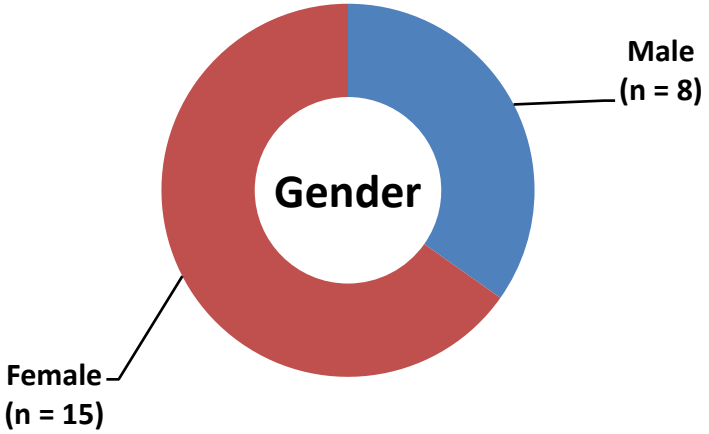
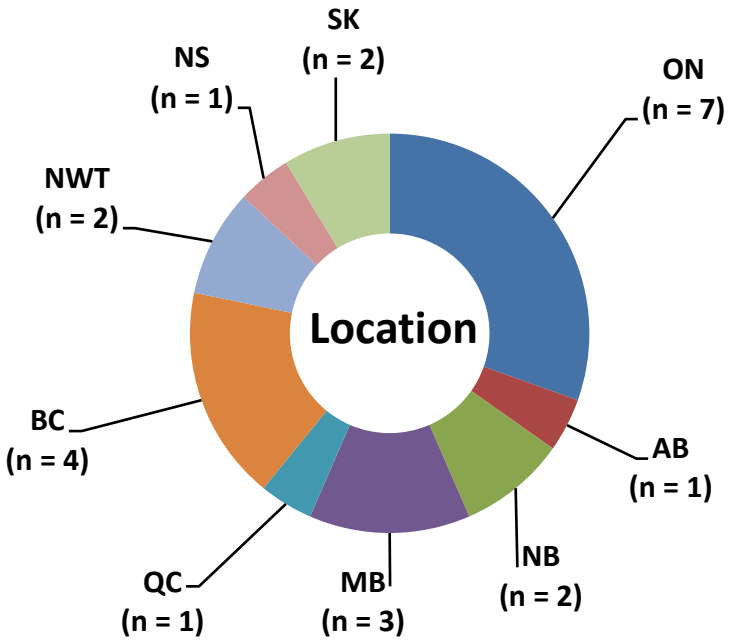
Interviews

Participant demographics (*n* = 23)





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Canadian Task Force
on Preventive Health Care

2019 ANNUAL EVALUATION HIGHLIGHTS

1 Guideline published

NOVEMBER
Thyroid Dysfunction

>85
Media Mentions

16
Presentations

32%
Increase in newsletter subscribers

50,287
KT Tool Web Page Views

7
Media Interviews

8,666
Tools Disseminated

95 Patients + **24** Clinicians
Engaged in Guideline and Tool Development

2x
Increase in Twitter Followers

5365
Podcast Plays

383,168
Website Visits

Colorectal Cancer & Breast Cancer
Most Visited Guidelines on TF Website

423
Media Mentions

Abbreviations

CFP	Canadian Family Physician
CFPC	College of Family Physicians Canada
CPGs	Clinical practice guidelines
CPL	Clinical Prevention Leaders
CT	Computed tomography
EMR	Electronic medical record
FMF	Family Medicine Forum
iKT	Integrated knowledge translation
KT	Knowledge translation
PCP	Primary care practitioner
PSA	Prostate-specific antigen
Task Force	Canadian Task Force on Preventive Health Care

This survey was distributed online in English from December 15th 2019 to February 3rd, 2020, and in French from January 9th, 2020 to February 12th, 2020.

Task Force 2019 Annual Evaluation

Start of Block: Screening Survey

Q1 Thank you for your interest in the Canadian Task Force on Preventive Health Care ("Task Force") annual evaluation!
Please answer the following questions to determine your eligibility to participate.

Q2 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: _____

Skip To: Q6 If What is your profession? (Select all that apply) = Medical student

Skip To: Q6 If What is your profession? (Select all that apply) = Allied health care professional (e.g. physiotherapist, occupational therapist, physician assistant)

Skip To: Q6 If What is your profession? (Select all that apply) = Nurse

Page Break

Q4 I have conflicts of interest relating to Task Force clinical practice guidelines (e.g., owning shares in a company that sells screening tests).

- ○ Yes
- ○ No

Skip To: Q6 If I have conflicts of interest relating to Task Force clinical practice guidelines (e.g., owning sh... = Yes

Page Break

Q3 Are you practicing primary care in Canada?

- ○ Yes
- ○ No

Skip To: Q6 If Are you practicing primary care in Canada? = No

Skip To: End of Block If Are you practicing primary care in Canada? = Yes

Page Break

Q6 Thank you for your interest in participating in the Canadian Task Force on Preventive Health Care (Task Force) annual evaluation. Unfortunately you are not eligible to participate in this study. If you would like to receive newsletters and announcements from the Task Force, please click here to enter your contact information and be added to our listserv.

Page Break

End of Block: Screening Survey

Start of Block: Letter of Information

Q8 **Letter of information and consent to participate (**click here to view the full version**)** The Canadian Task Force on Preventive Health Care ("Task Force") 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 Task Forces's activities in 2019 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 Task Forces's clinical practice guidelines. During the survey, you will be asked about your knowledge and perceptions of the Task Force use of the Task Force'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, **Lynsey Burnett**, at **416-864-6060 x77566** or **burnettly@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. You will have the opportunity to enter a draw for an iPad. Draw entry 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 Task Force 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 Unity Health Research Ethics Board at 416-864-6060 Ext. 2557.

Q9 Do you consent to participate in the Task Force 2019 annual evaluation survey?

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

Skip To: End of Survey If Do you consent to participate in the Task Force 2019 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

Q10 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**.

Q1 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: _____

Q178 How often do you screen for **breast cancer** with mammography in a woman aged 50 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: _____

Q2 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: _____

Q3 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
- ☐ ⊗ I do not routinely discuss the harms and benefits of screening for breast cancer with patients

Page Break

Q4 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: _____

Q177 How often do you screen for **cervical cancer** in a woman aged 25 to 29 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: _____

Q5 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: _____

Q6 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
- ☐ ⊗ I do not routinely discuss the harms and benefits of screening for cervical cancer with patients

Page Break

Q7 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
- ☐ ⊗ I do not routinely discuss the harms and benefits of screening for prostate cancer with patients

Q9 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: _____

Q8 How often do you screen for **prostate cancer** with the PSA test in a man 55 to 69 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

Q10 How often do you screen for **asymptomatic bacteriuria in pregnant women** with a urine sample?

- ○ Screen the patient once during first trimester or first prenatal visit
- ○ Screen the patient more than once throughout pregnancy
- ○ Do not routinely screen the patient
- ○ Other: _____

Q11 With which age groups of pregnant patients do you routinely discuss the harms and benefits of screening for **asymptomatic bacteriuria** in pregnancy with a urine sample?

- ☐ 24 and younger
- ☐ 25 - 40
- ☐ 40-65
- ☐ 65 and older
- ☐ ⊗ I do not routinely discuss the harms and benefits of screening for asymptomatic bacteriuria with pregnant patients

Page Break

Q12 How often do you screen for **thyroid dysfunction i**n aysmptomatic non-pregnant adults?

- ○ 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: _____

Q13 With which age groups of asymptomatic non-pregnant patients do you routinely discuss the harms and benefits of screening for **thyroid dysfunction**? Please select all that apply

- ☐ 17 and younger
- ☐ 18 - 30
- ☐ 31 - 60
- ☐ 61 and older
- ☐ ⊗ I do not routinely discuss the harms and benefits of screening for thyroid dysfunction with non-pregnant asymptomatic patients

Page Break

Q14 The CTFPHC grades recommendations as either “strong” or “conditional” according to the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system.

The task force previously used the term **“weak recommendation”**, but has replaced this with the term **“conditional recommendation”**, to improve understanding and facilitate implementation of guidance, based on feedback from clinician knowledge users.

“Conditional recommendations” result when the balance between desirable and undesirable effects is small, the quality of evidence is lower, and there is more variability in the values and preferences of individuals.

Q15 Are you aware of the recent change of language from “weak” to “conditional”?

- ○ Yes
- ○ No

Q16 In your experience, does the language change from “weak” to “conditional” help facilitate the implementation of recommendations where the balance between desirable and undesirable effects is small, the quality of evidence is lower, and there is more variability in the values and preferences of individuals?

- ○ Yes
- ○ No
- ○ Not sure

Q17 (Optional) Please describe any additional thoughts you have on how the wording used to describe ‘conditional’ or ‘weak’ recommendations may impact implementation.

_____

_____

_____

_____

_____

End of Block: Current preventive health care practices

Start of Block: Use and satisfaction with guidelines

Q18 For the following preventive health topics, please indicate whether you primarily use provincial/territorial or national clinical practice guidelines.

Q19 Breast cancer screening

- Task Force national guideline
- Other national guideline: _____
- Provincial/territorial
- Other guideline: _____
- I do not follow a guideline

Q20 Cervical cancer screening

- ○ Task Force national guideline
- ○ Other national guideline: _____
- ○ Provincial/territorial
- ○ Other guideline: _____
- ○ I do not follow a guideline

Q21 Prostate cancer screening

- ○ Task Force national guideline
- ○ Other national guideline: _____
- ○ Provincial/territorial
- ○ Other guideline: _____
- ○ I do not follow a guideline

Q22 Asymptomatic bacteriuria in pregnancy screening

- ○ Task Force national guideline
- ○ Other national guideline: _____
- ○ Provincial/territorial
- ○ Other guideline: _____
- ○ I do not follow a guideline

Q23 Thyroid dysfunction screening

- ○ Task Force national guideline
- ○ Other national guideline: _____
- ○ Provincial/territorial
- ○ Other guideline: _____
- ○ I do not follow a guideline

Page Break

Q24 We will now ask you some questions about the Canadian Task Force for Preventive Health Care (Task Force) guidelines, tools, and resources.

Q25 Which Task Force clinical practice guidelines are you **aware** of? Select all that apply.

- ☐ Breast cancer screening update (released December 2018)
- ☐ Cervical cancer screening
- ☐ Prostate cancer screening
- ☐ Asymptomatic bacteriuria in pregnancy screening
- ☐ Thyroid dysfunction screening
- ☐ ⊗ I am not aware of any of the above Task Force screening guidelines

Skip To: End of Block If Which Task Force clinical practice guidelines are you aware of? Select all that apply. = I am not aware of any of the above Task Force screening guidelines

Page Break

Carry Forward Selected Choices from "Which Task Force clinical practice guidelines are you aware of? Select all that apply."

Q26 How **satisfied** are you with the following Task Force guideline recommendations?

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

	1	2	3	4	5	6	7
Breast cancer screening update (released December 2018)	○	○	○	○	○	○	○
Cervical cancer screening	○	○	○	○	○	○	○
Prostate cancer screening	○	○	○	○	○	○	○
Asymptomatic bacteriuria in pregnancy screening	○	○	○	○	○	○	○
Thyroid dysfunction screening	○	○	○	○	○	○	○
⊗ I am not aware of any of the above Task Force screening guidelines	○	○	○	○	○	○	○

Q27 Please provide any explanation or comments for your dissatisfaction with Task Force guideline recommendations.

_____

_____

_____

Page Break

Display This Question:

If Which Task Force clinical practice guidelines are you aware of? Select all that apply. = Breast cancer screening update (released December 2018)

Q28 Have you changed your practice to align with the Task Force breast cancer guideline update since its release in 2018?

- ○ Yes, I have made changes in my practice to specifically align with the Task Force breast cancer screening guideline
- ○ No,I have not made changes in my practice to specifically align with the Task Force breast cancer screening guideline
- ○ My practice was already consistent with the guideline (e.g. I began practicing after the guideline was released and I've always followed the Task Force recommendation, or my practice was already consistent with the Task Force recommendations when this guideline was released)

Display This Question:

If Which Task Force clinical practice guidelines are you aware of? Select all that apply. = Cervical cancer screening

Q29 Have you changed your practice to align with the Task Force cervical cancer screening guideline since its release in 2013?

- ○ Yes, I have changed my practice to align with the updated Task Force cervical cancer screening guideline
- ○ No, I have not changed my practice to align with the updated Task Force cervical cancer screening guideline
- ○ My practice was already consistent with the guideline (e.g. My practice was already consistent with the Task Force recommendations when this guideline was released, or I began practising after the guideline was released and I've always followed the Task Force recommendation)

Display This Question:

If Which Task Force clinical practice guidelines are you aware of? Select all that apply. = Prostate cancer screening

Q30 Have you changed your practice to align with the Task Force prostate cancer screening guideline since its release in 2014?

- ○ Yes, I have changed my practice to align with the Task Force prostate cancer screening guideline
- ○ No, I have not changed my practice to align with the Task Force prostate cancer screening guideline
- ○ My practice was already consistent with the Task Force prostate cancer guideline (e.g. My practice was already consistent with the Task Force recommendations when this guideline was released, or I began practising after the guideline was released and I've always followed the Task Force recommendations

Display This Question:

If Which Task Force clinical practice guidelines are you aware of? Select all that apply. = Asymptomatic bacteriuria in pregnancy screening

Q31 Have you changed your practice to align with the Task Force asymptomatic bacteriuria screening guideline since its release in 2018?

- ○ Yes, I have made changes in my practice to specifically align with the Task Force asymptomatic bacteriuria screening guideline
- ○ No, I have not made changes in my practice to specifically align with the Task Force asymptomatic bacteriuria screening guideline
- ○ My practice was already consistent with the Task Force asymptomatic bacteriuria screening guideline (e.g. My practice was already consistent with the Task Force recommendations when this guideline was released, or I began practising after the guideline was released and I've always followed the Task Force recommendation)

Display This Question:

If Which Task Force clinical practice guidelines are you aware of? Select all that apply. = Thyroid dysfunction screening

Q32 Have you changed your practice to align with the Task Force thyroid dysfunction screening guideline since its release in 2019?

- ○ Yes, I have made changes in my practice to specifically align with the Task Force thyroid screening guideline
- ○ No, I have not made changes in my practice to specifically align with the Task Force thyroid screening guideline
- ○ My practice was already consistent with the thyroid screening guideline (e.g. My practice was already consistent with the Task Force recommendations when this guideline was released, or I began practising after the guideline was released and I've always followed the Task Force recommendation)

Display This Question:

If Which Task Force clinical practice guidelines are you aware of? Select all that apply. != I am not aware of any of the above Task Force screening guidelines

And Have you changed your practice to align with the Task Force breast cancer guideline update since... = No,I have not made changes in my practice to specifically align with the Task Force breast cancer screening guideline

Or Have you changed your practice to align with the Task Force cervical cancer screening guideline s... = No, I have not changed my practice to align with the updated Task Force cervical cancer screening guideline

Or Have you changed your practice to align with the Task Force prostate cancer screening guideline s... = No, I have not changed my practice to align with the Task Force prostate cancer screening guideline

Or Have you changed your practice to align with the Task Force asymptomatic bacteriuria screening gu... = No, I have not made changes in my practice to specifically align with the Task Force asymptomatic bacteriuria screening guideline

Or Have you changed your practice to align with the Task Force thyroid dysfunction screening guideli... = No, I have not made changes in my practice to specifically align with the Task Force thyroid screening guideline

Q33 The following table lists the Task Force screening guidelines for which you indicated you have **not** made changes in your practice to specifically align with the Task Force recommendations. Do you **intend** to make practice changes to align with any of the following Task Force guidelines?

	I **intend** to align my practice with this Task Force guideline	I **do not intend** to align my practice with this Task Force guideline	I haven't decided yet
Have you changed your practice to align with the Task Force prostate cancer screening guideline s... = No, I have not changed my practice to align with the Task Force prostate cancer screening guideline	○	○	○
Asymptomatic bacteriuria			
Have you changed your practice to align with the Task Force thyroid dysfunction screening guideli... = No, I have not made changes in my practice to specifically align with the Task Force thyroid screening guideline	○	○	○
Thyroid dysfunction			
Have you changed your practice to align with the Task Force cervical cancer screening guideline s... = No, I have not changed my practice to align with the updated Task Force cervical cancer screening guideline	○	○	○
Cervical cancer			
Have you changed your practice to align with the Task Force asymptomatic bacteriuria screening	○	○	○

gu... = No, I have not made changes in my practice to specifically align with the Task Force asymptomatic bacteriuria screening guideline			
Prostate cancer			
Have you changed your practice to align with the Task Force breast cancer guideline update since... = No,I have not made changes in my practice to specifically align with the Task Force breast cancer screening guideline	○	○	○
Breast Cancer			

End of Block: Use and satisfaction with guidelines

Start of Block: Tools and resources

Display This Question:

If Which Task Force clinical practice guidelines are you aware of? Select all that apply. != I am not aware of any of the above Task Force screening guidelines

Q34 Are you **aware of** or **have you used** any of the following Task Force tools that accompany the clinical practice guidelines? Select all that apply.

Display This Question:

If Which Task Force clinical practice guidelines are you aware of? Select all that apply. = Breast cancer screening update (released December 2018)

Q36 Breast cancer screening update (2018) tools

	I am **aware** of this tool	I have **used** this tool
1000-person tool	☐	☐
1000-person tool, age 40-49	☐	☐
1000-person tool, age 50-59	☐	☐
1000-person tool, age 60-69	☐	☐
1000-person tool, age 70-74	☐	☐

Display This Question:

If Which Task Force clinical practice guidelines are you aware of? Select all that apply. = Cervical cancer screening

Q46 Cervical cancer screening tools

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

Display This Question:

If Which Task Force clinical practice guidelines are you aware of? Select all that apply. = Prostate cancer screening

Q47 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	☐	☐

Display This Question:

If Which Task Force clinical practice guidelines are you aware of? Select all that apply. = Asymptomatic bacteriuria in pregnancy screening

Q48 Asymptomatic bacteriuria screening tools

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

Display This Question:

If Which Task Force clinical practice guidelines are you aware of? Select all that apply. = Thyroid dysfunction screening

Q49 Thyroid dysfunction screening tool

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

Page Break

Q50 How do you access the Task Force tools? Select all that apply.

Q51 Digital

- ☐ I view them on the Task Force website
- ☐ I view them on the Task Force mobile app (*Please note: Task Force 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

Q52 Print

- [ ] I printed copies for myself
- [ ] I have printed copies that came with my CMAJ publication (*Please note: printed copies of CTFPHC tools are no longer sent with CMAJ publications, as of 2018*)
- [ ] I received laminated copies at a conference (i.e. FMF, MFC)

Q53 Other

_____

Page Break

Q54 Are you **aware of** or **have you used** any of the following resources? Select all that apply

Q55

	Task Force Newsletter	Task Force Twitter account	Task Force website	Lung Cancer Screening video	QxMD Calculate mobile application	Task Force Cervical Cancer Screening e-learning module	Task Force Obesity Prevention and Management e-learning module	Task Force Canadian Family Physician (CFP) article series: 'Prevention in Practice'	Task Force Periodic Preventive Health Visits article in Canadian Family Physician (CFP)	Task Force CMAJ Clinical Practice Guideline author podcasts	Prevention+ Website	ECRI Guidelines Trust website
I am **aware** of this resource	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I have **used** this resource (e.g. read it, referred to it)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Page Break

Q56 Did you take part in any of the following Task Force activities in 2019? Select all that apply.

Q57 An interview or focus group to give your feedback on a draft tool (e.g. usability testing)

- [ ] Esophageal cancer screening
- [ ] Thyroid dysfunction screening

Q58 2018 annual evaluation interviews or survey

- ○ Yes
- ○ No

Q59 Guideline stakeholder webinars

- [ ] Thyroid dysfunction screening

Q60 Clinical Prevention Leaders (CPL) Network training sessions

- ○ Yes
- ○ No

Q61 Online topic suggestion process

- ○ Yes
- ○ No

Page Break

Q62 Please provide any additional comments or feedback you have on the Task Force guidelines, tools, or resources.

_____

_____

_____

_____

_____

End of Block: Tools and resources

Start of Block: Demographics

Q63 What is your gender?

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

Q64 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

Q65 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

Q66 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

Q67 What is your clinical setting? Select all that apply.

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

Q68 What language do you primarily practice in (select all that apply)?

- [ ] English
- [ ] French
- [ ] Mandarin
- [ ] Cantonese
- [ ] Punjabi
- [ ] Spanish
- [ ] Other(please specify): _____

Q69 What is your clinic type? Select all that apply.

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

Q179 How did you hear about this survey?

- ○ Task Force Newsletter
- ○ Email
- ○ Twitter
- ○ Task Force website
- ○ Friend/colleague
- ○ Other (please describe); _____

Page Break

Q70 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

Q71 Would you like to be entered into the draw to win an iPad? The winner will be drawn randomly in Spring 2019. Your contact information will be kept confidential.

- ○ Yes
- ○ No

Q72 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

Display This Question:

If Are you willing to participate in a one hour follow-up interview? The interview will ask you abou... = Yes, I will participate in an interview

Q73 Thank you for completing the survey and agreeing to a follow-up interview! Please click here to provide your contact information so that we can contact you to schedule an interview. Your contact information will be kept confidential.

Display This Question:

If Would you like to be entered into the draw to win an iPad? The winner will be drawn randomly in S... = Yes

And The Canadian Task Force on Preventive Health Care has a mailing list that we use to send occasion... = Yes

Q74 Thank you for completing the survey. Please click here to enter a draw to win an iPad. The draw will happen in spring, 2019. Your contact information will be kept confidential.

Display This Question:

If Would you like to be entered into the draw to win an iPad? The winner will be drawn randomly in S... = No

And The Canadian Task Force on Preventive Health Care has a mailing list that we use to send occasion... = Yes

Q76 Thank you for completing the survey. Please click here to be added to our email list. Your contact information will be kept confidential.

Page Break

Q77 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

Q78 Thank you! If you have any questions, please contact Kyle Silveira, Research Coordinator, at 416-864-6060 x76218 or kyle.silveira@unityhealth.to

End of Block: Demographics

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 [~5 min]

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 2019 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.

Today's 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 [year] 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.

Introduction to the Task Force (Factors affecting Reach) [~5 -10 min]

- 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?
- How do you typically hear about new or updated guidelines?
    - Are you familiar with the Task Force's most recent guideline (screening for thyroid dysfunction, released in November 2019)? If so, how did you hear about this guideline?

Experiences with Task Force over time (Effectiveness, factors affecting Adoption) [~5 -10 min]

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

- Describe the extent to which you use/follow recommendations from the Task Force?
    - Do you intend to change your practice to follow any recommendations from the Task Force, and if so, how do you intend to change your practice?

- When did you first start following recommendations from the Task Force? *[*if they do follow TF guidelines]*
- Could you describe how you make decisions on which recommendations to use/follow?
    - Probe: When a new Task Force recommendation comes out, how do you make a decision on whether or not to follow it?
- What influences your decision to change your preventive health care practices, such as screening?
    - Probe: Can you describe any instances where you changed your practice because of Task Force recommendations?
    - Probe: Have you ever started following a Task Force recommendation and then stopped?
        - Probe: What made you decide to stop? OR What could make you decide to stop following a recommendation?

Guideline decision making (Effectiveness, factors affecting Adoption) [~ 5 – 10 min]

- 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?
    - 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?
- What makes a guideline easier to implement?
    - Probe: What makes it difficult to implement?

- 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 recommendations to follow?

Engaging patients (Factors affecting Implementation) [~ 5 – 10 min]

- In your work setting(s), how are patients engaged in discussions about preventive health care? (if at all?)
    - Probe: How do you engage patients in discussions specifically about Task Force recommendations?
    - Probe: (Do you use Task Force KT tools?) How do you use Task Force KT tools?
    - What do you do if a patient's preferences do not align with a Task Force recommendation (e.g. the Task Force recommends you do not screen for prostate/breast cancer, but the patient is asking for screening).
- In your work setting(s), who else do you think could engage patients in discussions about Task Force recommendations? (*for example nurse practitioners, nurses, specialists etc.*)
    - Probe: How do you think that would work? What support would those people need to engage patients successfully?
    - Probe: Are there any other members of your health care team who engage patients in these discussions?

Accessing Task Force materials (Suggestions for improving Reach and Implementation) [~5 – 10 min]

- How can the Task Force improve your access to the recommendations and tools?
    - What are the current barriers, if any?
    - What are some recommendations the Task Force could consider to make it easier to access these guidelines/tools?

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, or any other thoughts come up following today's interview, you can contact Kyle Silveira, who emailed you to set up this interview.