# An evaluation of the Canadian Task Force on Preventive Health Care's 2020 knowledge translation activities

Prepared for the Canadian Task Force on Preventive Health Care

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## Appendices

# 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 2020. Specifically, this evaluation focused on the guidelines (screening for esophageal adenocarcinoma) and associated KT tools related to the guidelines released in 2020. The evaluation also included the following 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) Screening for thyroid dysfunction (2019) – this guideline was included because it was released in November 2019, with limited opportunity for dissemination and implementation before the 2019 evaluation.

This report describes the results of this evaluation and identifies strengths of the Task Force's current KT efforts as well as opportunities for improvement, particularly in consideration of the impacts on health care caused by the COVID-19 pandemic in 2020.

# 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 the Task Force's KT dissemination and implementation activities by examining administrative data (e.g. webinar attendance, statements of work, google analytics, newsletter admin data etc.), tracking documents (e.g. media tracking, presentation tracking etc.), and reports on key KT activities (e.g. patient preferences exercises, usability testing reports, media reports etc.), 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, Ontario College of Family Physicians.

#### 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 and KT tools (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 January 6th 2021 to February 8th 2021, and in French from January 9th 2021, to February 8th, 2021. Survey participants were entered into a draw to win an iPad.

Responses from the English and French surveys 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. Interviews were conducted between January 12th and February 15th, 2021, 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 participant consent, interviews were audio recorded and transcribed verbatim. A total of 20% of interview transcripts were double-coded by two researchers in NVIVO qualitative software using framework analysis. A meeting followed where discrepancies were discussed to refine the coding framework and inter-rater agreement was calculated[4,5]. The remaining transcripts were single coded by two members of the research team.

## 3.0 Results

### 3.1 KT Activities

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–S91). Page A1 shows highlights.

## Guideline publications

The Task Force produced one new guideline in 2020: *Screening for esophageal adenocarcinoma*. This guideline was published in Canadian Medical Association Journal (*CMAJ)* online and print editions. Pages S1–S4 presents the pre-release stakeholder engagement numbers, post-release dissemination activities and media hits for the 2020 esophageal adenocarcinoma guideline (and associated Clinician and Patient FAQ KT tool).

## Guideline dissemination

In 2020, the Task Force conducted a number of activities to disseminate all of its guidelines and KT tools:

- Exhibiting at 2 conferences using a novel, virtual-only platform and promoting Task Force KT tools to a total of **4810 delegates in comparison to 4000 delegates in 2019.**
- 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 application *QxMD Calculate* and *Read*.

The Task Force engages the KT team to routinely seek 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 esophageal adenocarcinoma guideline released in 2020.

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. Task Force was also accepted as a Guidelines International Network (GIN) member in 2020 and the guidelines are newly accessible on the GIN website. The KT tools pages on the Task Force website were viewed in French 14,583 times, and 35,704 in English in 2019. See page S17 for a breakdown of the most viewed guideline KT tool pages.

Pages S5–S22 outline the 2020 dissemination activities for all Task Force guidelines, including all analytics Task Force website use.

## ECRI Guidelines Trust

ECRI Guidelines Trust is a publically available, online repository of objective, evidence-based clinical practice guideline content. ECRI produces 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 fulfill the Institute of Medicine (IOM) Standards for Trustworthy Guidelines. All Task Force guidelines included scored highly (58 or higher out of a possible 60). The 2020 esophageal adenocarcinoma guideline scored 60/60. The 2018 Breast Cancer guideline had 143 total hits in 2020 which was the highest number of hits for a given Task Force guideline since it's release. The Guideline Briefs were viewed 818 times in 2020, an increase from 283 times in 2018. 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 2020 Prevention Plus details.

## 3.2 Dissemination

In 2020, 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 2020, the Task Force published one peer-reviewed publication, which was the guideline on screening for esophageal adenocarcinoma in patients with chronic gastroesophageal reflux disease in CMAJ. See page S26 for publication details.

As of March 2019, the Journal *Systematic Reviews* introduced a Task Force Thematic Series where all Task Force protocols and completed systematic reviews will be published. The Task Force published one systematic review under this collection in 2020. See page S27 for systematic review publication details.

Additionally, current and former members of the Task Force published three articles in 2020 as part of the ongoing article series, "Prevention in Practice," in the Canadian Family Physician (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 5 presentations across Canada targeting primary care physicians and one internationally in 2020; two presentations were at two conferences and three were invited speaker presentations. See pages S29–S31 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. The Task Force delivered two pre-release stakeholder webinars for the esophageal adenocarcinoma guideline in 2020, engaging a total of 5 stakeholders in attendance. See page S2 for stakeholder webinar details.

### Media coverage

The esophageal adenocarcinoma guideline, released by the Task Force in July 2020, received 23 media mentions, 1 interview request with Task Force members, and an Altmetric score of 60. It was promoted in the CMAJ July newsletter, and was the 6$^{th}$ most read article in CMAJ for July 2020. Additionally, the esophageal adenocarcinoma guideline generated at least 17 unique items in the media. See pages S3 -S4 for more details.

Overall, the Task Force received more than 143 media mentions in 2020 including coverage of the esophageal adenocarcinoma guideline, breast cancer screening guideline, screening for cervical cancer, abdominal aortic aneurysm screening, PSA testing, guideline methodology and other topics. Media coverage of the Task Force was down significantly in 2020 compared to 2019 (143 mentions versus 420); however, this was to be expected, given that the Task Force published only one guideline. Notably, COVID-19 media coverage was urgently diverted to shift attention to the pandemic. The media team received 6 requests for interviews and information in 2020. Four requests were for interviews or information on the breast cancer guideline (including from someone associated with Dense Breasts, a non-profit, advocacy organization of breast cancer survivors and healthcare professionals), 1 for the EAC guideline and 1 to discuss the colorectal cancer guideline. See pages S33 – S36 for more details.

### Newsletter and Social Media

In 2020, the Task Force communicated updates on its work, such as new guideline publications, through its quarterly newsletter, Twitter, LinkedIn and Facebook accounts (see page S39 for number of followers as of 2019). At the end of 2020, the quarterly newsletter had 3952 subscribers (e.g., PCPs, patient advocacy groups, regional health authorities). This represents a 20% increase in subscribers from the previous year. The esophageal adenocarcinoma guideline in July was the most read item in the 2020 newsletter, with an open rate of 42% and a click through (to the guideline) of 26%. There was also a low unsubscribe rate (ranging from 2 to 6 per issue). The number of Task Force Twitter account followers increased from 614 at the end of 2019 to 808 at the end of 2020. Engagement and overall impressions decreased in 2020. This may be attributed to the pandemic as well as the release of a silver level guideline (more popular) at the end of 2019, which may have bolstered 2019 social media activity. This year, the Task Force had several successful posts related to awareness days such as Black History Month, Indigenous History Month and International Women's Day. Similar to 2019, the Facebook and LinkedIn pages showed little engagement in 2020, partly due to the nature of the platforms (Facebook is used more for personal engagement and LinkedIn for career news, networking and job leads). See page S34 and S35 for 2020 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 2020, compared to 2019 views.

### Upcoming Initiatives

In 2020, the Task Force began planning several new initiatives to support guideline dissemination. In 2020, all published Task Force guidelines are now available through the Guidelines International Network (GIN), an international scientific association of organisations and individuals interested and involved in development and application of evidence-based guidelines and health care information. Additionally, because in-person dissemination of tools has dropped significantly due to conferences being moved online in the context of the COVID-19 pandemic, the Task Force has received multiple request for printed tools. In response to this need, the Task Force will begin in May 2021 a pilot project to assess the feasibility and sustainability of disseminating KT tools for 8 popular guidelines in hardcopy and PDF (email) form to requesting clinicians. We will also assess the impact of this pilot on participant-reported intentions to use KT tools and reported impact of KT tools on clinical practice. Finally, the Task Force website is planning to build out a patient facing web page to display guideline information in plain language and to feature patient facing KT tools.

## 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 7 members from five provinces. The CPL network was a two-year pilot project and evaluation of the pilot was completed in 2020.

The CPL pilot was successful in achieving the primary objectives of building capacity among PCPs in evidence-based medicine and knowledge translation and supporting the dissemination of Task Force guidelines and tools in primary care practice.

The outcome evaluation primarily revealed strengths of the CPL pilot. CPLs reported higher ratings of knowledge and awareness of guideline development processes (including GRADE methodology), Task Force guidelines and tools and knowledge translation science at completion of the pilot than at baseline. CPLs also reported improved ratings of self-efficacy to discuss Task Force guidelines with colleagues and patients, to apply the recommendations in their own practice, to identify and address barriers to implementation, to serve in an education or leadership role and employ effective teaching strategies, to lead effective educational outreach, to assess local needs, and to engage in reflective practice at completion of the pilot than at baseline (see page S43-S44). Similarly, more CPLs reported using more Task Force guidelines and KT tools in their practice at the completion of the pilot than at baseline. The CPL pilot program was also successful in building capacity among its members in evidence-based medicine and knowledge translation and supporting the dissemination and implementation of Task Force guidelines and KT tools.

The process evaluation revealed both strengths and challenges to the sustainability of the CPL program. One strength related to the implementation of the program was the amount and quality of outreach delivered -CPLs delivered 30 formal lecture style outreach sessions, engaged in informal conversations with colleagues, and provided 1:1 training for students. The KT tools and resources provided to CPLs were noted to be extremely helpful to facilitate these outreach sessions. Despite these successes, participant retention was a major challenge. The pilot began with 13 members and ended with 7 members at conclusion of the two-year term; one CPL member joined the Task Force as a full time member before the two-year term had concluded. Participant attrition was most commonly due to lack of interest on specific topics, competing interests, and time constraints. Suggestions to improve the CPL program included providing additional resources the ensure clarity of roles and responsibilities, shortening presentations and facilitating more time for interaction with participants and Task Force members, and providing tailored resources for the implementation of Task Force guidelines. Further, it is prudent to use an integrated, collaborative approach with CPLs in future to ensure outreach tasks and responsibilities are not burdensome and are feasible given competing priorities.

The Task Force will launch and evaluate a modified version of the CPL program in 2021 based on the results of this evaluation. See page S38 to S44 for details on the CPL network evaluation.

### 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 10% (*n* = 20) and 8% (*n* = 16) of survey participants were aware of these e-learning modules, which is similar to previous years (see page S88 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.

### Task Force Public Advisors Network

In 2020, the Task Force started developing a new patient engagement initiative to ascertain patient values and preferences for guideline development. The **Task Force Public Advisors Network (TF-PAN)** is an initiative to encourage early and meaningful engagement of members of the public with the Task Force by seeking their input throughout the development and dissemination of Task Force guidelines. Unlike the traditional Task Force patient preferences model, TF-PAN members will be provided background information on what the Task Force does and the types of methods/processes used to develop preventive health care guidelines in order to ensure informed participation in guideline development. TF-PAN members will form a stakeholder consultation group and will provide input on various phases of guideline development, as determined by the guideline Working Group chairs based on need and guideline context. The core TF-PAN group will consist of 20 members of the public and will be trained in Task Force and preventive care theory. There will also be expanded network members – over 75 members of the public who are not trained, but can still participate in ad hoc projects.

TF-PAN was launched in early 2021 and will be iteratively evaluated in 2021.See page S45-S48 for more details.

### Usability testing

Once KT tools were developed, knowledge users were provided with draft versions of the tools and asked to provide feedback on their usability. A total of 2 KT tools: a Clinician and a Patient FAQ tool for the Chlamydia & Gonorrhea guideline were usability tested in 2020. In total, 8 clinicians and 7 patients were engaged in the development and refinement of the two tools. See page S49 for more details.

## 3.5 Research projects

In 2020, 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.

### Stakeholder Councils

The Task Force conducted a needs assessment to inform the development of a protocol outlining the recommended methods for developing a Canadian Task Force on Preventive Health Care (Task Force) Stakeholder Council, which will serve to engage and inform key stakeholders of Task Force activities. The purpose of this needs assessment was to elicit Task Force members' and fellows' input on which organizations/groups the Task Force should engage in the Council and how this engagement could take place.

Task Force members and fellows suggested 35 specific organizations/groups (e.g., College of Family Physicians Canada) and 26 general organization/group types (e.g., rural-based professional practitioner organizations/groups) to consider inviting to the Council. These organizations/groups fall into 6 categories: professional practice organizations/groups; advocacy organizations/groups; educational, academic, research and conference organizations/groups; government, funder, payer, and policy leader organizations/groups; disease-specific organizations/groups; and media organizations/groups. Professional practice organizations/groups were the most commonly suggested category. Task Force members and fellows suggested 4 possible Council configurations. The two most commonly suggested configurations were one Council with all organizations/groups at the same table and several Councils, divided possibly by topic. Task Force members and fellows suggested 7 possible methods for disseminating guidelines and updates to the Council and 7 possible methods for

eliciting input and updates from the Council. The most commonly suggested methods for both dissemination and eliciting input/updates were annual or bi-annual meetings, held separately from the Task Force in-person meetings. Task Force members and fellows provided 12 strategies to keep in mind for effective relationship building between the Task Force and Council members. The most commonly suggested strategy was communicating the relevance of the Task Force and guidelines to Council members.

Following Task Force review and input on the findings, this report will be used to inform Phase 2 of the project (interviews with suggested key informants from identified organizations/groups) and Phase 3 (development of the Stakeholder Council process protocol). This work will take place in 2021. See page S52-56 for more details.

### 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 2020 annual evaluation survey indicated that 20% of participants were aware of these recent language changes, and 33% 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 S57for more details.

### 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 goal is to help users to understand reasons for differences.

The prioritized Task Force guidelines included in this comparison project are: Screening for Adult depression (expected in 2021), Perinatal depression (expected in 2021), 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 are 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 comparison of Task Force guidelines alignment to the provincial and territorial guidelines can be found on page S51.

Due to a delays caused by COVID-19, a final report outlining results is expected in 2021.

## 3.6 Uptake

### Survey

#### *Participant demographics*

A total of 281 participants completed the 2020 annual evaluation survey: 12 completed the survey in French and 269 completed the survey in English. In 2019, a total of 263 participants completed the 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 281 within some categories.

Survey participants practiced in urban (65%, n = 165), suburban (23%, *n* = 57), and rural (23%, *n* = 58) settings. They represented eleven provinces and territories and a range of years of experience (i.e. from ≤5 to ≥41 years in practice). 67% (n=169) of survey participants were women and 31% (n=78) were men. 82% (n= 243) of survey participants were physicians, 7% (n=21) were nurse practitioners and the rest included nurses, residents, medical students and researchers. 56% (*n* = 103) of survey participants had 5 or fewer years of practice. See pages S58 –61 for participant demographics.

#### *Esophageal Adenocarcinoma screening (2020)*

##### Awareness and use of Task Force guideline and tools

Few participants (27%; *n* = 74) were aware of the esophageal adenocarcinoma screening guideline. Those who were aware were very satisfied with the guideline, rating it a mean of 6.0 ±1.0 out of 7 (where 7 represented being “very satisfied). Less than half of participants (37%; *n* = 99) reported that they were following the Task Force esophageal adenocarcinoma guideline.

Very few participants (15%; *n* = 29, 10% *n*=25) who knew about the esophageal adenocarcinoma screening guideline were aware of the accompanying clinician FAQ KT tool and patient FAQ KT tool respectively. Only 4% and 2% of participants indicated they used the clinician and patient FAQ KT tools, respectively.

### Current practice

More than three quarters of participants' self-reported screening practices for esophageal adenocarcinoma were consistent with Task Force recommendations. Specifically, 84% (*n* = 276) of participants reported that they did not routinely screen adults aged 18 years and older with chronic gastroesophageal reflux disease for esophageal adenocarcinoma or its precursor conditions (i.e. Barrett esophagus or dysplasia). Most participants did not routinely discuss the harms and benefits of esophageal adenocarcinoma screening with patients (87%, *n*=238).

See pages S62–S66 for more details on awareness and use of the Task Force esophageal adenocarcinoma screening guideline and tool and participant alignment with Task Force recommendations.

## *Asymptomatic thyroid dysfunction screening (2019)*

### Awareness and use of Task Force guideline and tools

Less than half of participants (44%; *n* = 119) 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(where 7 represented being "very satisfied"). Approximately half of participants (48%; *n* = 127) reported that they were following the recommendations of the Task Force thyroid dysfunction guideline. A quarter of participants (25%; *n* = 61) were aware of the accompanying clinician FAQ KT tool. 5% (*n* = 12) of participants 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, 88% (*n* = 242) of participants reported that they did not routinely screen adults aged 18 years and older for thyroid dysfunction. A total of 3% (*n* = 8) reported screening this population every year, and 7% (*n* = 20) reported screening every two to four years. Most participants did not routinely discuss the harms and benefits of thyroid dysfunction screening with patients (82%, *n=225*).

See pages S67–S71 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

The majority of participants surveyed (90%; *n* = 243) 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 5.9 ±1.2 out of 7 (where 7 represented being "very satisfied"). More than one third of participants (44%; *n* = 118) said they primarily used the Task Force breast cancer screening guideline. Most other respondents (52%; *n* = 139) said they primarily followed provincial or territorial guidelines. More than half of participants were aware of the accompanying 1000-person KT tools (see page S79 for details on awareness of the tools).

### Current practice

Participants' self-reported screening practices for breast cancer were mostly consistent with Task Force recommendations. Specifically, 80% (*n* = 232) of survey respondents reported that they did not routinely screen women aged 40–49 years and 89% (*n* = 258) reported screening women aged 50-60 every two to three years for breast cancer with mammography. 78% (*n* = 226) 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* = 185) and 50 – 69 years (*n* = 215).

See pages S73–S76 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 (87%; *n* = 236) 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 6.0 ±1.1 out of 7. Approximately one-third of participants (32%; *n* = 86) indicated that they primarily used the Task Force cervical cancer screening guideline while more than half of respondents (64%; *n* = 171) primarily followed provincial guidelines. Approximately half of participants were aware of the cervical cancer screening KT tools (see page S79 for details on awareness of the tools).

### Current practice

Participants' self-reported screening practices for cervical cancer had varying degrees of consistency with Task Force recommendations. Specifically, 91% (*n* = 258) of survey respondents reported that they screened women aged 30–69 years every three years while only 58% (*n* = 165) reported that they did not routinely screen women under 25 years old. Approximately half of participants (56%, *n*=186) reported discussing the harms and benefits of cervical cancer screening with patients aged 20 – 69 years.

See pages S77 - S81 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 (82%; *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 5.7 ±1.2 out of 7. More than half of participants (66%; *n* = 177) reported primarily using the Task Force prostate cancer screening guideline, while the remaining respondents primarily followed provincial guidelines (21%; *n* = 56) or no guideline (5%; *n* = 13). More than half of participants (62%; *n* = 146) were aware of the prostate cancer 1000-person KT tool and 41% (*n*=91) of participants reported using it.

### Current practice

Participants' self-reported screening practices for prostate cancer were fairly consistent with Task Force recommendations. Specifically, 86% (*n* = 242) of survey respondents reported that they did not routinely screen men younger than 55 years for prostate cancer with the PSA test. In addition, 71% (*n* = 200) of survey respondents reported that they did not routinely screen

men aged 55–69 years with the PSA test. Approximately half of participants (*n* = 149 and *n*=122) reported discussing the harms and benefits of prostate cancer screening with patients aged 54 and younger, and 70 and older. Significantly more participants (80%; *n* = 224) reported having these discussions with patients aged 55 to 69.

See pages S82–S86 for more details on awareness and use of the Task Force prostate cancer screening guideline and tools and participant alignment with Task Force recommendations.

### *Task Force resources*

When asked whether they were aware of or had used any of the Task Force resources, participants were most likely to identify the Task Force website (70%; *n* = 137), the periodic preventive health visits articles (47%; *n* = 45), the Task Force newsletter (50%; *n* = 98) and the QxMD app (33%; *n* = 65). They were less likely to identify *CMAJ* podcasts (16%; *n* = 31), Prevention Plus (13%; *n* = 25), Twitter (9%; *n* = 18), or the ECRI guideline trust (5%; *n* = 10).

See page S88 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 (94%; *n* = 204) and receiving copies of tools at conferences (70%; *n* = 90). Some participants accessed the KT tools by printing them from the website (39%; *n* = 50), and few participants viewed them through QxMD (8%; *n* = 17).

See page S87 for details on Task Force KT tool access.

## Interviews

We conducted 26 interviews with PCPs from across Canada: 23 in English and 3 in French. 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 to participate in the interviews. Interview participants represented eight provinces and territories. Fifteen participants identified as women (58%) and nine identified as men (35%). Participants ranged from 5 or fewer years of practice to 31 to 35 years of practice. 38% (*n* = 10) of interview participants had 6 to 15 years of practice. We interviewed nineteen (73%) primary care physicians, two (19%) nurse practitioners, and two (8%) primary care residents. See pages S90 –S91 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 |
|---|---|
| Residency | 14 |
| Conferences | 7 |
| Nurse Practitioner Training | 3 |
| Colleagues | 3 |
| Medical School | 2 |

Most interview participants first learned about the Task Force during their training (e.g., nurse practitioner programs, medical school, and family medicine residency). Some participants were also made aware of the Task Force by attending a conference. Some participants remember interacting with representatives at the Task Force booth at conferences and receiving KT tools. In some cases, participants' colleagues, mentors had recommended the Task Force as a source for screening information and guidelines. Participants also reported first learning about the Task Force by doing personal research on preventive care (screening), receiving emails or journals from organizations (e.g. CMAJ, CFP), or reading the Red Brick.

### 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 noted that they first learned that the Task Force was a useful resource for national preventive health clinical practice guidelines that could help guide their practice. Many also mentioned learning that the Task Force developed freely available tools that can be used to guide conversations with patients. Others first learned about specific Task Force 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 esophageal adenocarcinoma.

| Method for hearing about new or updated guidelines | Number of participants | % of participants |
|---|---|---|
| Email from Task Force | 14 | 54% |
| Conferences | 8 | 31% |
| Updates from organizations (e.g. CFPC, Choosing Wisely) | 8 | 31% |
| Personal Research | 5 | 19% |
| Journals (e.g. CMAJ) | 5 | 19% |
| CMEs | 5 | 19% |
| Task Force Website | 4 | 15% |
| Colleagues | 1 | 4% |
| Don't hear | 1 | 4% |
| Social Media (e.g. Twitter) | 1 | 4% |
| Small Group Sessions | 1 | 4% |
| Podcasts | 1 | 4% |
| Presentations | 1 | 4% |

Most PCPs heard about new or updated guidelines through emails, conferences, updates coming from other organizations (e.g. CFPC, Choosing Wisely), personal research, journals (e.g. CMAJ, CFP), or Continuing Medical Education sessions.

For Task Force guidelines specifically, most heard about new or updated guidelines through the Task Force newsletter and guideline alerts or at conference booths and presentations (e.g., Family Medicine Forum). One participant noted:

*"I think the primary methods is still conferences. So, I tried – before COVID, I tried to make it a point to attend several conferences a year. FMF is a common one, but often new guidelines are discussed there…."* – P021

Several participants mentioned that they rely on self-directed research on specific topics of interest to become aware of new or updated guidelines. Some mentioned they would/do appreciate the Task Force guideline email alerts that notify them when a new guideline comes out, while a few cited email overload as a reason they are not interested in signing up for the Task Force newsletter. A few participants were not aware of the Task Force newsletter and signed up during or after the interview.

Of those who were aware of the most recent Task Force guideline on screening for esophageal adenocarcinoma, most heard about this guideline through the Task Force email alert; others learned about it through the journal CMAJ.

All participants who aware of the updated Breast Cancer guideline released in 2018 were aware of the update made to the guideline within a few months of release.

### *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 | % of participants |
|---|---|---|
| Canadian Task Force on Preventive Health Care | 24 | 92% |
| Provincial bodies | 17 | 65% |
| Disease-specific or specialist organizations | 17 | 65% |
| Other national organizations | 15 | 58% |

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** | **Description** |

| | mentioned (n=26) | |
|---|---|---|
| Evidence based and quality and strength of evidence | 17 | Many PCPs cited guidelines being explicitly evidence based as the key indicator for guideline trustworthiness. They also cited quality of evidence as an indicator for guideline trustworthiness. This included the number and quality of studies used (with Randomized Controls 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). Participants also evaluated guideline trustworthiness based on its level of grade of evidence; they were more likely to trust guidelines with a strong or very strong recommendation as opposed to a weak or conditional recommendation. |
| Composition of guideline developers (e.g. trustworthy members, relevant expertise of members, etc.) | 13 | Participants indicated they trust guidelines that were developed by organizations and panels that were composed of diverse, qualified and trustworthy individuals. Participants noted that including primary care providers for primary care guidelines, specialists, patients, and those with experience with evidence and methods would increase their trustworthiness in guidelines.<br><br>"I want to see guidelines built with more breadth than that. I work in primary care, so guidelines that incorporate actual primary care providers as well as patients and so on in their building would probably hold more weight for me."– P019<br><br>Some participants felt that including specialists in guideline development for certain topics would make them trust that guideline more. |
| Rigorous and transparent methods | 9 | Transparency and rigor in how the guidelines were developed, and explanations for why certain recommendations or decisions were made impacted trustworthiness. Participants mentioned that they trust guidelines that disclose how they arrived at their recommendations and that have been peer reviewed, as demonstrated in the following quote,<br><br>"I find that transparency is very useful… I really like it when guidelines present various decision points and right beside that, present that evidence for it and whether the evidence is strong, whether the evidence is weak and how they arrived at that decision."– P021 |

| | | |
|---|---|---|
| Minimal or transparent conflicts of interest and perceived bias (e.g. funding sources) | 8 | Lack of conflicts of interest was cited as being important for guideline trustworthiness. Participants cited bias from guidelines that were developed by specialists only as a reason why they would lose trustworthiness in a guideline. Transparency in terms of funding was also mentioned- PCPs were less likely to trust guidelines that had funding from pharmaceutical companies. Transparency of who creates the guidelines and any potential conflicts of interest also impacted trustworthiness |
| Up to Date | 5 | Additional considerations for trustworthiness included guidelines that were up to date. PCPs mentioned they would trust guidelines that were based on the most recent evidence, as demonstrated in the following quote<br><br>"I also find the cadence in which they review their guidelines and change them useful. So, knowing that they are up to date…. I like seeing them routinely reviewed and updated."– P021 |
| Clear and practical | 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 |

### *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 (n=26)** | **Description** |
| Consensus with local standards of practice (e.g. provincial guidelines, employer guidelines) | 19 | Participants agreed that guidelines that are aligned with provincial, employer, or other guidelines are easier to adopt.<br><br>The majority of 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. |

| | | |
|---|---|---|
| | | Many participants noted that Task Force guidelines aligned with provincial guidelines, but if there was a situation where they conflicted, they were more inclined to follow the provincial guideline. Few participants noted that they follow a national guideline over a provincial guideline. |
| Patient Preferences | 16 | Many participants discussed the impacts patients have on decision-making to adopt a guideline and as influencers of 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 almost always noted that they would follow their patients wishes regarding preventive care and screening, as long as it is safe. When there are conflicting recommendations, many PCPs will refer to a patient's preferences regardless of the guideline they follow. Participants find it helpful when guidelines incorporate patient preferences as demonstrated in the quote below.<br><br>"I also think it's helpful when guidelines incorporate an element of patient preference and patient discussion into it… it's not always every patient who fits this criteria…talking about patient preferences and values… I guess that resonates with me that that's an important part of having a guideline" – P004 |
| Clinical judgement or experience | 16 | When faced with conflicting recommendations, many PCPs rely on their own clinical judgement to decide which guideline to adopt. This decision can also 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 as seen in the quote below.<br><br>"The other thing I do is I base it on my personal experience. So, a few years ago when I started practice, I would go by the guidelines all the time, right? Now, I'm X years in and I've had some experience which sometimes sways me from rigidly following a guideline and it made me think okay, this is a guideline, so yes, most of the – 99% of time, the guideline is excellent. It gives me clear ages and tests to do for certain things, but, other times, I use it as an adjunct to personal decisions or individual situations, right?" – P004 |

| | | |
|---|---|---|
| Evidence level and strength of recommendation | 15 | Participants 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. |
| Up to date evidence and guidelines | 11 | Up to date evidence and references and date of guideline publication influence decisions to adopt guidelines. Participants were more likely to follow newer recommendations over older ones. |
| Colleagues or opinion leaders | 9 | Many participants described that interactions with colleagues were a critical component of their screening and preventive health care practice decisions and use of guidelines. Some PCPs felt unable to dedicate the time to reviewing every new guideline, and therefore, relied on the advice of their trusted colleagues. Several participants said they were more likely to follow a guideline if the majority of their peers and colleagues, or leaders in the field, were using it, as demonstrated in the following quote<br><br>"I know that there is a recommendation…it is weak. So I kind of defer to – in fairness, see what other physicians have been practicing and their thoughts on it and see if that has played a role." –P020 |
| Reputation of guideline development organization | 8 | Participants cited that they were more likely to follow recommendations from guideline development groups that they trust, or that their colleagues and other organizations support. |
| Resources available | 4 | Participants mentioned that the resources available to them influences their decision whether or not to follow a guideline. For example, if a rural practitioner does not have ready access to a CT- scan machine, they may be less likely to follow a guideline that requires that type of 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 (n=26)** | **Example** |

| | | |
|---|---|---|
| Guideline development organizations | 13 | Many PCPs felt guideline development organizations (e.g. Task Force) impact which guideline recommendations become practice, based on their dissemination an implementation efforts |
| Specialists | 9 | Some felt specialists (e.g. endocrinologists, gynecologists) have a large impact on which guidelines become practice |
| Physicians themselves | 8 | Many PCPs saw individual practitioners as the main influencers for guidelines becoming practice, since they ultimately have autonomy over which guidelines they will follow. |
| Colleagues or leaders in the field | 6 | 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. |
| Patients | 3 | A few PCPs felt patients influenced guidelines becoming practice, since they are the final decision-makers. |
| Government | 2 | Two PCPs felt the government played a large role in guidelines being implemented into practice, since they are responsible for developing provincial guidelines. |

### *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 as a biggest barrier to implementation. Lack of time was defined in several contexts: to have meaningful discussions with patients about the recommendations, to research new guidelines and recommendation, to read and appraise new guidelines, and to change their patients' behaviors and expectations. Of |

| | |
|---|---|
| | note, most other factors mentioned by PCPs (and that follow in this table) tie directly or indirectly into the factor of time constraints.<br><br>*"When you only have such an amount of time with each of your patients, you don't have the luxury of time to go into explaining everything as far as preventative medicine goes because in that same 15-20-minute appointment, they also need refills, a blood pressure check, their oxygen checked or their big toe looked at. You're constantly trying to multitask while you're talking to them and examining them about "are you up date to on your colon screening, are you up to date on your breast cancer screening, your cervical cancer screening". Then, usually they're never up to date on everything, so then you have to educate them on… "okay will you book an appointment with Nurse XXX [name at 22:55], she'll do your pap for you." And you'll have to explain to them how to book that and stuff like that."* – P007 |
| Physician awareness | Participants reported that not being aware of new or updated guidelines is a barrier to implementation.<br><br>*"I think the biggest barrier is just- are people aware of it, right?"*– P001 |
| Clear and concise guidelines and resources | PCPs mentioned that having clear and concise guidelines and tools was a major facilitator to implementing guidelines. Physicians noted that because of their lack of time, having resources (KT tools) that are actionable, practical, and concise increased the likelihood of guideline implementation.<br><br>*"I guess if it's easy and straightforward for us to understand. You guys do an excellent job, like I said again with the one pagers, the PDF documents"* - P007 |
| Provincial alignment | 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.<br><br>*"What would make it easier… if it corresponds with provincial recommendations, it will be easier to implement."*– P010 |
| Large 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 behaviour change for PCPs as well as patients, making it more difficult to implement.<br><br>"*Also, if it's not too different from another guideline. Like I said, if it's total 180 and the old one has been the standard of care for years and they had reasons and all of a sudden, you do something totally different* |

| | |
|---|---|
| | *based on one other guideline, that may be more difficult to incorporate"* – *P001*. |
| 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. Conversely, they were less likely to implement guidelines of low evidence levels or weak recommendations.<br><br>"*I personally think that the fact that it always comes with the level of evidence…what level of evidence it comes with. I find that makes it easier to implement because if it's weak evidence, then I use more discretion and if it's strong evidence – if it's a strong recommendation, I kind of use it more as something that I should really commit to doing. So, I think that the weakness or strength of the evidence helps me to implement it because it helps me with my decision-making process, whether or not I accept that guideline*." – P002 |
| 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. |
| 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. a guideline that recommends a simple test (urine) vs a more complex test (CT scan) is easier to implement. Again, this factor is tied to the factor of time.<br><br>*"Another aspect of it is the complexity of the guidelines, so if…I'd probably spend more time talking to my patients and have longer appointment times than the average family doctor. I really value the opportunity to explain things to my patients, so that we essentially agreed on plans for investigating or treatment. So, trying to explain the pros and cons of doing cancer screening in a 15-minute appointment when you're also trying to cover all of their routine screening and maybe addressing a couple other complaints that the patient brought in to talk about that day, makes it difficult. So, the simpler guideline is, the easier it is to implement as well."* – P004 |
| 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. |

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

Over three quarters of participants (n=21) described having shared decision making conversations with patients about a variety of preventive health topics.

"*I always do it with a 10-15-minute discussion about the risks and benefits and using some of the same techniques that's on the Task Force."* - P006

*I think that's one of the key things in any of this stuff is how can any Task Force guidelines or any other guidelines, how can any of that be used in a shared decision making way with our patients in our practice in primary care? - P006*

Common barriers to patient engagement that participants identified included: lack of time to engage in shared decision making and lack of patient awareness or misinformation surrounding guidelines and recommendations from the patient perspective. A few participants noted that there are challenges engaging with patients who are used to outdated, more aggressive preventive care practices.

*"I inherited hundreds of patients from doctors who were maybe have a generation ahead of me in practice and had retired and many of those doctors were of the mode that everyone came in for a complete check up every year and had a routine panel of blood test done every year. I've spent the past few years trying to work against that and trying to use more of the evidence, use more of the guidelines and Task Force recommendations and to some degree, people accept that and they're happy with it and some people are dissatisfied because they feel that I'm not doing the same job as I should". -* P007

*So, when I have a discussion – even though it's not brand new guideline for cervical cancer, they may have had a physician who's just told them that they need an annual pap test. So, when I try to re-educate the patient, I often find that… "Oh, there's new evidence now, newer guidelines suggest that you only need to do it every 3 years as long as your pap test results are normal", but patients are often [not] open to being re-educated. They often have their own perception about what is needed and can be adamant about getting that done – even if they don't have a lot of deeper understanding about the implications of doing that testing.* –P004

Most PCPs noted that they had used Task Force KT tools in the past. Several were not familiar with the term KT tool, but were able to describe the relevant tool. Most participants identified KT tools as useful facilitators for shared decision making conversations, most frequently referencing the Task Force prostate cancer screening guideline tool.

*"I really liked your prostate one and that one because I can explain to people and I still make it their choice. I never refuse to offer screening, but I can at least explain the pros and cons and what it means getting it done. That's why I really like those laminated cards you have. It is easy to post stuff up on a computer, but for some of those things, I actually find it more user-friendly for somebody to actually be looking at something on a piece of paper than trying to follow on a computer screen.* – P013

Many participants highlighted that they find it challenging to engage patients in preventive health care discussions since annual preventive health exams are no longer recommended. Several PCPs said they feel they have less opportunity to engage with patients around preventive health care decisions because there is not enough time for shared discussions in routine visits. Some PCPs admitted to still using annual examinations despite the recommendation against them.

*"So, I know the evidence against doing routine physical is not there; however, I find that having that as people getting used to booking an appointment to kind of see how things are going is actually good because it gives me a chance to actually catch up on all these kind of preventative health measures whereas if it's not, people are only coming in when there's a problem, I have to deal with that acute problem and I often don't have time to deal with all the other non-urgent or preventative stuff. So, it is sometimes tricky."* - P001

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 all participants said they would follow whatever the patient decided. Most participants noted that after discussing the harms and benefits of a certain preventive health care topic, most patients will agree or understand with what was presented to them.

*"It depends. Obviously, we'll try and discuss why or why not we're recommending this. If they're still not in line with that, depending on the reasons behind it, sometimes we'll have family members or close friends that have recently been diagnosed with this or that. Depending on their risk factors, sometimes we'll deviate from the recommendations or depending on what the actual harm is of following the actual…of having the screening process. If it's quite harmful, we'll be a bit more strong about saying no, but otherwise, depending on patient preferences, if there's not a major risk, we'll follow that."* – P009

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) *Webinars/Learning sessions:* Several participants suggested the Task Force explore the idea of hosting interactive webinars/learning sessions for their guidelines. A few participants mentioned that these webinars would be useful to fully understand the background of the guideline and to receive targeted information on implementation, which is often lacking. A few participants advocated for CME accredited sessions based on Task Force guidelines or updates.

2) *EMR integration:*Participants suggested integrating Task Force guidelines into EMRs could improve and reach of guidelines and KT tools. PCPs noted that many practices are moving towards using the EMR, so having guideline integration would make it easier to implement Task Force guidelines and would make them more likely to engage in shared decision making conversations around Task Force guidelines.

3) *App development:* Many participants also suggested that the Task Force develop an app for them to access guidelines on. Similarly, to the use of EMRs, PCPs noted that more and more physicians are using phones or tablets in their practice, and that an app with

all Task Force guidelines would make them more likely to implement those guidelines regularly in practice.

4) *Conferences:* Participants suggested the Task Force explore new conferences to exhibit or present at (e.g., Pri-Med conference). Participants noted that lack of conference presence due to COVID-19 was a major barrier to Task Force awareness.

5) *Website Optimization:* Participants identified that navigating the Task Force website can be challenging and improvements could be made to improve usability of the Task Force website for providers (fewer clicks, PDF downloads). A few PCPs advocated for an easy website for patients to navigate, especially considering the shift toward online primary care caused by COVID-19.

6) *KT Tools:* Some participants suggested making hard copies of the Task Force KT tools available to order. Participants also suggested developing tools that are more interactive, as this engages both practitioners and patients better. Few participants also advocated for having KT tools available in additional languages.

7) *Email alerts/reminders:* Many participants suggested more email updates, not only for new guidelines but also for guideline reminders. Some participants suggested having updates for less popular guidelines to increase practitioner awareness. Participants highlighted that any email reminders or updates would need to be brief, clear, and user-friendly.

8) *Updates:* Many participants called for more frequent updates of older Task Force guidelines, particularly for topics that are popular (e.g. cancer screening, hypertension).

9) *Advertisement Campaign:* Participants suggested that advertising directly to physicians' offices and widely throughout the public would increase general awareness of the Task Force as an organization.

## 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. Significantly fewer PCPs completed the survey in French (n = 12) compared to English (n = 269), and only 3 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 six 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. Explore new avenues for KT tool dissemination

Due to the COVID-19 pandemic, it was not possible to attend in-person conferences in 2020; it is likely that this trend will continue in 2021. Traditionally, the Task Force's main avenue for KT tool distribution were via conferences: in 2019, Task Force distributed hard copies of 8,309 KT tools at three conferences, targeting primary care practitioners across Canada, as well as distributing 357 electronic tools via emails received at conferences, for a total of 8,666 tools distributed. The Task Force can consider alternative means of promoting and distributing KT tools during 2021. The Tool Dissemination Pilot, launching in 2021, is one new way that Task Force can disseminate its KT tools in the coming year. Additionally, Task Force can consider hosting webinars around the time of guideline release to promote tool dissemination. These webinars could be done using a question and answer format moderated by Working Group chairs and Task Force can look into getting these webinars CPD credited.

### 2. Develop and deliver e-learning events for general practitioners

Many participants indicated that they would be interested in attending webinars or learning events hosted by the Task Force. It was suggested that members of the Task Force could present information on new guidelines upon release – specifically presenting considerations around guideline implementation. Participants noted that in the past, many younger PCPs would get most of their CME credits from multi-day in-person conferences like FMF. Because in-person conferences have been cancelled due to COVID-19, many PCPs are looking for new ways to obtain CME credits. It was suggested that there could be a high degree of interest from PCPs if the Task Force were to provide CME credited webinar presentations or webinar presentation series. The Task Force could consider developing a speaker series (4 per year) focused on new guidelines, popular guideline updates, and shared decision making.

### 3. Continue to highlight alignment of Task Force guidelines with provincial and other organizations, and prioritize partnerships with professional organizations

In 2020, participants continued to mention that alignment of recommendations (particularly with provincial guidelines due to reporting requirements and provincial screening programs) 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. Continuing with Phase 2 of the Stakeholder Councils project will allow Task Force to continue to formally build and prioritize relationships with multiple organizations.

## 4. Enhance Task Force French presence

The Task Force engaged three French speaking participants in patient engagement activities, and 12 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. Recruiting French speaking participants to existing projects like TF-PAN and the CPL re-pilot will improve outreach to French populations.

## 5. 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 related to the scope of those projects and resource demands. The Task Force should reflect on the lessons learned from these previous attempts, and assess whether identified barriers can be overcome and existing facilitators can be leveraged in order to use mobile apps and EMRs to improve guideline uptake. 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). Additionally, Task Force can consider engaging stakeholders from the various Practice-Based Research Network (e.g. UTOPIAN), to enhance uptake.

## 6. Update older guidelines more frequently

Many PCPs called for more frequent updates of 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 and continue to use and integrate an equitable approach in topic selection and guideline development.

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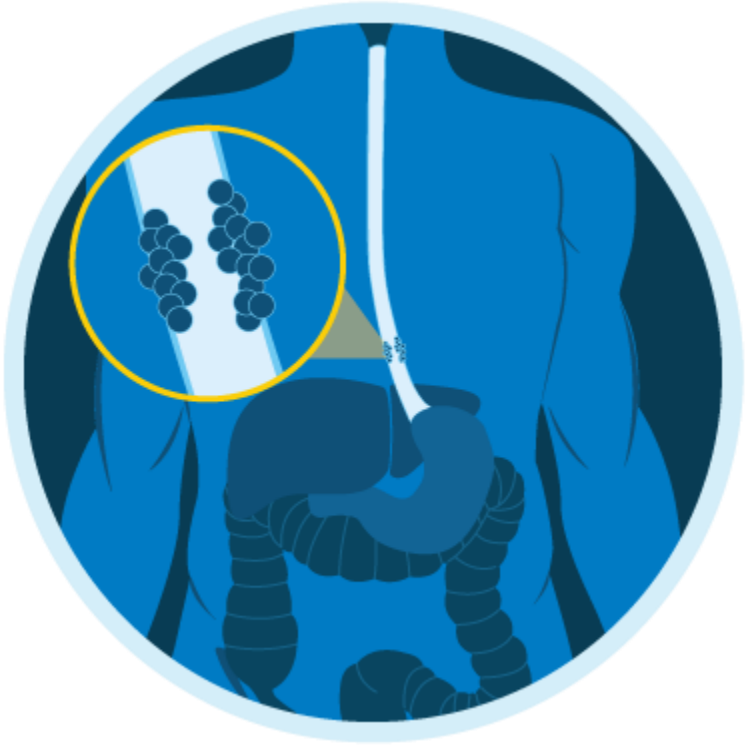
# 2020 Guideline Publications

Guideline publications

*Esophageal Adenocarcinoma*

# Pre-release: Stakeholder engagement

**Released July 2020**



- Engaged **73 stakeholders**
  - 17 generalist organizations
  - 24 disease-specific organizations
  - 2 clinical experts
  - 14 peer reviewers
  - 16 usability testing participants
- Hosted 2 guideline preview webinars on June 29th and July 2nd, 2020
  - Presented by Dr. Stéphane Groulx
  - Attendance: 5 stakeholders

## Endorsements and Statement of Support

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Nurse Practitioner Association of Canada

CANADIAN PARTNERSHIP AGAINST CANCER

PARTENARIAT CANADIEN CONTRE LE CANCER

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Guideline publications

*Esophageal Adenocarcinoma*

# Post-release: Dissemination & media

| Dissemination | Total |
|---|---|
| CMAJ journal subscribers (received guideline) | 64,363 |
| CMAJ guideline downloads | 22, 844 (EN)<br>852 (FR) |
| Task Force website English page visits | 2,484 |
| Task Force website French page visits | 286 |
| Podcast plays | 1,854 (EN)<br>1,629 (FR) |
| **Media** | |
| Media Mentions | 23 |
| Interview requests with Task Force members | 1 |
| Social Media engagement | 37 |
| Altmetric score | 60 |
| Citations | 2 |

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Note: Numbers are based on data from January 1, 2020 to December 31, 2020.
Media data are based on media reports from the Task Force communications team

# Guideline publications
## *Esophageal Adenocarcinoma*
## **Post – release: Dissemination & media**

Highlights:

- **CMAJ's July eTOC highlighted the EAC guideline**
  - sent to 64,363 CMA members, with a click through of 2,180
- **It was the 6th most read article in CMAJ for July 2020**

# Guideline Dissemination

Guideline dissemination

# Virtual Conferences & Engagement

- As the conferences were virtual, KT tools were not disseminated. Conference engagement is outlined below.

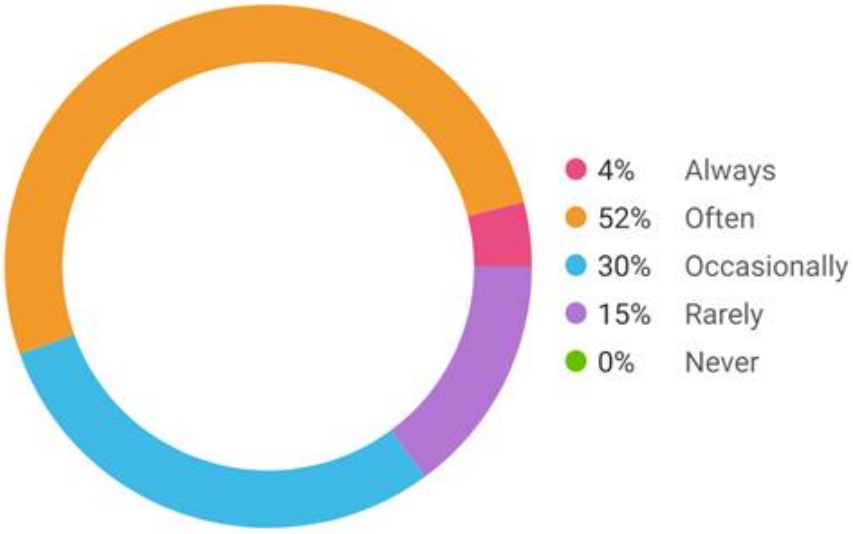
| Conference | Dates | Location | Delegates attended | Task Force booth attendees | Poll Interactions | 1:1 Interactions |
|---|---|---|---|---|---|---|
| Congrès annuel de médicine 2020 | Oct 29 – Oct 30, 2020 | Virtual | 810 | **44** | **-** | **-** |
| Family Medicine Forum (FMF) 2020 | Nov 4– Nov 7, 2020 | Virtual | 4000 | **447** | **82** | **9** |

Guideline dissemination

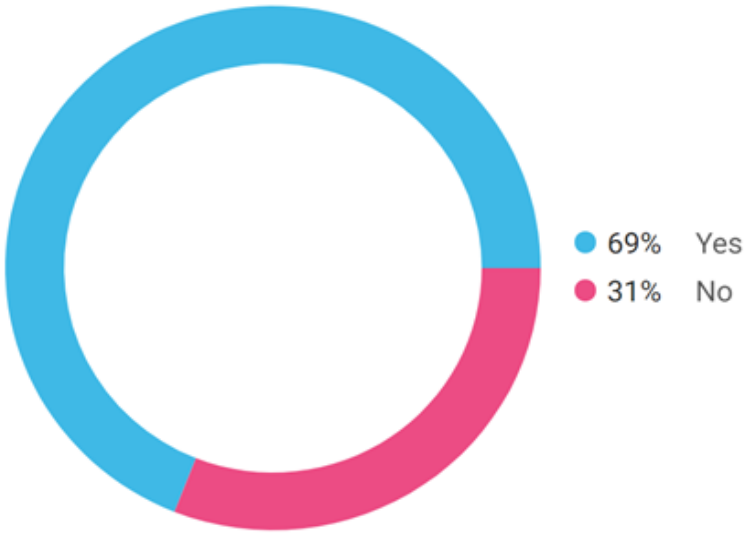
# Virtual Conferences & Engagement

Poll results from the Family Medicine Forum 2020 conference are below:

"How often do you use Task Force's guidelines and KT Tools in your clinical practice?" (n=26)




"Are you aware of Task Force's KT Tools (ie. FAQs, 1000 person diagrams)?" (n=33)

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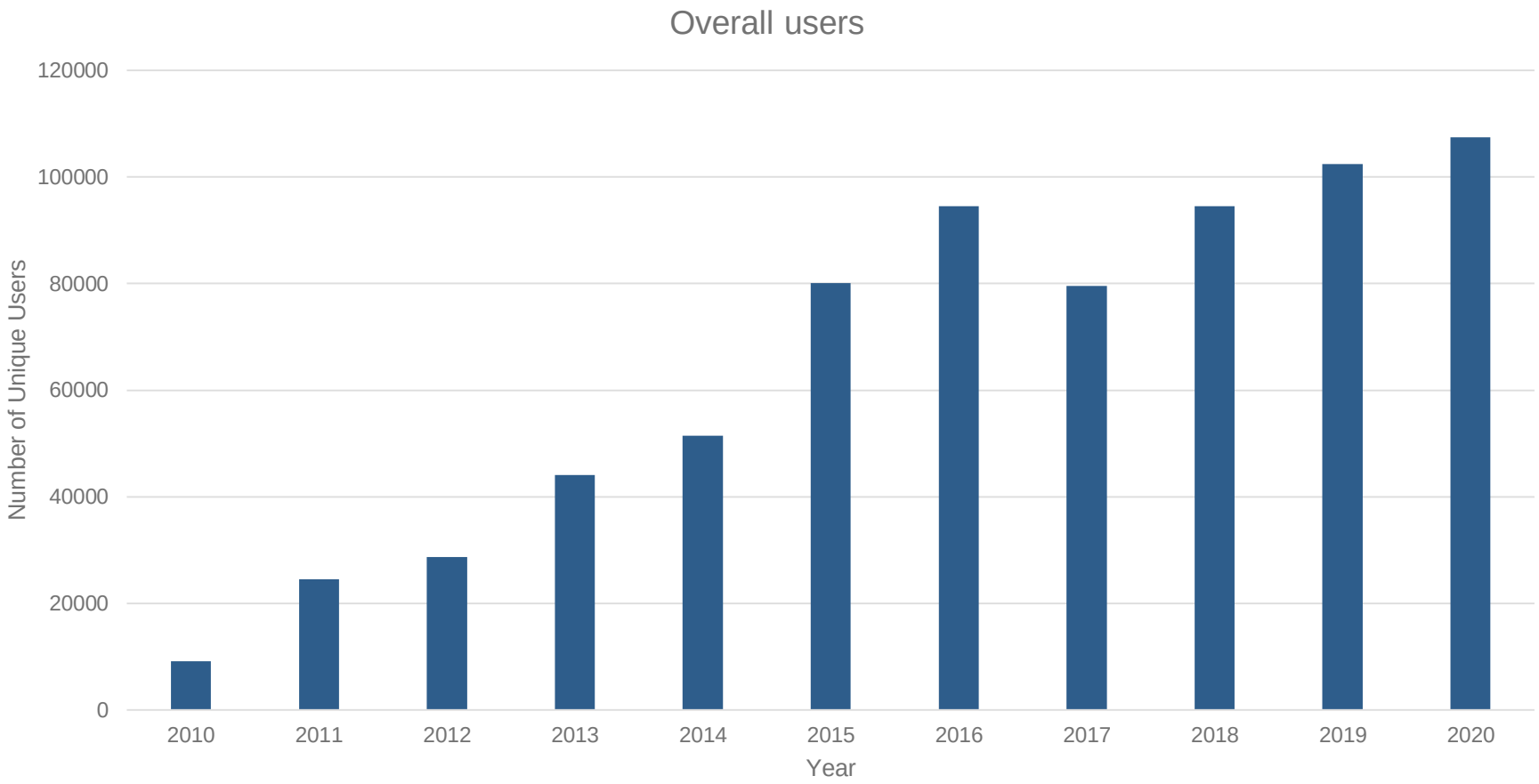
Guideline dissemination

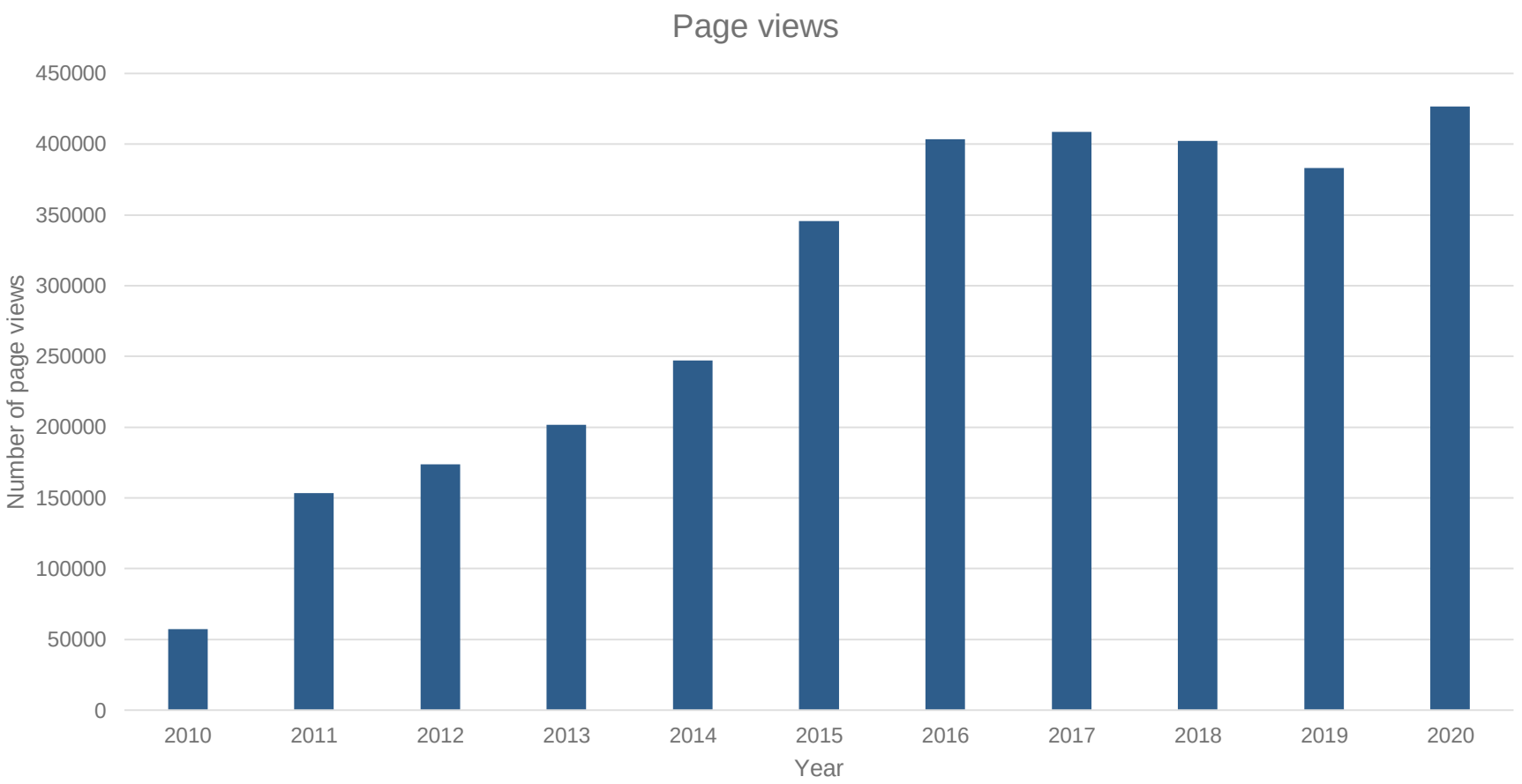
# Task Force website annual users




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




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

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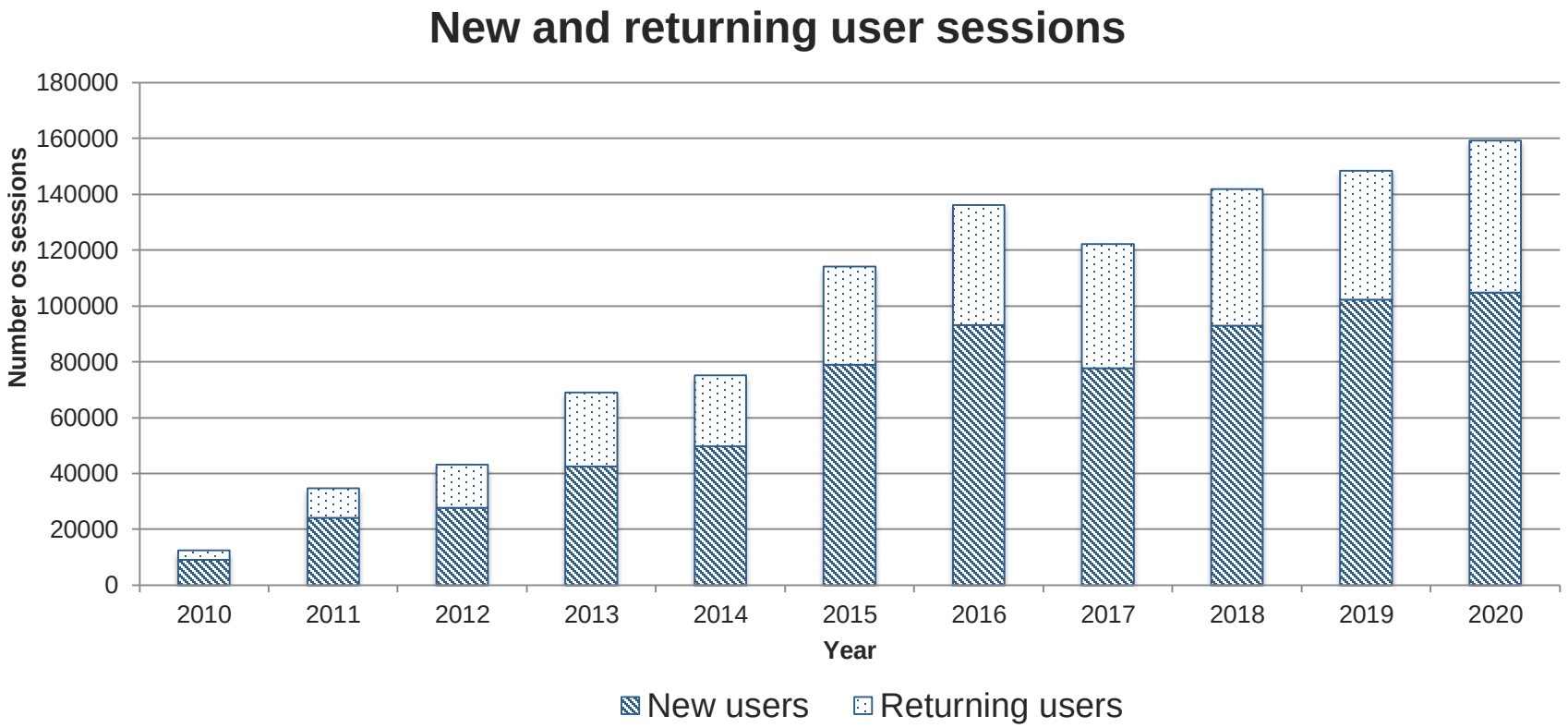
Guideline dissemination

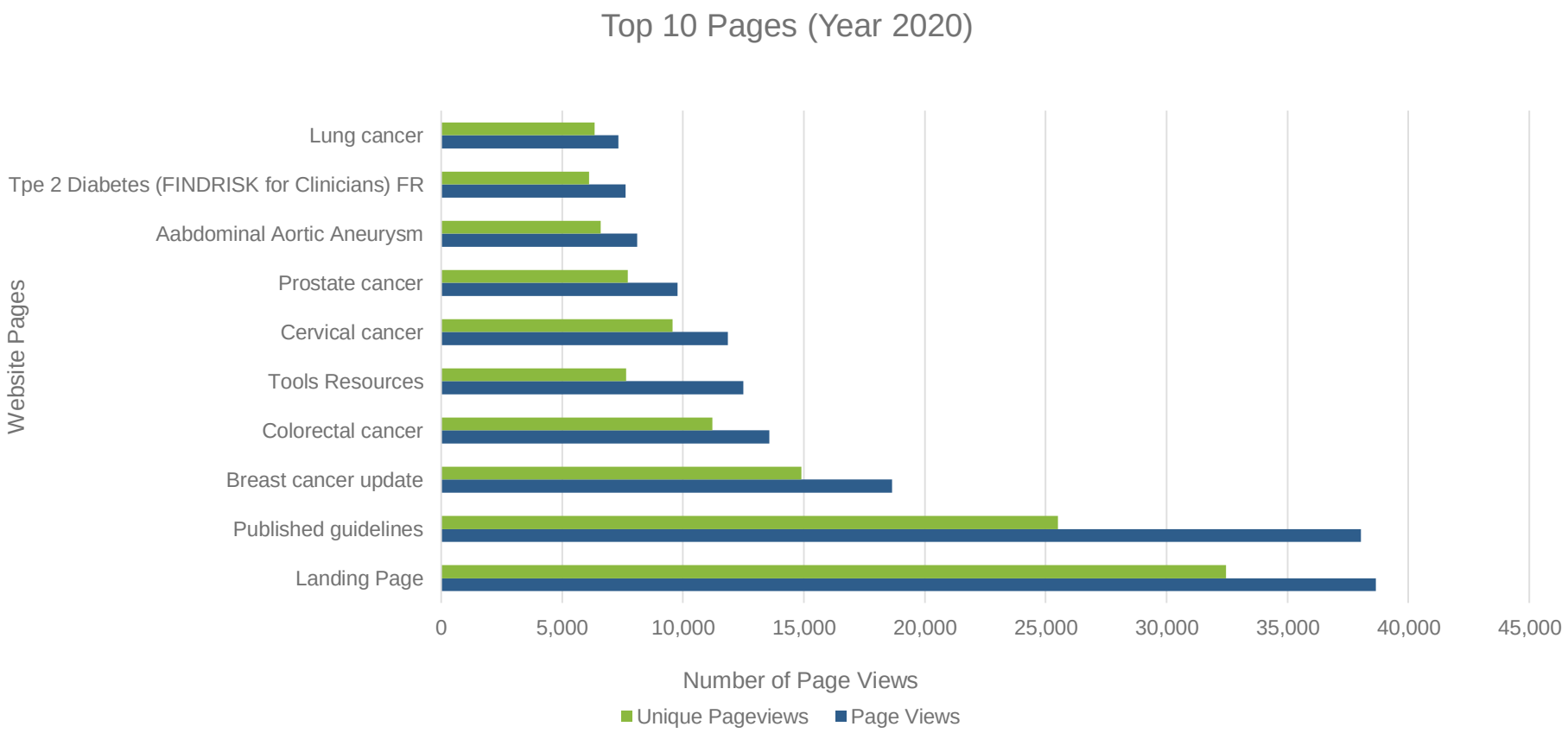
# Task Force website sessions by new and returning users




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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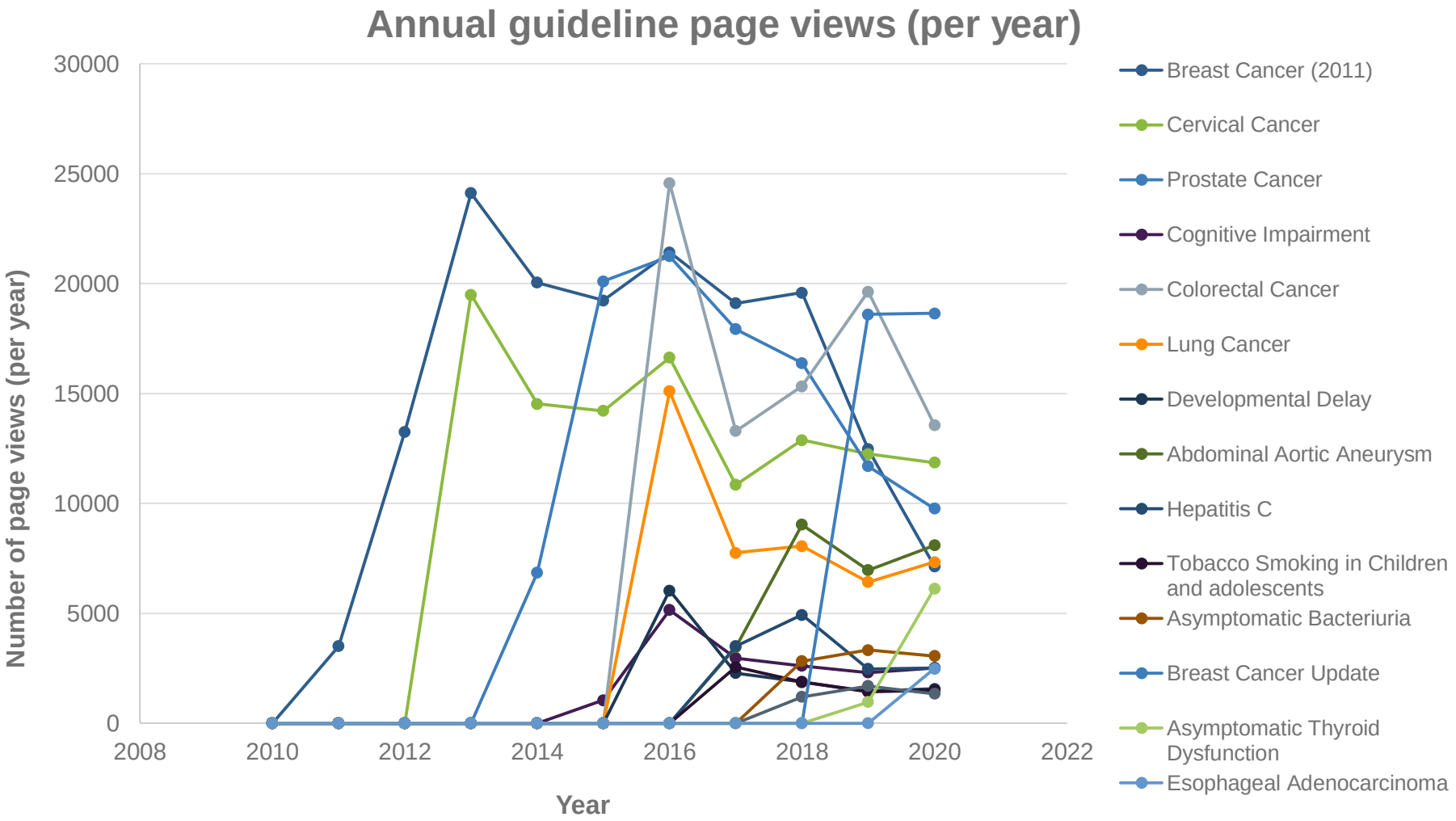
Guideline dissemination

# Annual guideline page views (Task Force English website)

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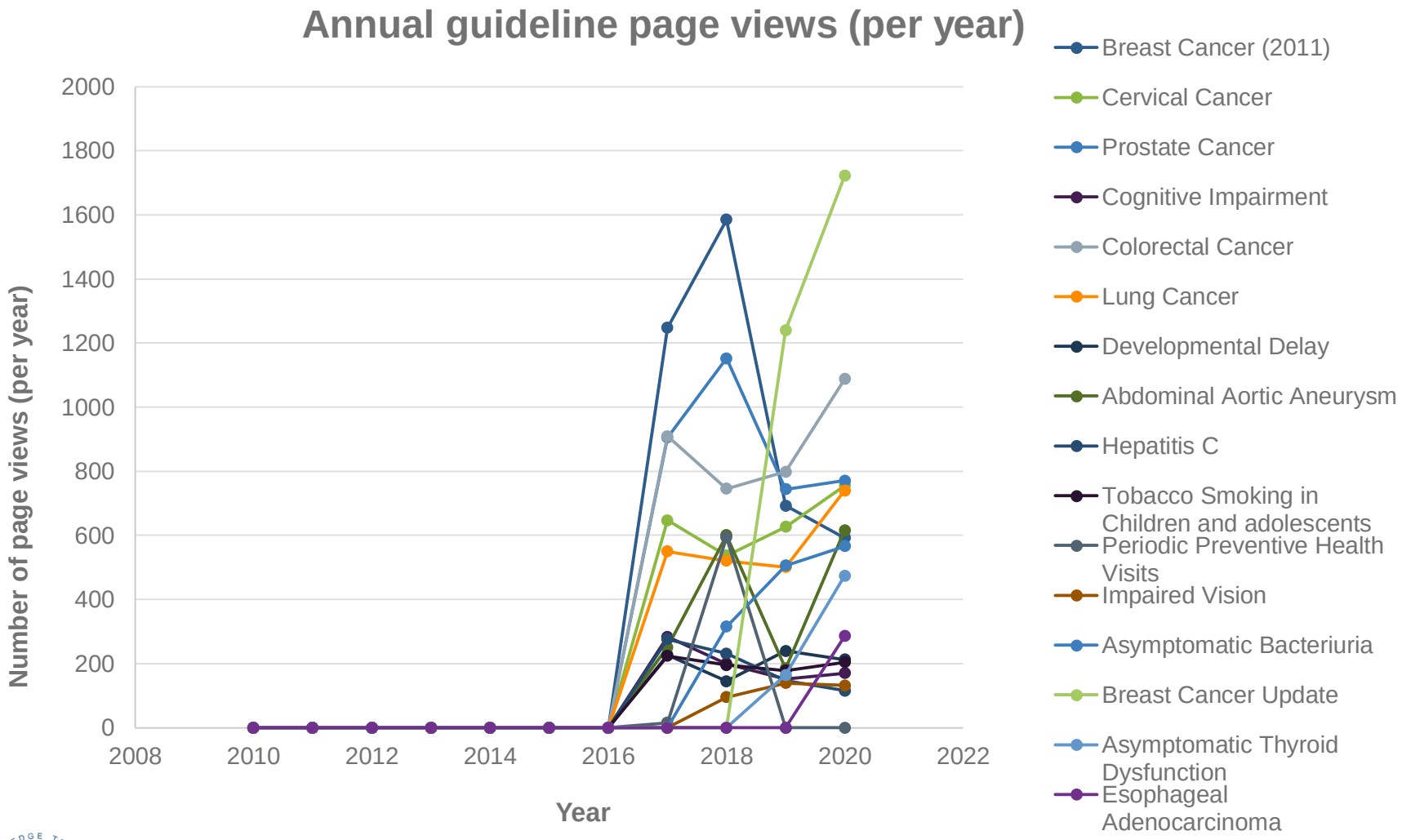
Note: The breast cancer guideline update webpage data was unavailable for the month of Dec.2018

Guideline dissemination

# Average guideline page views (Task Force French website)

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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

Guideline dissemination

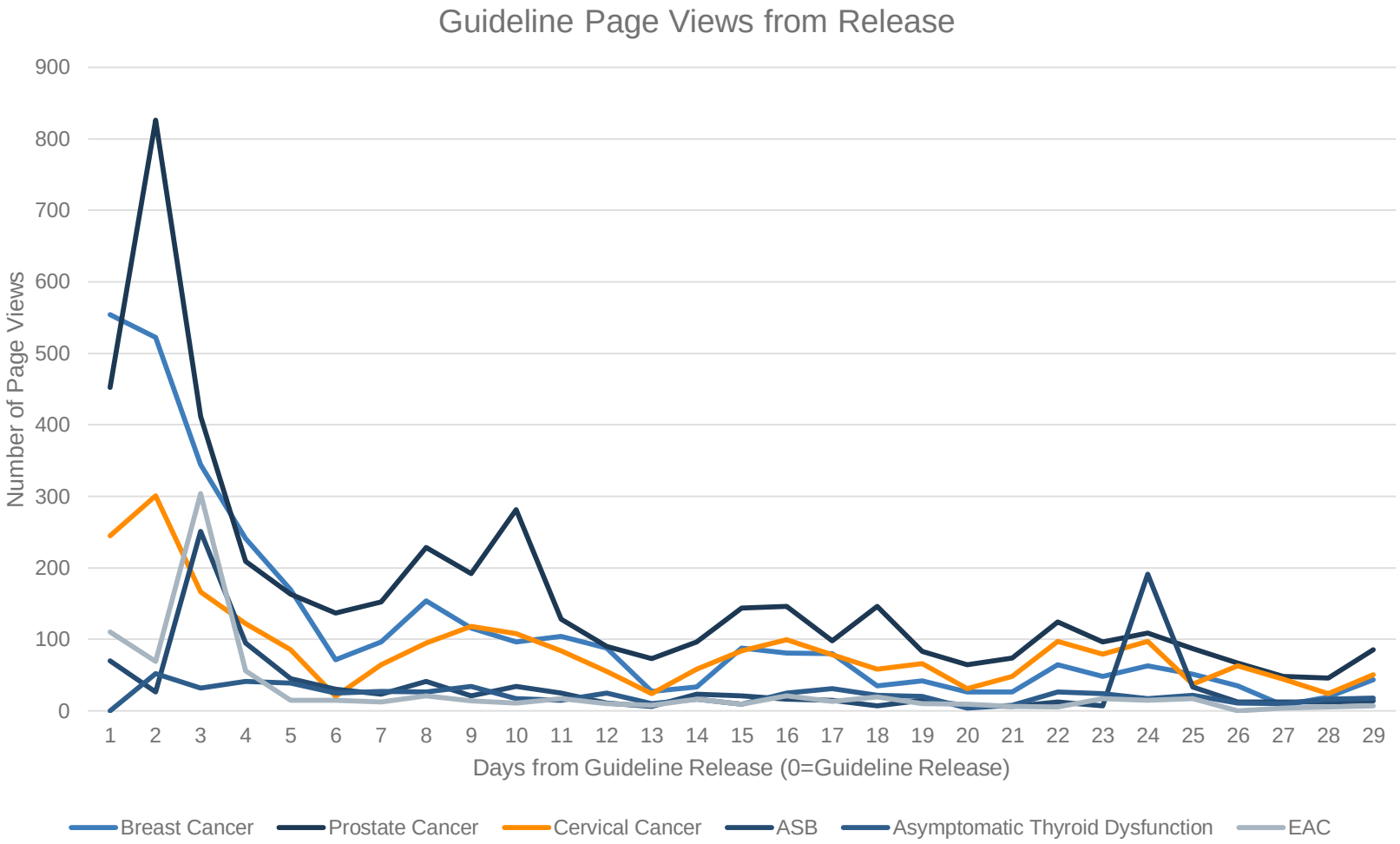
# Top 5 Task Force website user locations

| Top 5 cities | Sessions |
|---|---|
| Toronto | 10, 887 |
| Montreal | 8, 983 |
| Calgary | 4, 414 |
| Ottawa | 4,186 |
| Edmonton | 3, 139 |

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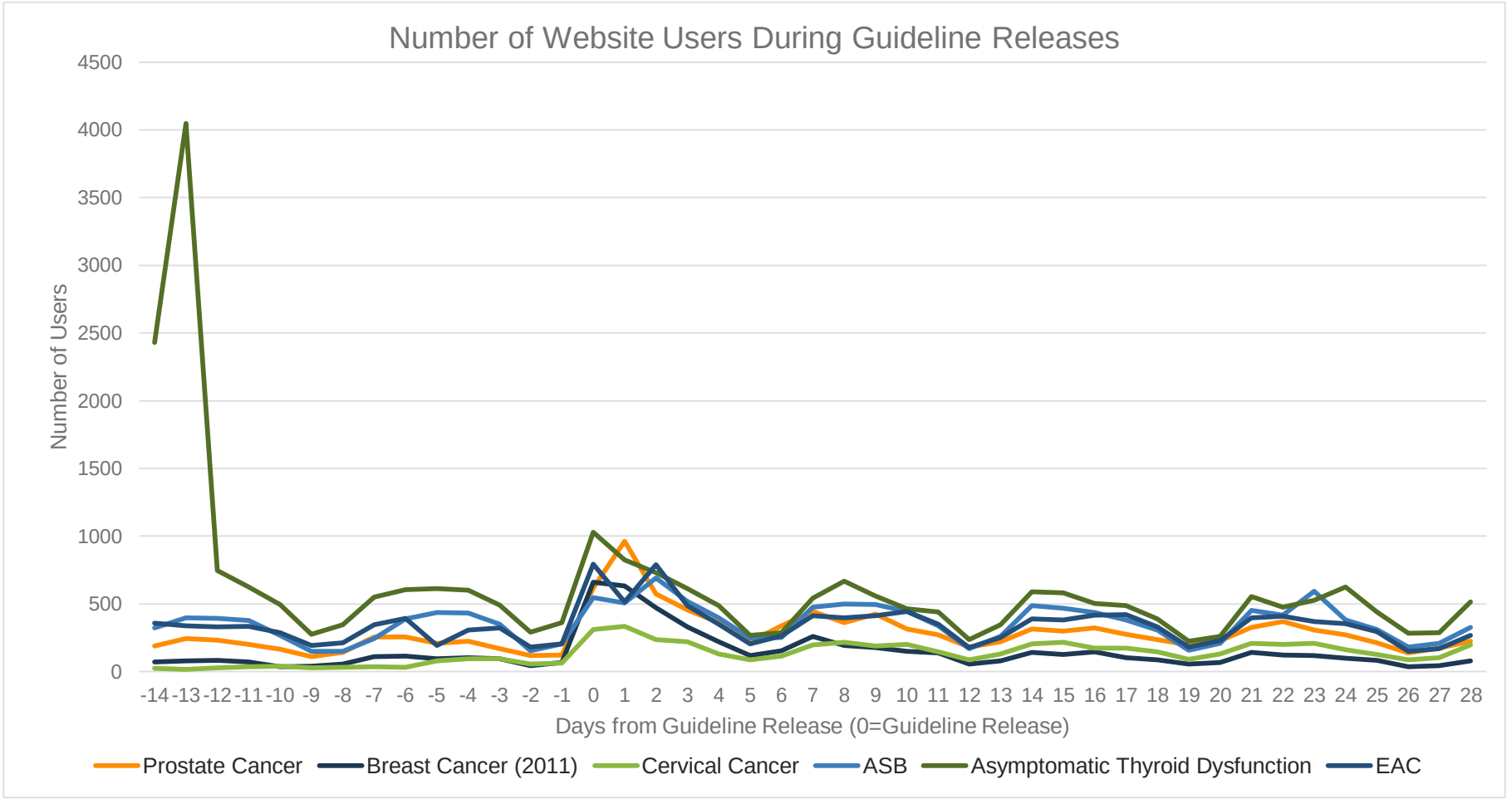
Note: The breast cancer guideline update webpage data is unavailable from December 2018 to March 2019, therefore the data from the Breast Cancer guideline released in 2011 is used in this graph

Guideline dissemination

# Task Force 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 2020: **50, 287** (71 % English; 29% French)

| Top 10 Most Viewed KT Tool Pages in 2020 | | | | |
|---|---|---|---|---|
| **Guideline** | **Tool** | **English** | **French** | **Total tool page views** |
| Diabetes, Type 2 | Clinician FINDRISK | 1418 | 7637 | **9055** |
| | CANRISK | 2494 | 672 | **3166** |
| Prostate Cancer | Harms & Benefits | 4109 | 386 | **4495** |
| | Clinician FAQ | 1770 | 330 | **2100** |
| Hypertension | Clinician Algorithm | 2064 | 2063 | **4126** |
| Breast Cancer (2018) | 1000-person | 1897 | 339 | **2236** |
| Colorectal Cancer | Clinician Recommendation Table | 1957 | 256 | **2213** |
| Cervical Cancer | Clinician Algorithm | 1951 | 255 | **2206** |
| | Patient Algorithm | 1666 | 100 | **1766** |
| Abdominal Aortic Aneurysm | Clinician Recommendation Table | 1226 | 141 | **1367** |

# Guideline dissemination
## **2020 YouTube Video Views**

| Top 10 Most Viewed Videos (2020) | # YouTube Views 2020 | 2019 Views |
|---|---|---|
| Cancer Screening | **621** | 482 |
| Lung Cancer - Overview, risk factors & screening (Part 1 of 3) (2018) | **222** | 458 |
| Prostate Cancer—Video for Physicians (2014) | **213** | 259 |
| Breast Cancer—Screening Guideline Video (2011) | **211** | 325 |
| Cancer du poumon - Vue d'ensemble, facteurs de risque et dépistage – (Vidéo 1) (2018) | **134** | 283 |
| Dépistage du cancer | **63** | 84 |
| Cancer de la prostate—Vidéo pour les médecins | **32** | 74 |
| Lung Cancer - Should I be Screened? (Part 2 of 3) (2018) | **22** | 55 |
| Cancer du poumon - Inconvénients et avantages - Vidéo 3 | **15** | 59 |
| Lung Cancer - Harms & Benefits - (Part 3 of 3) (2018) | **13** | 46 |

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 2020 | 15,188 |
| *New users* | 65.3% |
| *Returning users* | 34.7% |
| Total sessions 2020 | 23,251 |

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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 2020 account | | |
|---|---|---|
| Total impressions | 22,684 | 82% email<br>18% feed |
| Total views | 262 | 80% abstract views<br>20% paper views |
| Total shares | 3 | 100% email<br>0% Twitter<br>0% Facebook |
| Professions | Physician | 52.3% |
| | Resident | 7.6% |
| | Nurse Practitioner | 6.1% |

Guideline dissemination

# CMAJ –Task Force guideline downloads and podcast plays

| Guideline topics | 2020 CMAJ downloads | Citations (Scopus) | Podcast Plays |
|---|---|---|---|
| Breast cancer (2018) | 27, 462 | 43 | 362 (ENG); 340 (FR) |
| **Esophageal Adenocarcinoma*** | **22, 844** | **2** | **1854 (ENG); 1629 (FR)** |
| Colorectal cancer | 19, 514 | 96 | 190 |
| Thyroid Dysfunction | 16, 802 | 6 | 1,174 (ENG); 988 (FR) |
| Prostate Cancer | 12, 522 | 97 | - |
| Adult Obesity | 15, 166 | 81 | 159 |
| Cervical Cancer | 14, 022 | 112 | - |
| Asymptomatic Bacteriuria | 11, 240 | 3 | 256 |
| Hepatitis C | 13, 082 | 22 | 184 |
| Lung cancer | 12, 752 | 60 | 202 |
| Abdominal Aortic Aneurysm | 8, 978 | 11 | 218 |
| Child Obesity | 13, 888 | 49 | 135 |
| Cognitive impairment | 13, 672 | 26 | 174 |
| Adult Depression | 8, 552 | 111 | - |
| Developmental delay | 11, 750 | 28 | 145 |
| Type 2 Diabetes | 6, 932 | 76 | - |
| Tobacco in children | 6, 732 | 3 | 128 |
| Impaired Vision | 4, 982 | 2 | 195 |

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**Esophageal Adenocarcinoma guideline was released in July 2020, therefore the total downloads represents only five months of downloads*

Guideline dissemination

# CMAJ –French Translation Views

| French Guideline Translation | 2020 Views on CMAJ |
|---|---|
| Breast Cancer update | 516 |
| Asymptomatic Thyroid Dysfunction | 1260 |
| Impaired Vision | 32 |
| Asymptomatic Bacteriuria | 315 |
| Abdominal Aortic Aneurysm | 200 |
| Hepatitis C | - |
| Colorectal Cancer | - |
| Lung Cancer | 161 |
| Developmental Delay | 44 |
| Tobacco Smoking in Children | - |

Dissemination

# ECRI: 2020 Scorecard and Brief Page Views

| Guideline | Score (/60) | Total Hits 2020 |
|---|---|---|
| Esophageal Adenocarcinoma* | 60 | 6 |
| Thyroid Dysfunction | 59 | 151 |
| Breast Cancer (2018) | 58 | 143 |
| Impaired Vision | 59 | 45 |
| Asymptomatic Bacteriuria | 59 | 52 |
| Abdominal Aortic Aneurysm | 59 | 23 |
| Hepatitis C | 59 | 64 |
| Tobacco in Children and Youth | 59 | 132 |
| Developmental Delay | 58 | 40 |
| Lung Cancer | 60 | 67 |
| Colorectal Cancer | 59 | 40 |
| Cognitive Impairment | 58 | 55 |

**Esophageal Adenocarcinoma guideline was released in July 2020, therefore the total downloads represents only six months of downloads*

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Dissemination

# Prevention Plus: 2020 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

| 2020 Quarter | # of registrants | Number of Logins | Number of Page clicks | Total Website Searches | Article Accesses | Clicks on External links |
|---|---|---|---|---|---|---|
| Q1 | 55 | 93 | 1433 | 0 | 398 | 981 |
| Q2 | 57 | 75 | 1679 | 3 | 364 | 2099 |
| Q3 | 59 | 75 | 1904 | 0 | 420 | 2190 |
| Q4 | 63 | 95 | 1733 | 14 | 369 | 2524 |

# Dissemination

Dissemination

# Publications: Guidelines

| Publication | Dates | Source | Type |
|---|---|---|---|
| Guideline on screening for esophageal adenocarcinoma in patients with chronic gastroesophageal reflux disease | July 2020 | *CMAJ* | Peer Reviewed |
| Ligne directrice sur le dépistage de l'adénocarcinome œsophagien chez les patients atteints de reflux gastro-œsophagien chronique | July 2020 | *CMAJ* | Peer Reviewed |

Dissemination

# Publications: Systematic Reviews

| Publication | Dates | Source | Accesses |
|---|---|---|---|
| Screening for esophageal adenocarcinoma and precancerous conditions (dysplasia and Barrett's esophagus) in patients with chronic gastroesophageal reflux disease with or without other risk factors: two systematic reviews and one overview of reviews to inform a guideline of the Canadian Task Force on Preventive Health Care (CTFPHC) | January 29 | *Systematic Reviews (Task Force Thematic Series)* | *2659* |

Dissemination

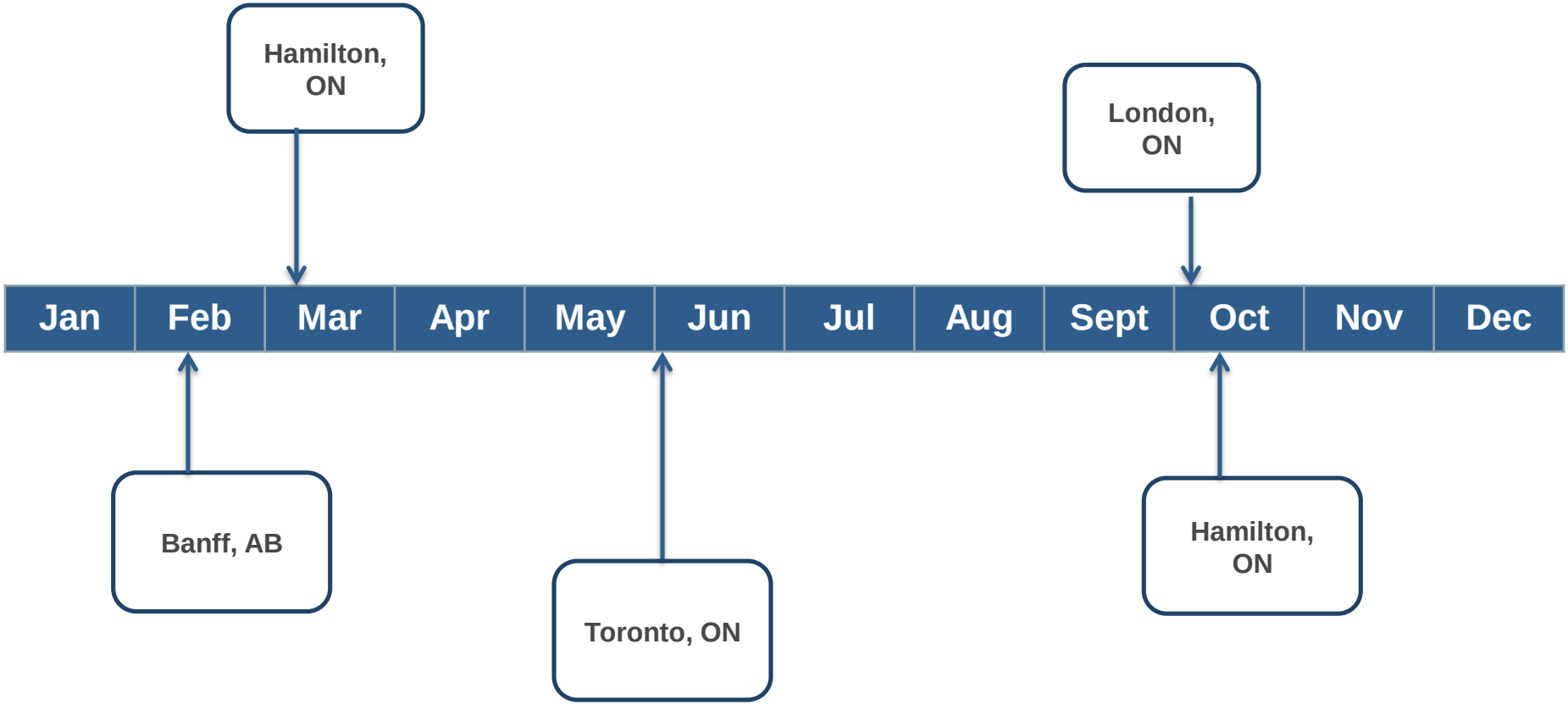
## Publications: “Prevention in Practice” article series

- CFP print subscribers as of January 2021:
  - Canadian: 33891
  - United States: 617
  - Foreign: 515

| Article topics | Published | Total online views | PDF downloads |
|---|---|---|---|
| To share or not to share | May 2020 | 2086 | 364 |
| Rethinking screening during and after COVID-19 | August 2020 | 1908 | 386 |
| Preventive health care and the media | November 2020 | 1389 | 220 |

Dissemination

# Presentations by Task Force members: Timeline

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Dissemination

## 2020 Conference Presentations by Task Force members:

| Month | Title | Location | Presenters |
|---|---|---|---|
| March | Recommendations on screening adults for asymptomatic thyroid dysfunction in primary care | Family Medicine Summit, Banff, Alberta | Ainsley Moore, John Riva |
| June | Re-opening, Warily: Re-Thinking Clinical Practice in a Time of Physical Distancing | Virtual (Toronto, ON) | Roland Grad |

Dissemination

# 2020 Invited Speaker Presentations by Task Force members:

| Date | Title | Location | Presenters |
|---|---|---|---|
| February | Task Force Round Up: Prevention screening for breast cancer, lung cancer, thyroid dysfunction | McMaster University (Hamilton, ON) | Ainsley Moore |
| October | Rethinking clinical practice during and after COVID-19: Should things ever be the same again? | Western University, (London, ON) | Roland Grad |
| October | Shared decision making in preventive health care; What it is; What it is not | McMaster University, (Hamilton, ON) | Roland Grad |

Dissemination

# Media: 2020 Highlights

- The EAC guideline news release was distributed through *CMAJ* channels and Eurekalert
  - EAC generated at least **17 items** in the media

- Twitter followers increased to 808 (from 614 in 2019) by end of December 2020

- This year, Task Force had several successful posts related to awareness days including Indigenous History Month and International Women's Day including:
  - Dr Brenda Miller, 101-year old physician and professor
  - Kahkewaquonaby, the first First Nations physician in Canada



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Dissemination

# Media: Mentions by Topic

- **143 media mentions** in 2020

| Topic | Number of media mentions* |
|---|---|
| Esophageal adenocarcinoma screening | 23 |
| Unspecified cancer screening | 20 |
| Breast cancer guideline 2018 update | 9 |
| Cervical cancer screening | 7 |
| Abdominal Aortic Aneurysm screening | 6 |
| Shared decision making, patient engagement topics | 6 |
| Prostate cancer screening | 2 |
| Hepatitis C screening | 2 |
| Guideline methodology, bias in guidelines and other topics | 68 |
| **Total coverage** | **143** |

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

Dissemination

# Task Force Newsletter

- ~20% increase in Newsletter subscribers

| 2020 Task Force Newsletter | | | | | |
|---|---|---|---|---|---|
| **Issue** | **Date** | **Total recipients** | **Opened** | **Total Clicks** | **Top Link Clicked** |
| 24 | June | 3348 | 48% | 321 | EAC Upcoming guideline |
| 25 | September | 3693 | 32.4% | 846 | Call For New Members |
| 26 | December | 3952 | 32.3% | 1432 | Testing Wisely Tool |

Dissemination

# Task Force Social Media: Twitter

- **Followers increased** on Twitter (614 followers in 2019)

| Task Force Twitter | 2020 |
|---|---|
| Total followers | 808 |
| Tweet Impressions | 193,112 |
| Retweets | 1164 |
| Likes | 633 |
| Mentions | 165 |
| Profile visits | 1372 |
| Link clicks | 310 |

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Dissemination

# Task Force Social Media: LinkedIn and Facebook

- Task Force LinkedIn and Facebook pages were created in 2019

| Task Force Account | Followers* |
|---|---|
| LinkedIn | 61 |
| Facebook | 259 |

*Follower number are as of report submission date

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# Implementation

# CPL Network Final Evaluation – Preliminary Results

**Participant Retention:**

- Pilot began with **13 CPLs**
- Pilot concluded with **7 CPLs**

**Participation:**

- Based on activity logs collected from CPL members over the course of the program, participants attended on average:
  - **67%** of the program's webinars
  - **65%** of the program's recommended reading and activities

# CPL Network Final Evaluation – Process Evaluation Results

| Participant Feedback | Recommendations for Improvements |
|---|---|
| • Informative guideline content<br>• Would like more information on implementation (i.e., barriers & strategies)<br>• Enjoyed in depth discussions about guideline<br>• Would like more time and opportunities with content experts and CPL's | • Allot more time during webinar to discuss implementation<br>• Consider shorter 10-15 minute presentations<br>• Provide more time for communication with content experts and other CPL members |

# CPL Network Final Evaluation – Process Evaluation Results

| Participant Feedback | Recommendations for Improvements |
| --- | --- |
| • Preferred activities on newer guideline topics about practice change | • Present on newer guideline topics<br>  • Especially difficult ones<br>  • This will increase engagement/interest |
| • Wanted more opportunities to connect with Task Force members, other CPLs, and content experts | • Foster conversation between CPL's more frequently |

# CPL Network Final Evaluation – Process Evaluation Results

| Participant Feedback | Recommendations for Improvements |
|---|---|
| • KT tools were helpful to facilitate discussions on topics like shared decision making<br>• Outreach activities varied from formal presentations to informal conversations<br>• Participants were mostly driven by personal/professional interest instead of Main-pro credits | • Provide ample hard copy KT tools<br>• Work with each member to help best conduct outreach activities for their environment<br>• Consider not using Main-pro anymore |

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 |

# CPL Network Final Evaluation – Outcome Results

## Learning:

| Measure | Median Score at Baseline (n=13) | Median Score at Completion (n=7) |
|---|---|---|
| Knowledge of TF guideline development process | 3.0 | **5.0** |
| Knowledge of GRADE methodology | 4.0 | **4.0** |
| Knowledge of guideline critical appraisal methodology | 4.0 | **4.0** |
| Knowledge of KT science | 3.0 | **4.0** |

| Measure | Average at baseline (n=13) | Average at completion (n=7) |
|---|---|---|
| Awareness of TF Guidelines | 56% | **76%** |
| Awareness of TF KT tools | 23% | **58%** |

# CPL Network Final Evaluation – Outcome Results

**Behaviour:**

| Measure | Average at baseline (n=13) | Average at completion (n=7) |
|---|---|---|
| Practice aligned with TF guidelines | 47% | **63%** |
| Confidence in applying TF guidelines in practice | 51% | **65%** |
| Using KT tools in practice | 14% | **38%** |
| Confidence discussing TF guidelines with colleagues | 41% | **50%** |
| Confidence discussing TF guidelines with patients | 51% | **61%** |
| Leading educational outreach | 69% | **71%** |

# Integrated Knowledge Translation

# TF-PAN – Background

- The **Task Force Public Advisors Network (TF-PAN)** is an initiative to encourage early and meaningful engagement of members of the public with the Task Force by seeking their input throughout the development and dissemination of Task Force guidelines

- This approach is a departure from the Task Force's traditional patient preferences model

- In 2020, the KT team developed the TF-PAN for use in guideline development going forward

# TF-PAN – Membership

- Core TF-PAN group (n=20)
  - Trained, participate in community juries
- Expanded TF-PAN group (n >75)
  - Will not be trained, interested in participating in TF KT projects

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# TF-PAN – Activities

At minimum, we will look to engage members in three ways:

1. Participate in welcome orientation session
2. Participate in the training sessions
3. Participate in at least two Community Jury sessions per year

- Members may optionally participate in other activities, such as:
  - Dissemination activities: providing input on media materials, identifying channels and networks for dissemination, or sharing materials through their own channels and networks etc.

Integrated knowledge translation

## Usability testing

- Usability testing was completed for 2 KT tools (2 guideline tools):

| Guideline | Tool | Clinician participants | Patient participants |
|---|---|---|---|
| Chlamydia & Gonorrhea | Clinician FAQ & Patient FAQ | 8 | 7 |

# 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 2020 environmental scans from the Canadian Partnership Against Cancer on breast, cervical, and prostate cancer screening in Canada. Available on cancerview.ca.;

# Overview of the Stakeholder Council Project

**Objective:** To serve as a means to engage and inform key stakeholder organizations and individuals throughout the development and dissemination of guidelines and seek their input as appropriate.

# Overview of the Stakeholder Council Project

- **Phase 1:** needs assessment with TF members to identify key stakeholder organizations/groups and key informants [Complete]
- **Phase 2:** interviews with key informants from these organizations/groups.
- **Phase 3:** develop a protocol outlining specific methods for establishing the Stakeholder Council.

# Phase 1 Needs Assessment

KTP asked TF members and fellows about:

- Organizations/groups to invite to the Stakeholder Council
- Key informants to contact within these organizations/groups for Phase 2 interviews
- Benefits and potential challenges to engaging these organizations/groups
- How the Council should be configured
- How guidelines/updates should be disseminated to the Council
- How input/updates from the Council should be elicited
- General strategies to foster relationships and ongoing engagement between the Task Force and Stakeholder Council members

# Phase 1 Needs Assessment Findings

- 10 Task Force members and 4 fellows were interviewed
- Members and fellows represented 6 fields of practice/study and 5 provinces
- Greatest representation came from the field of Family Medicine (64%, n=9) and the province of Ontario (36%, n=5)

# Phase 1 Needs Assessment Findings

- 61 organizations/groups were suggested
- Suggested both as *specific* organizations/groups (e.g., CFPC) (n=35) and as more *general types* of organizations/groups (e.g., rural-based professional practitioner organizations/groups) (n=26)
- These 61 were organized into 6 categories
  - Professional practice
  - Advocacy
  - Educational, academic, research and conference
  - Government, funder, payer, and policy leader
  - Disease-specific
  - Media

Research Projects

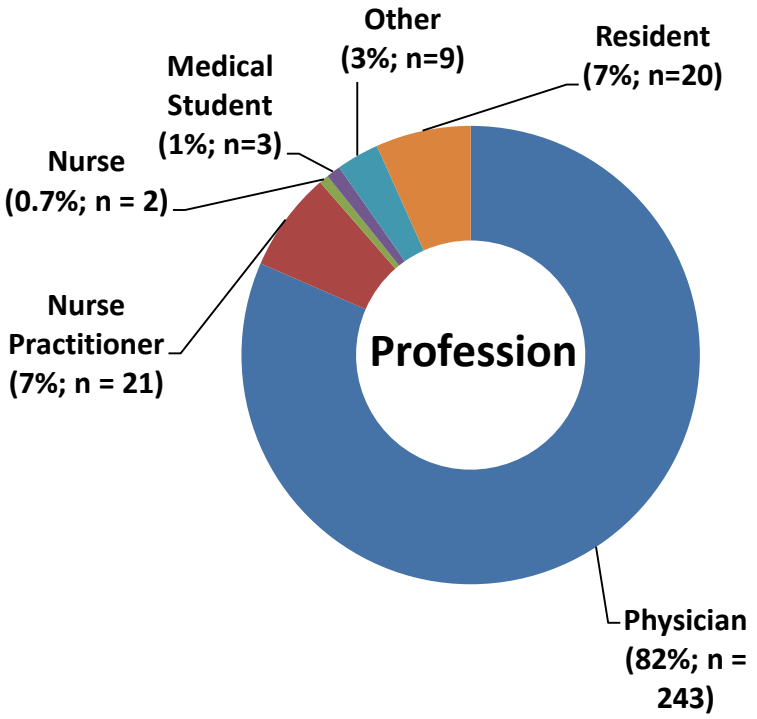
# Presenting GRADE guideline recommendation statements

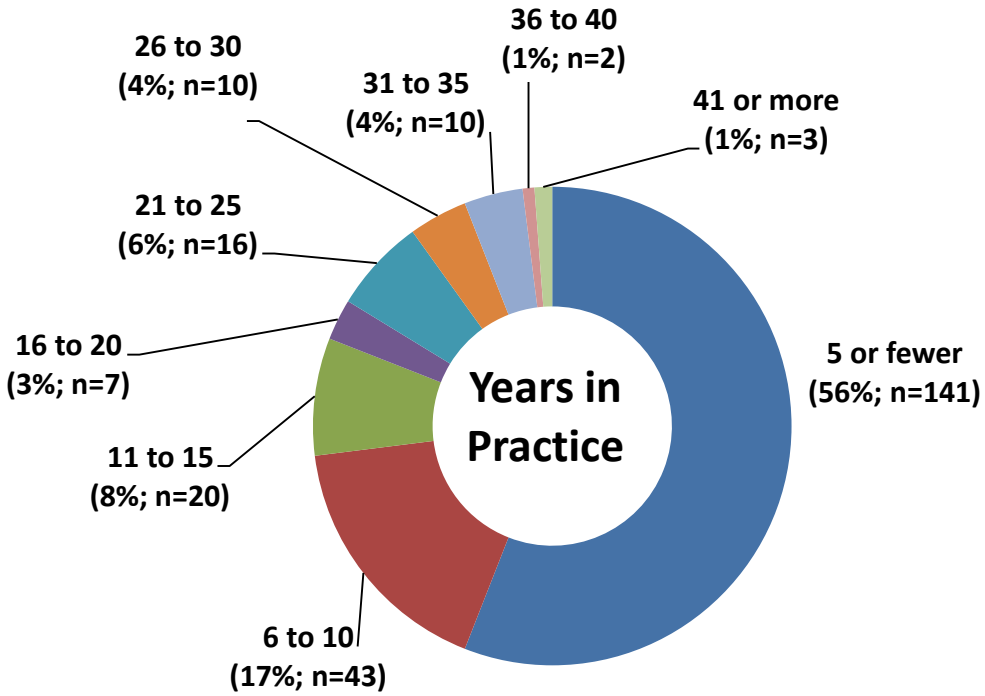
| 2020 Annual Evaluation Survey Results | |
|---|---|
| **Question (n = 270)** | **% Aware of recent language change** |
| Are you aware of the Task Force's recent language change from 'weak' to 'conditional' recommendations? | **20%** (*n* = 53) |

| Question (n = 270) | % 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? | **33%** (*n* = 89) | **23%** (*n* = 62) | **44%** (*n* = 119) |

# Survey


# Survey
## Participant demographics (n=295)

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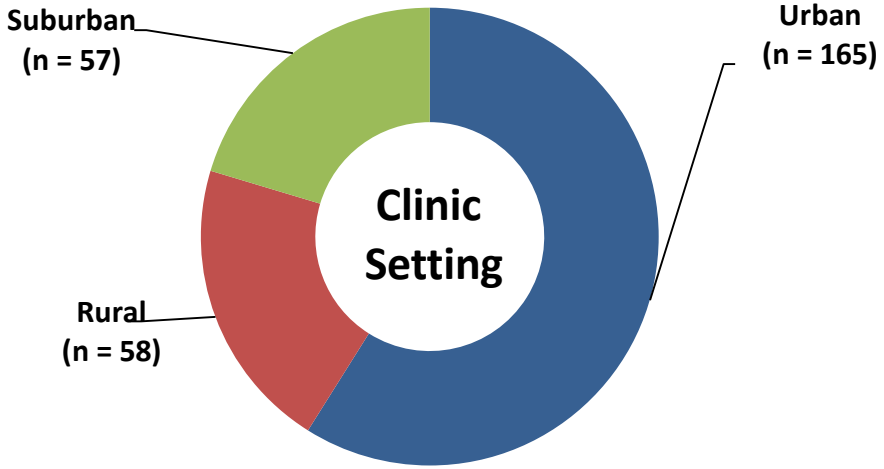
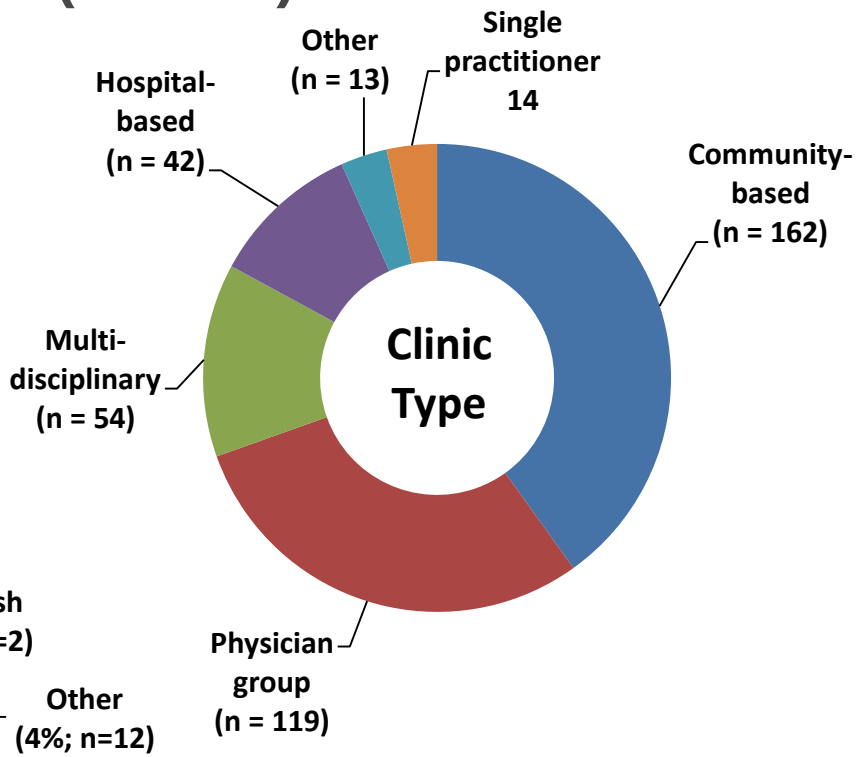
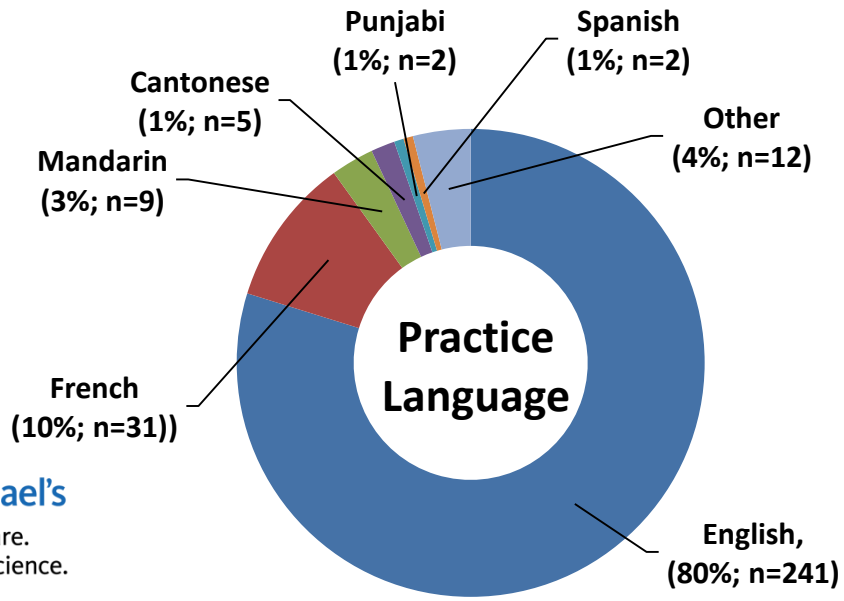
Survey

# Participant demographics (*n* = 295)



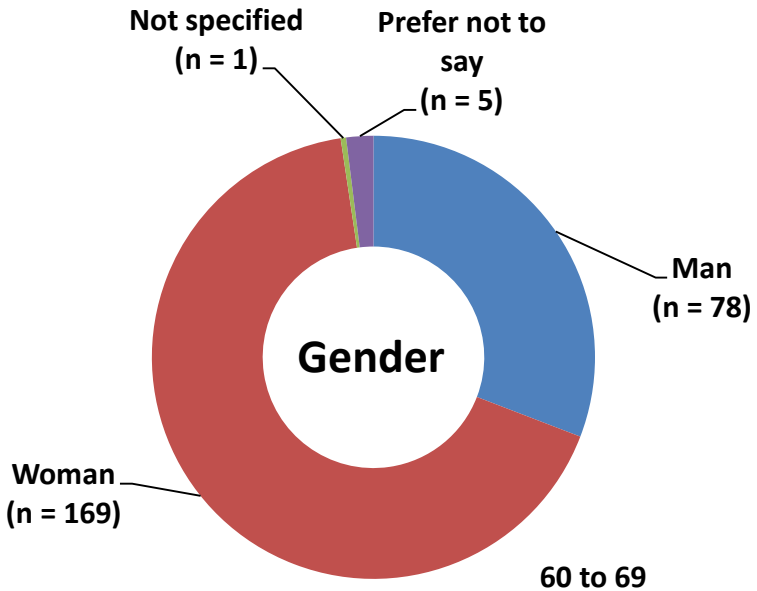



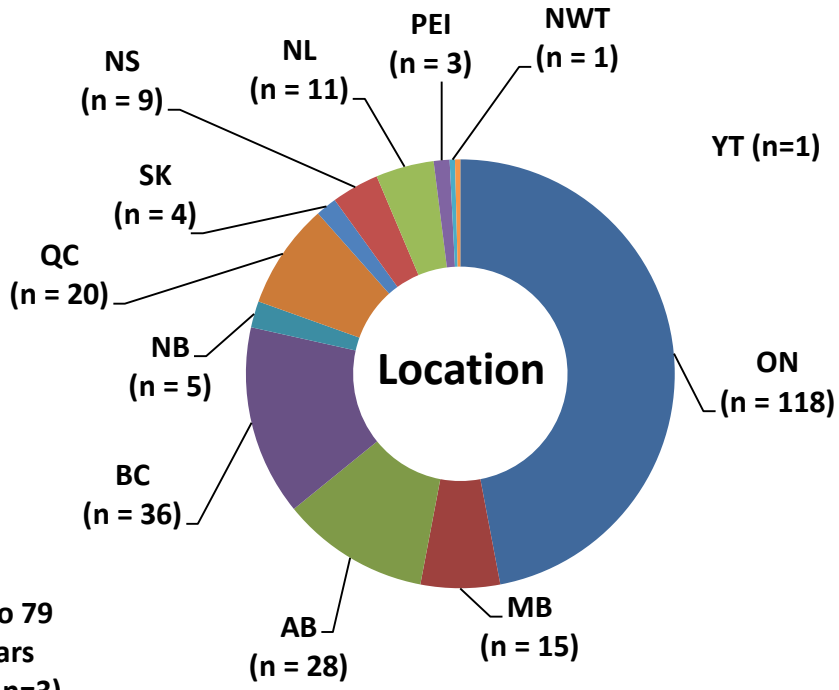



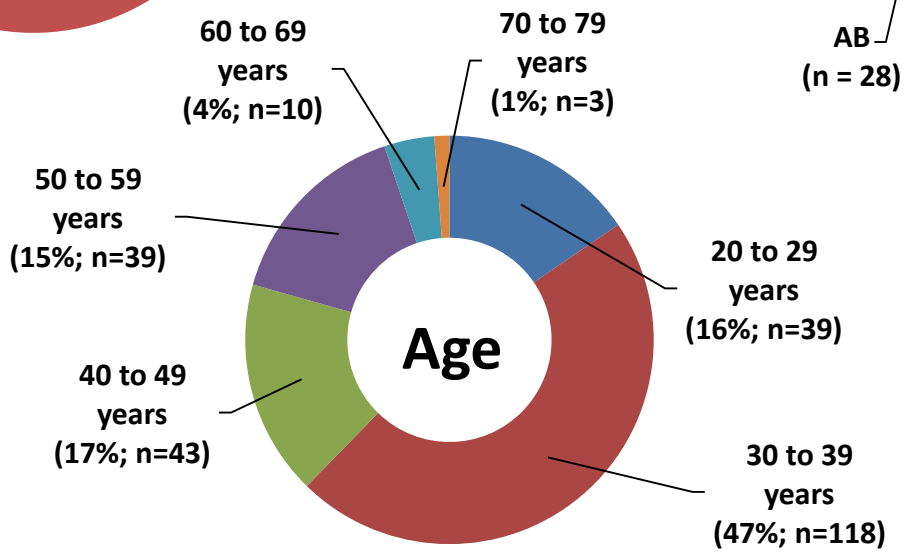

Note: Numbers may not add up to 295 within a category because some PCPs provided demographic characteristics for multiple or none of the clinics in which they work.

Survey

# Participant demographics (*n* = 295)

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Survey

# Screening for esophageal adenocarcinoma

2020

- Awareness and use of Task Force guideline

| Esophageal Adenocarcinoma guideline | 2020 Responses |
|---|---|
| % of respondents **aware** of Task Force guideline | **27%** (n = 271) |
| % who primarily **use Task Force guideline** (over other guidelines or no guidelines) | **37%** (n = 268) |
| **Satisfaction** with guideline (out of 7) | **6 ± 1.0** (n = 71) |

Survey

# Screening for esophageal adenocarcinoma

2020

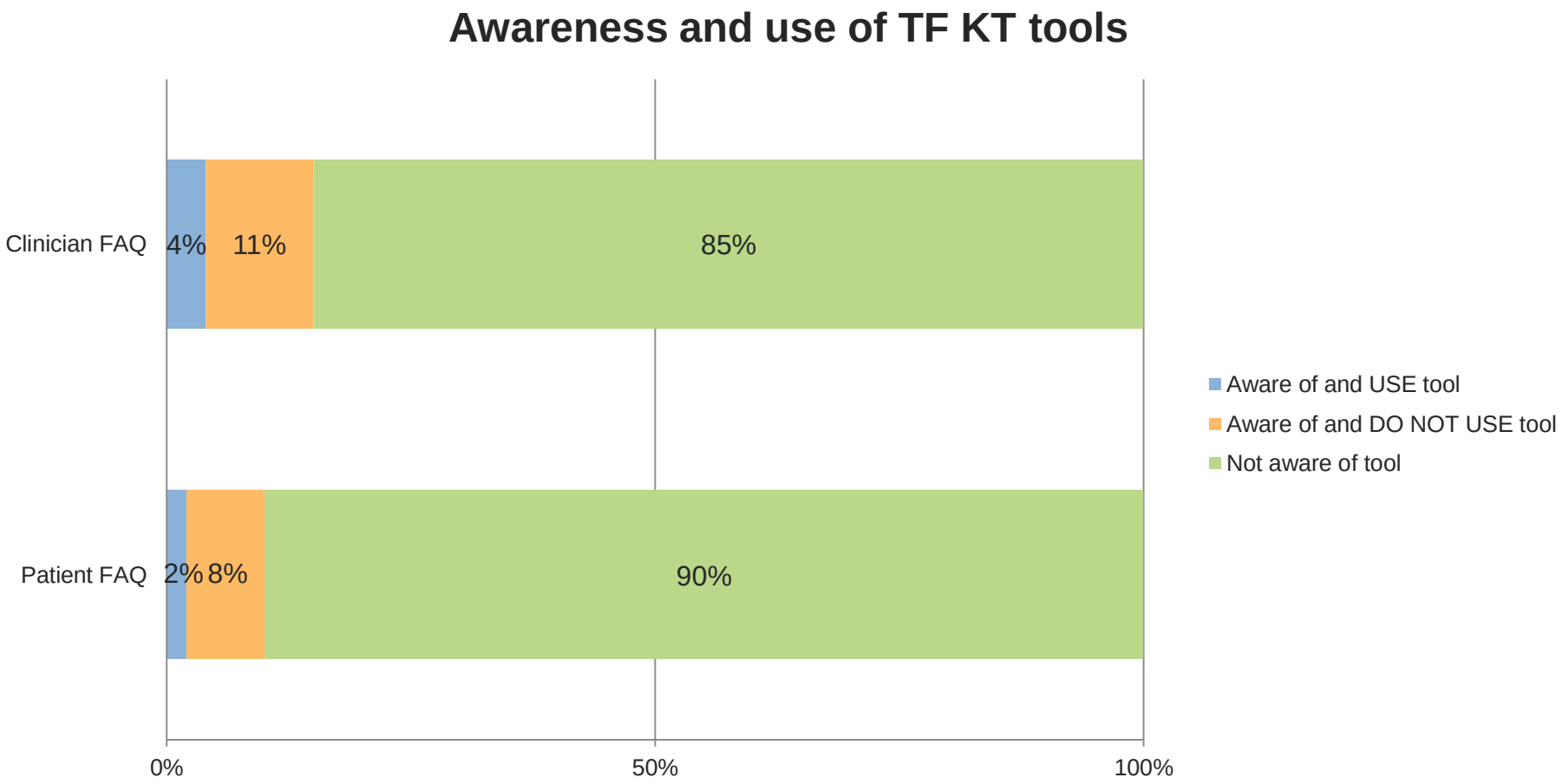
- Practice change and intent to change

| Screening for esophageal adenocarcinoma guideline | Responses |
|---|---|
| % who **changed their practice** to specifically align with Task Force guideline since its release | **33%** (n = 223) |
| % whose practice was **already consistent** with the Task Force guideline | **51%** (n = 223) |
| # who **intend to change** their practice / # who indicated they have not changed their practice | **15/23** (n=23) |

Survey

# Screening for esophageal adenocarcinoma

2020

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Survey

# Screening for esophageal adenocarcinoma

2020

- Current practice

| Task Force recommendation | Respondents reported that practice aligned with Task Force recommendations (*n* = 276) |
|---|---|
| We recommend not screening adults (≥18 years) with chronic gastroesophageal reflux disease, for esophageal adenocarcinoma or its precursor conditions (i.e. Barrett esophagus or dysplasia) (strong recommendation; very low-certainty evidence). | **84%** |

Survey

# Screening for esophageal adenocarcinoma

2020

- Current practice

| Patient age group | Respondents who routinely discuss the harms and benefits with patients in each age group (*n* = 274) |
|---|---|
| 17 and younger | 1% |
| 18 and older | 12% |
| Do not routinely discuss harms and benefits with any age group | 87% |

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

Survey

# Screening for thyroid dysfunction

2019

- Awareness and use of Task Force guideline

| Thyroid dysfunction guideline | 2020 Responses | 2019 Responses |
|---|---|---|
| % of respondents **aware** of Task Force guideline | **44%** **(n=271)** | 62% (n = 263) |
| % who primarily **use Task Force guideline** (over other guidelines or no guidelines) | **48%** **(n = 267)** | 51% (n = 263) |
| **Satisfaction** with guideline (out of 7) | **6.1 ± 1.0** **(n = 116)** | 6.0 ± 1.1 (n = 162) |

Survey

# Screening for thyroid dysfunction

2019

- Practice change and intent to change

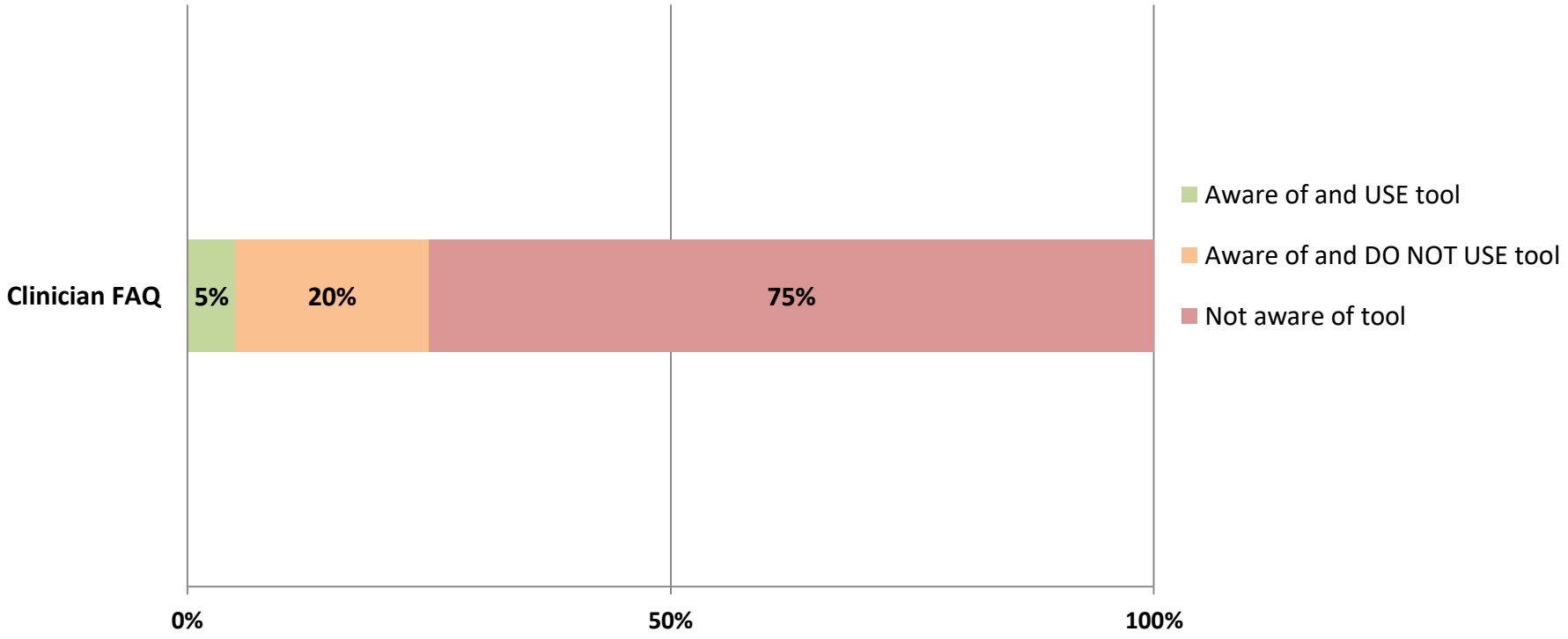
| Screening for thyroid dysfunction guideline | Responses |
|---|---|
| % who **changed their practice** to specifically align with Task Force guideline since its release | **31%** (n = 116) |
| % whose practice was **already consistent** with the Task Force guideline | **62%** (n = 116) |
| # who **intend to change** their practice / # who indicated they have not changed their practice | **6/8** (n = 116) |

Survey

# Screening for thyroid dysfunction

2019

**Awareness and use of Task Force KT tools** (*n* =242)

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Survey

# Screening for thyroid dysfunction

2019

- Current practice

| Task Force recommendation | Respondents reported that practice aligned with Task Force recommendations (*n* = 274) |
|---|---|
| We recommend against screening asymptomatic non-pregnant adults aged 18 years and older for thyroid dysfunction in primary care settings | **88%** |

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* = 273) |
|---|---|
| 17 and younger | 4% |
| 18 to 30 | 11% |
| 31 to 60 | 16% |
| 61 and older | 10% |
| Do not routinely discuss harms and benefits with any age group | 82% |

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 | 2020 Responses | 2019 Response* | 2018 Responses* |
|---|---|---|---|
| % of respondents **aware** of Task Force guideline | **90%** **(n=271)** | 84% (n = 263) | 75% (n = 244) |
| % who primarily **use Task Force guideline** (over other guidelines or no guidelines) | **44%** (n = 268) | 38% (n = 263) | 49% (n = 199) |
| **Satisfaction** with guideline (out of 7) | **5.9 ± 1.2** (n = 241) | 5.8 ± 1.3 (n = 223) | 5.8 ±1.1 (n = 140) |

*These results were retrieved from the Task Force 2019 Annual Evaluation reports

Survey

# Breast cancer screening

2018

- Practice change and intent to change

| Breast cancer guideline | 2020 Responses | 2019 Responses* | 2018 Responses* |
|---|---|---|---|
| % who **changed their practice** to specifically align with Task Force guideline since its release | **29%** **(n=239)** | 32% (n = 223) | 49% (n = 125) |
| % whose practice was **already consistent** with the Task Force guideline | **57%** **(n=239)** | 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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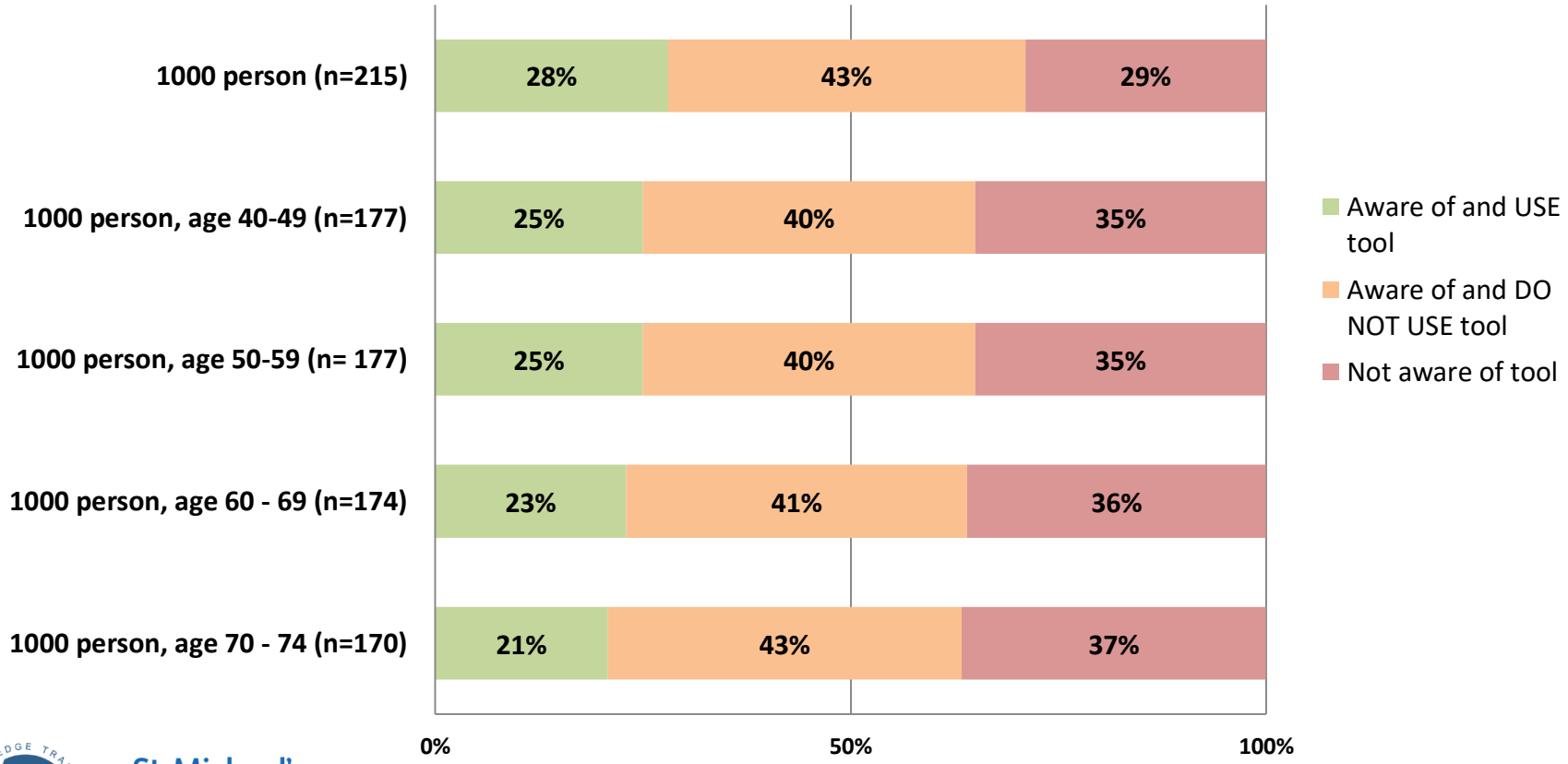
* These results were pulled from the Task Force 2018 and 2019 Annual Evaluation report

Survey

# Breast cancer screening

2018

## Awareness and Use of KT Tools

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Survey

# Breast cancer screening

2018

- Current practice

| Task Force recommendation | Respondents aligned with Task Force practice recommendations 2020 | 2019 Alignment* | 2018 Alignment* |
|---|---|---|---|
| For women aged 40–49, we recommend not routinely screening with mammography | **80%** (n=289) | 78% (n=263) | 87% (n = 243) |
| For women aged 50-69 years, we recommend screening with mammography every 2-3 years | **90%** (n=289) | 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 | **78%** (n=289) | 76% (n = 263) | 75% (n = 199) |

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*These results were retrieved from the Task Force 2018 and 2019 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 = 288) | 2019 Responses* (n=263) | 2018 Responses* (*n* = 244) |
|---|---|---|---|
| 39 and younger | **18%** | 23% | 15% |
| 40 to 49 | **64%** | 67% | 54% |
| 50 to 69 | **75%** | 75% | 74% |
| 70 to 74 | **55%** | 51% | 45% |
| 75 and older | **29%** | 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 and 2019 Annual Evaluation report

Survey
# Cervical cancer screening

2013

- Awareness and use of Task Force guideline

| Cervical cancer guideline | **2020 Responses** | 2019 Responses* | 2018 Responses* | 2017 Responses* |
|---|---|---|---|---|
| % of respondents **aware** of Task Force guideline | **87% (n=271)** | 83% (n = 263) | 82% (n = 244) | 89% (n = 198) |
| % who primarily **use Task Force guideline** (over other guidelines or no guidelines) | **32%** (n = 268) | 23% (n = 263) | 29% (n = 199) | 22% (n = 167) |
| **Satisfaction** with guideline (out of 7) | **6.0 ± 1.1** (n = 233) | 5.9 ± 1.1 (n = 218) | 6.0 ± 0.9 (n = 155) | 6.3 ±1.0 (n = 146) |

*These results were retrieved from the Task Force 2017, 2018 and 2019 Annual Evaluation report

Survey

# Cervical cancer screening

2013

- Practice change and intent to change

| Cervical cancer guideline | **2020 Responses** | 2019 Responses* | 2018 Responses* | 2017 Responses* |
|---|---|---|---|---|
| % who **changed their practice** to specifically align with Task Force guideline since its release | **34%** (n = 232) | 42% (n = 218) | 58% (n = 143) | 61% (n = 113) |
| % whose practice was **already consistent** with the Task Force guideline | **47%** (n = 232) | 37% (n = 218) | 25% (n = 143) | 27% (n = 113) |
| # who **intend to change** their practice / # who indicated they have not changed their practice | 12/44 (19 were undecided) | 11/45 (18 were undecided) | 3/13 | --** |

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*These results were retrieved from the Task Force 2017 , 2018 and 2019 Annual Evaluation reports

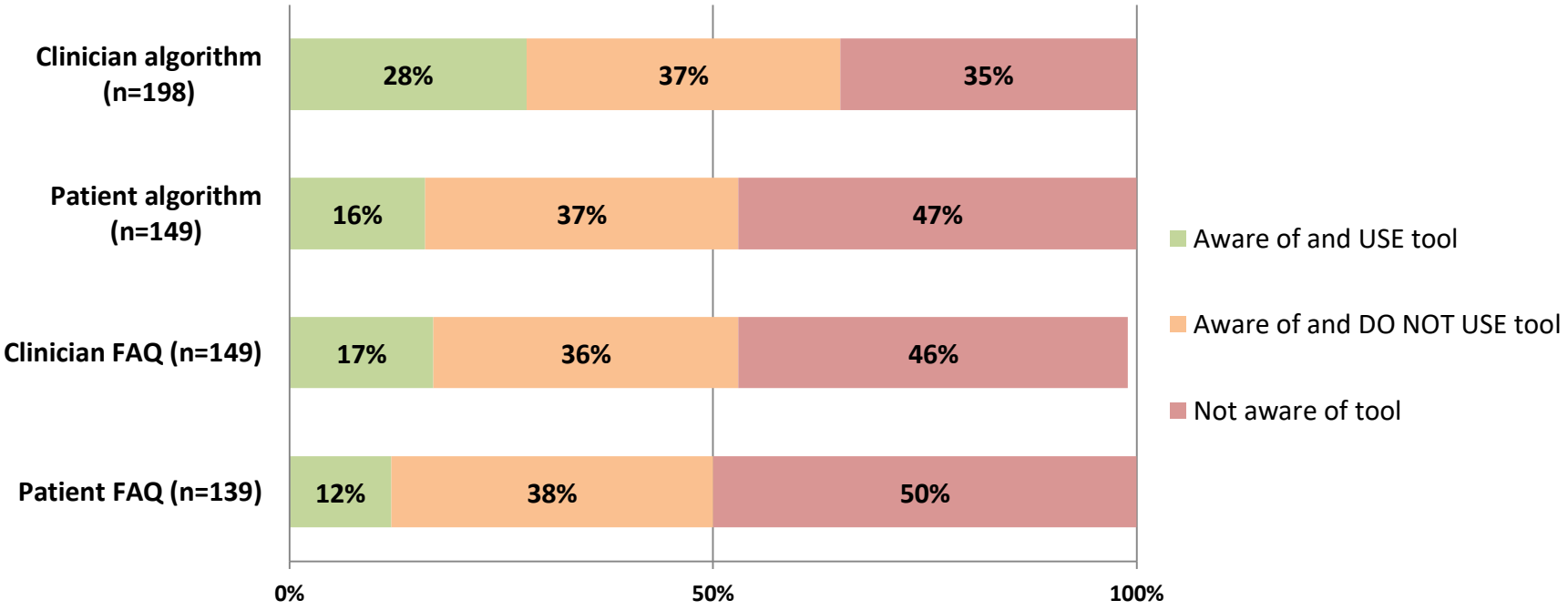
**This question was not asked in the 2017 annual evaluation survey

Survey

# Cervical cancer screening

2013

## Awareness and use of KT tools

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Survey
# Cervical cancer screening

2013

- Current practice

| Task Force recommendation | Respondents aligned with Task Force practice recommendations 2020 | 2019 Alignment* | 2018 Alignment* | 2017 Alignment* |
|---|---|---|---|---|
| For women aged 30 to 69, we recommend routine screening for cervical cancer every 3 years | **91%** **(n=283)** | 82% (n = 263) | 87% (n = 200) | 92% (n = 167) |
| For women aged 24 or younger, we recommend not routinely screening for cervical cancer | **58%** **(n=283)** | 47% (n = 263) | 51% (n = 243) | 45% (n = 197) |

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*These results were retrieved from the Task Force 2017, 2018 and 2019 Annual Evaluation reports

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=282) 2020 | 2019 Responses* (n = 263) | 2018 Responses* (*n* = 200) |
|---|---|---|---|
| 19 and younger | **18%** | 27% | 22% |
| 20 to 24 | **55%** | 68% | 60% |
| 25 to 29 | **71%** | 73% | 64% |
| 30 to 69 | **71%** | 73% | 65% |
| 70 and older | **27%** | 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 and 2019 Annual Evaluation report

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Survey

# Prostate cancer screening

2014

- Awareness and use of Task Force guideline

| Prostate cancer guideline | 2020 Responses | 2019 Responses* | 2018 Responses* | 2017 Responses* |
|---|---|---|---|---|
| % of respondents **aware** of Task Force guideline | **82%** **(n=271)** | 84% (n = 263) | 81% (n = 244) | 88% (n = 198) |
| % who primarily **use Task Force guideline** (over other guidelines or no guidelines) | **66%** (n = 268) | 59% (n = 263) | 59% (n = 199) | 55% (n = 166) |
| **Satisfaction** with guideline (out of 7) | **5.7 ± 1.2** **(n = 219)** | 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, 2018 and 2019 Annual Evaluation report

Survey

# Prostate cancer screening

2014

- Practice change and intent to change

| Prostate cancer guideline | 2020 Responses | 2019 Responses* | 2018 Responses* | 2017 Responses* |
|---|---|---|---|---|
| % who **changed their practice** to specifically align with Task Force guideline since its release | **38%** (n=217) | 36% (n=220) | 53% (n = 143) | 47% (n = 118) |
| % whose practice was **already consistent** with the Task Force guideline | **51%** (n=217) | 37% (n= 220) | 41% (n = 143) | 36% (n = 118) |
| # who **intend to change** their practice / # who indicated they have not changed their practice | 6/11 (3 are undecided) | 15/28 (11 are undecided) | 2/8 | --** |

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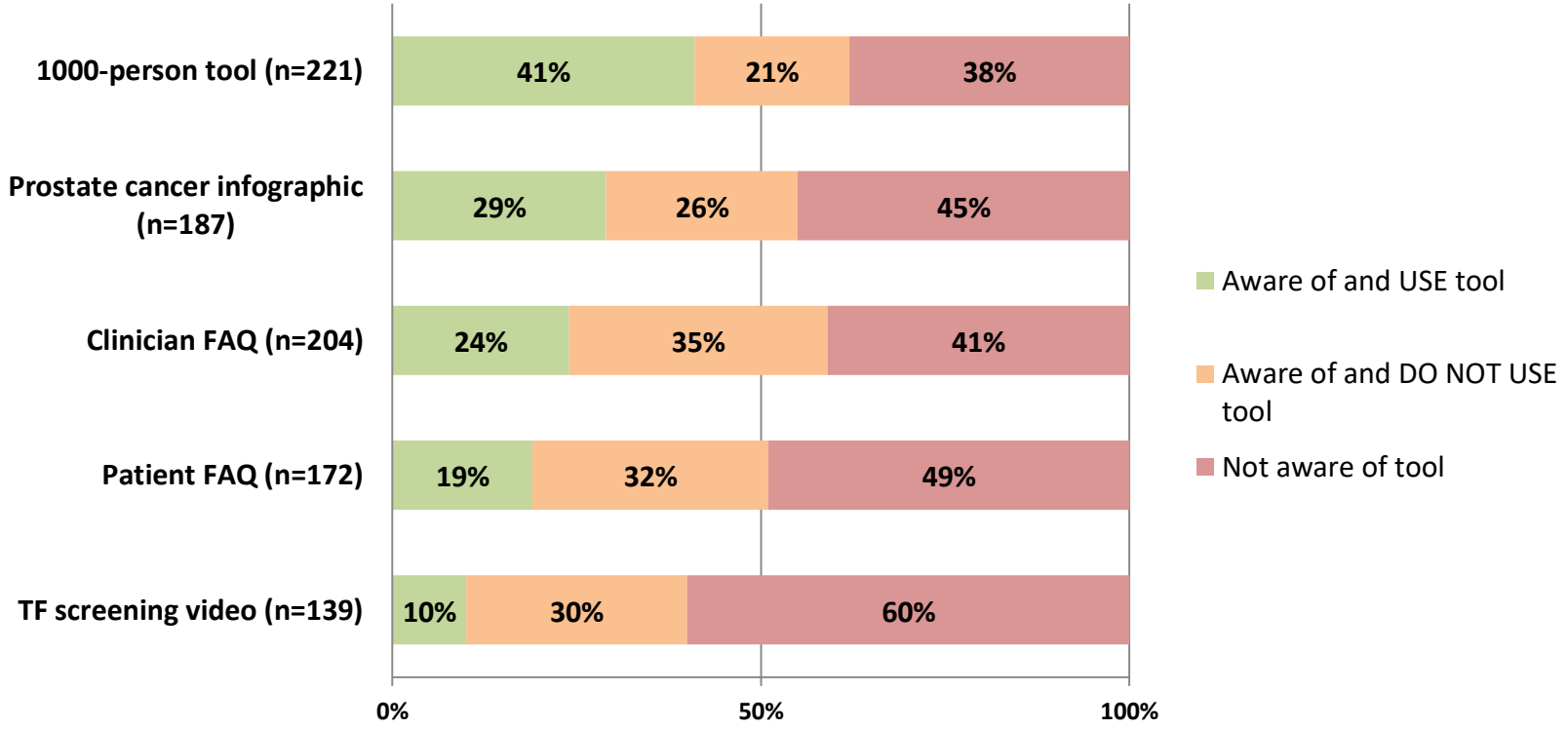
*These results were retrieved from the Task Force 2017, 2018 and 2019 Annual Evaluation reports
**This question was not asked in the 2017 annual evaluation survey

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 2020 | 2019 alignment* | 2018 alignment* | 2017 alignment* |
|---|---|---|---|---|
| For men aged 54 or younger, we recommend not screening for prostate cancer with the prostate-specific antigen test | **86%** **(n=281)** | 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 | **89%** **(n=281)** | 66% (n = 263) | 79% (n = 243) | 84% (n = 31) |

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*These results were retrieved from the Task Force 2017, 2018 and 2019 Annual Evaluation reports

Survey

# Prostate cancer screening

2014

- Current practice

| Patient age group | Respondents who routinely discuss the harms and benefits with patients in each age group 2020 | 2019 Responses* (n = 263) | 2018 Responses* (*n* = 200) |
|---|---|---|---|
| 54 and younger | **50%** | 49% | 49% |
| 55 to 69 | **80%** | 79% | 76% |
| 70 and older | **44%** | 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 and 2019 Annual Evaluation reports

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Survey

# Task Force KT Tool access

| Source | % of PCPs that use this source to access KT tools | | |
|---|---|---|---|
| | 2020 | 2019 (*n* = 263) | 2018 (*n* = 200) |
| Website | **94%** (*n*=217) | 75% | 71% |
| Printed copies (conferences) | **70%** (n=128) | 23% | 33% |
| Printed copies (personal) | **39%** (n=128) | 21% | 22% |
| Printed copies (CMAJ) | **18%** (n=128) | 11% | 12% |
| QxMD | **8%** (*n*=217) | 6% | 6% |

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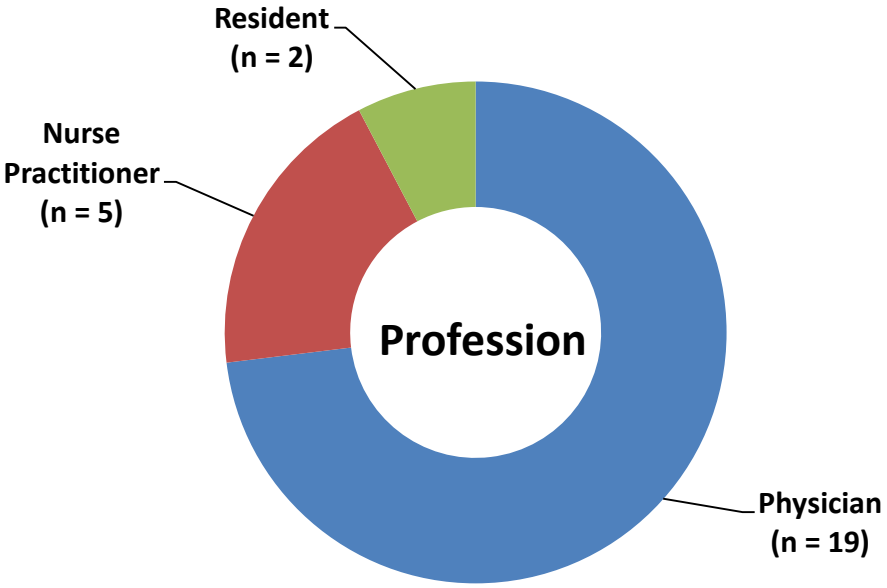
# Task Force Resources Awareness

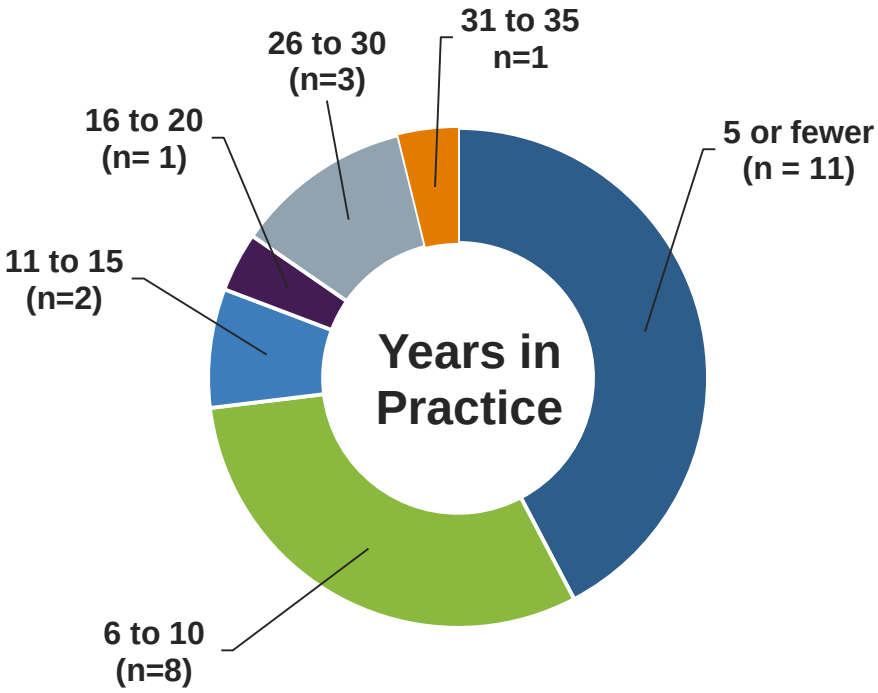
| Task Force Resources | % PCPs Aware (n-196) |
|---|---|
| Task Force Newsletter | 50% |
| Task Force Twitter Account | 9% |
| Task Force Website | 70% |
| Lung Cancer Screening Video | 10% |
| QxMD Calculate Mobile Application | 33% |
| Task Force Cervical Cancer Screening e-learning module | 10% |
| Task Force Obesity Prevention and Management e-learning module | 8% |
| Task Force CFP article series: 'Prevention in Practice' | 47% |
| Prevention Plus | 13% |
| Task Force Podcasts | 16% |
| ECRI | 5% |

# Interviews

Interviews

# Participant demographics (*n* = 26)

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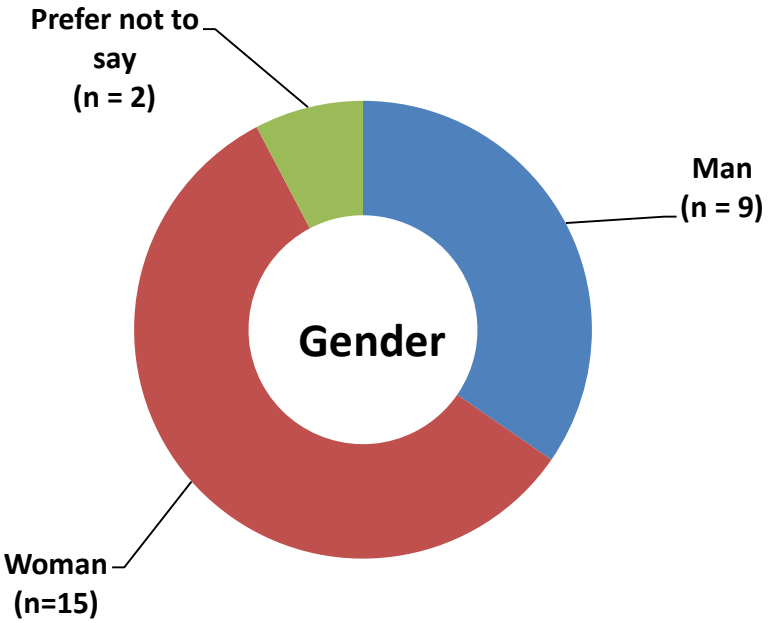
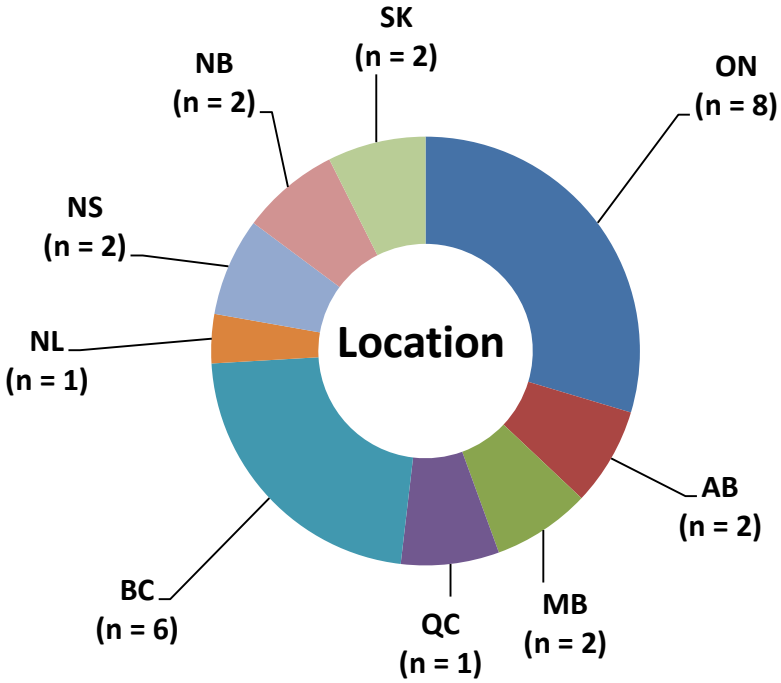
Interviews

# Participant demographics (*n* = 26)

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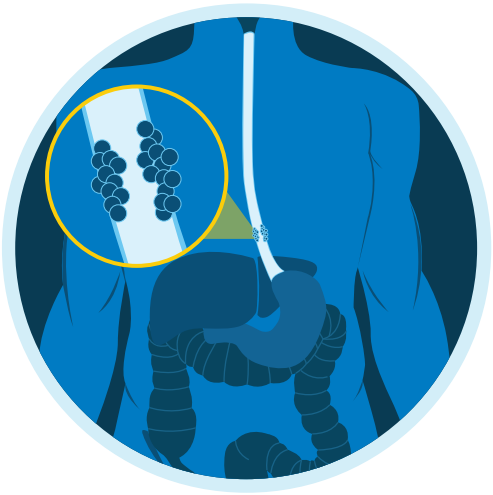
Canadian Task Force on Preventive Health Care

# 2020 ANNUAL EVALUATION HIGHLIGHTS

**1** Guideline published

**JULY**
Esophageal Adenocarcinoma



## New KT Projects

Task Force Public Advisory Network (TF-PAN)

Stakeholder Council

**193,112**
Tweet impressions

**8,333**
Podcast plays

**6**
Media interviews

## Breast Cancer

Most visited guideline on TF website

**90**
Patients & public engaged in TF-PAN

**50,287**
KT tool web page views

**426,661**
Website visits

**620**
Conference booth interactions

**22,844**
CMAJ guideline downloads

## 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 |
| TF PAN | Task Force Public Advisory Network |

This survey was distributed online in English and French from January 6th 2021 to February 8th 2021.

# Task Force 2020 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 (1)
- ☐ Nurse practitioner (2)
- ☐ Nurse (3)
- ☐ Resident (4)
- ☐ Medical student (5)
- ☐ Allied health care professional (e.g. physiotherapist, occupational therapist, physician assistant) (6)
- ☐ Researcher (7)
- ☐ Other, please specify: (8) _____

*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 (1)
- No (2)

*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 (1)
- No (2)

*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 Force's activities in 2020 to assess the reach and uptake of these clinical practice guidelines in primary care settings. You are invited to participate in our evaluation because you are a primary care practitioner in Canada who may have experience with the Task Force's clinical practice guidelines. During the survey, you will be asked about your knowledge and perceptions 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, **Kyle Silveira**, at **kyle.silveira@unityhealth.to**. 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 2020 annual evaluation survey?

- ○ I **consent** to participate in the annual evaluation survey (0)
- ○ I **do not** consent to participate in the annual evaluation survey (1)

*Skip To: End of Survey If Do you consent to participate in the Task Force 2020 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 (1)
- ○ Screen the patient every two years (2)
- ○ Screen the patient every three years (3)
- ○ Screen the patient every four years (4)
- ○ Do not routinely screen the patient (5)
- ○ Other: (6) _____

Q178 How often do you screen for **breast cancer** with mammography in a woman aged 50 to 69 years?

- ○ Screen the patient every year (1)
- ○ Screen the patient every two years (2)
- ○ Screen the patient every three years (3)
- ○ Screen the patient every four years (4)
- ○ Do not routinely screen the patient (5)
- ○ Other: (6) _____

---

Q2 How often do you screen a woman for **breast cancer** by conducting a clinical breast exam?

- ○ Screen the patient every year (1)
- ○ Screen the patient every two years (2)
- ○ Screen the patient every three years (3)
- ○ Screen the patient every four years (4)
- ○ Do not routinely screen the patient (5)
- ○ Other: (6) _____

---

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 (1)
- ☐ 40 to 49 (2)
- ☐ 50 to 69 (3)
- ☐ 70 to 74 (4)
- ☐ 75 and older (5)
- ☒ I do not routinely discuss the harms and benefits of screening for breast cancer with patients (6)

Page Break

Q4 How often do you screen for **cervical cancer** in a woman aged 30 to 69 years?

- ○ Screen the patient every year (1)
- ○ Screen the patient every two years (2)
- ○ Screen the patient every three years (3)
- ○ Screen the patient every four years (4)
- ○ Do not routinely screen the patient (5)
- ○ Other: (6) _____

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

- ○ Screen the patient every year (1)
- ○ Screen the patient every two years (2)
- ○ Screen the patient every three years (3)
- ○ Screen the patient every four years (4)
- ○ Do not routinely screen the patient (5)
- ○ Other: (6) _____

Q5 How often do you screen for **cervical cancer** in a woman younger than 25 years old?

- ○ Screen the patient every year (1)
- ○ Screen the patient every two years (2)
- ○ Screen the patient every three years (3)
- ○ Screen the patient every four years (4)
- ○ Do not routinely screen the patient (5)
- ○ Other: (6) _____

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 (1)
- ☐ 20 to 24 (2)
- ☐ 25 to 29 (3)
- ☐ 30 to 69 (4)
- ☐ 70 and older (5)
- ☐ ⊗ I do not routinely discuss the harms and benefits of screening for cervical cancer with patients (6)

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 (1)
- [ ] 55 to 69 (2)
- [ ] 70 and older (3)
- [ ] ⊗ I do not routinely discuss the harms and benefits of screening for prostate cancer with patients (4)

---

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 (1)
- ○ Screen the patient every two years (2)
- ○ Screen the patient every three years (3)
- ○ Screen the patient every four years (4)
- ○ Do not routinely screen the patient (5)
- ○ Other: (6) _____

---

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 (1)
- ○ Screen the patient every two years (2)
- ○ Screen the patient every three years (3)
- ○ Screen the patient every four years (4)
- ○ Do not routinely screen the patient (5)
- ○ Other: (6) _____

Page Break

Q10 How often do you screen for **esophageal adenocarcinoma** in patients with chronic gastroesophageal reflux disease ?

- ○ Screen the patient every year (1)
- ○ Screen the patient every two years (7)
- ○ Screen the patient every three years (8)
- ○ Screen the patients every four years (10)
- ○ Do not routinely screen the patient (11)
- ○ Other: (6) _____

Q11 With which age groups of patients with chronic gastroesophageal reflux disease do you routinely discuss the harms and benefits of screening for for **esophageal adenocarcinoma?**

- ☐ 18 and older (1)
- ☐ 17 and younger (5)
- ☐ ⊗ I do not routinely discuss the harms and benefits of screening for asymptomatic bacteriuria with pregnant patients (4)

Page Break

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

- ○ Screen the patient every year (1)
- ○ Screen the patient every two years (7)
- ○ Screen the patient every three years (8)
- ○ Screen the patient every four years (9)
- ○ Do not routinely screen the patient (2)
- ○ Other: (6) _____

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 (1)
- ☐ 18 - 30 (4)
- ☐ 31 - 60 (6)
- ☐ 61 and older (7)
- ☐ ⊗ I do not routinely discuss the harms and benefits of screening for thyroid dysfunction with non-pregnant asymptomatic patients (5)

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 (1)
- ○ No (4)

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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 (1)
- ○ No (4)
- ○ Not sure (5)

---

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 (1)
- Other national guideline: (2) _____
- Provincial/territorial (3)
- Other guideline: (4) _____
- I do not follow a guideline (5)

Q20 Cervical cancer screening

- ○ Task Force national guideline (1)
- ○ Other national guideline: (2) _____
- ○ Provincial/territorial (3)
- ○ Other guideline: (4) _____
- ○ I do not follow a guideline (5)

Q21 Prostate cancer screening

- ○ Task Force national guideline (1)
- ○ Other national guideline: (2) _____
- ○ Provincial/territorial (3)
- ○ Other guideline: (4) _____
- ○ I do not follow a guideline (5)

Q22 Esophageal adenocarcinoma with chronic gastroesophageal reflux disease screening

- ○ Task Force national guideline (1)
- ○ Other national guideline: (2) _____
- ○ Provincial/territorial (3)
- ○ Other guideline: (4) _____
- ○ I do not follow a guideline (5)

Q23 Thyroid dysfunction screening

- ○ Task Force national guideline (1)
- ○ Other national guideline: (2) _____
- ○ Provincial/territorial (3)
- ○ Other guideline: (4) _____
- ○ I do not follow a guideline (5)

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) (9)
- ☐ Cervical cancer screening (2)
- ☐ Prostate cancer screening (10)
- ☐ Esophageal cancer screening (3)
- ☐ Thyroid dysfunction screening (6)
- ☐ ⊗ I am not aware of any of the above Task Force screening guidelines (8)

*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 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) |
|---|---|---|---|---|---|---|---|
| Breast cancer screening update (released December 2018) (x9) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Cervical cancer screening (x2) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Prostate cancer screening (x10) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Esophageal cancer screening (x3) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Thyroid dysfunction screening (x6) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| ⊗ I am not aware of any of the above Task Force screening guidelines (x8) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

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 (1)
- No, I have not made changes in my practice to specifically align with the Task Force breast cancer screening guideline (2)
- 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) (3)

*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 (1)
- ○ No, I have not changed my practice to align with the updated Task Force cervical cancer screening guideline (5)
- ○ 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) (6)

*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 (1)
- ○ No, I have not changed my practice to align with the Task Force prostate cancer screening guideline (5)
- ○ 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 (6)

*Display This Question:*

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

Q31 Have you changed your practice to align with the Task Force esophageal adenocarcinoma screening guideline since its release in 2020?

- ○ Yes, I have made changes in my practice to specifically align with the Task Force esophageal adenocarcinoma screening guideline (1)
- ○ No, I have not made changes in my practice to specifically align with the Task Force esophageal adenocarcinoma screening guideline (2)
- ○ My practice was already consistent with the Task Force esophageal adenocarcinoma 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) (3)

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*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 (1)
- ○ No, I have not made changes in my practice to specifically align with the Task Force thyroid screening guideline (2)
- ○ 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) (3)

*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 esophageal adenocarcinoma screening g... = No, I have not made changes in my practice to specifically align with the Task Force esophageal adenocarcinoma 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 (1) | I **do not intend** to align my practice with this Task Force guideline (2) | I haven't decided yet (3) |
|---|---|---|---|
| *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*<br>Esophageal adenocarcinoma (1) | ○ | ○ | ○ |
| *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*<br>Thyroid dysfunction (2) | ○ | ○ | ○ |
| *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*<br>Cervical cancer (3) | ○ | ○ | ○ |

| | | | |
|---|---|---|---|
| *Have you changed your practice to align with the Task Force esophageal adenocarcinoma screening g... = No, I have not made changes in my practice to specifically align with the Task Force esophageal adenocarcinoma screening guideline* | ○ | ○ | ○ |
| Prostate cancer (4) | | | |
| *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 (5) | | | |

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 (1) | I have **used** this tool (2) |
|---|---|---|
| 1000-person tool (1) | ☐ | ☐ |
| 1000-person tool, age 40-49 (2) | ☐ | ☐ |
| 1000-person tool, age 50-59 (3) | ☐ | ☐ |
| 1000-person tool, age 60-69 (4) | ☐ | ☐ |
| 1000-person tool, age 70-74 (5) | ☐ | ☐ |

*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 (1) | I have **used** this tool (2) |
|---|---|---|
| Clinician algorithm (1) | ☐ | ☐ |
| Clincian FAQ (2) | ☐ | ☐ |
| Patient algorithm (3) | ☐ | ☐ |
| Patient FAQ (4) | ☐ | ☐ |

*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 (1) | I have **used** this tool (2) |
|---|---|---|
| Clinician FAQ (1) | ☐ | ☐ |
| Patient FAQ (2) | ☐ | ☐ |
| 1000-person tool (3) | ☐ | ☐ |
| Infographic (4) | ☐ | ☐ |
| CTFPHC prostate-specific antigen screening video (5) | ☐ | ☐ |

*Display This Question:*

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

Q48 Esophageal adenocarcinoma screening tools

| | I am **aware** of this tool (1) | I have **used** this tool (2) |
|---|---|---|
| Clinician FAQ (1) | ☐ | ☐ |
| Patient FAQ (2) | ☐ | ☐ |

*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 (1) | I have **used** this tool (2) |
|---|---|---|
| Clinician FAQ (1) | ☐ | ☐ |

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 (1)
- ☐ 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.*) (2)
- ☐ I view them on the QxMD mobile app (3)

Q52 Print

- [ ] I printed copies for myself (1)
- [ ] 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*) (2)
- [ ] I received laminated copies at a conference (i.e. FMF, MFC) (3)

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 (1) | Task Force Twitter account (2) | Task Force website (9) | Lung Cancer Screening video (11) | QxMD Calculate mobile application (3) | Task Force Cervical Cancer Screening e-learning module (4) | Task Force Obesity Prevention and Management e-learning module (5) | Task Force Canadian Family Physician (CFP) article series: 'Prevention in Practice' (6) | Task Force Periodic Preventive Health Visits article in Canadian Family Physician (CFP) (7) | Task Force CMAJ Clinical Practice Guideline author podcasts (8) | Prevention+ Website (12) | ECRI Guidelines Trust website (13) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| I am **aware** of this resource (1) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I have **used** this resource (e.g. read it, referred to it) (2) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Page Break

Q56 Did you take part in any of the following Task Force activities in 2020? Select all that apply.

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

- [ ] Chlamydia and Gonorrhea screening (2)

Q58 2019 annual evaluation interviews or survey

- ○ Yes (1)
- ○ No (2)

Q59 Guideline stakeholder webinars

- [ ] Esophageal adenocarcinoma screening (2)

Q60 Clinical Prevention Leaders (CPL) Network training sessions

- Yes (1)
- No (2)

Q61 Online topic suggestion process

- Yes (1)
- No (2)

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 (1)
- Female (2)
- Non-binary (3)
- Prefer to self-describe (4) _____
- Prefer not to say (5)

Q64 In which province or territory do you practice?

- ○ British Columbia (1)
- ○ Alberta (2)
- ○ Saskatchewan (3)
- ○ Manitoba (4)
- ○ Ontario (5)
- ○ Quebec (6)
- ○ New Brunswick (7)
- ○ Nova Scotia (8)
- ○ Newfoundland (9)
- ○ Prince Edward Island (10)
- ○ Yukon (11)
- ○ Northwest Territories (12)
- ○ Nunavut (13)

Q65 How old are you?

- ○ 20 to 29 (1)
- ○ 30 to 39 (2)
- ○ 40 to 49 (3)
- ○ 50 to 59 (4)
- ○ 60 to 69 (5)
- ○ 70 to 79 (6)
- ○ 80 or older (7)

Q66 How many years have you been practicing?

- ○ 5 or fewer (1)
- ○ 6 to 10 (2)
- ○ 11 to 15 (3)
- ○ 16 to 20 (4)
- ○ 21 to 25 (5)
- ○ 26 to 30 (6)
- ○ 31 to 35 (7)
- ○ 36 to 40 (8)
- ○ 41 or more (9)

---

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

- ☐ Urban (1)
- ☐ Suburban (2)
- ☐ Rural (3)
- ☐ Other, please specify: (4) _____

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

- [ ] English (4)
- [ ] French (5)
- [ ] Mandarin (6)
- [ ] Cantonese (7)
- [ ] Punjabi (8)
- [ ] Spanish (9)
- [ ] Other(please specify): (10) _____

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

- [ ] Hospital-based (1)
- [ ] Community-based (2)
- [ ] Multidisciplinary clinic (3)
- [ ] Physician group clinic (4)
- [ ] Single practitioner clinic (5)
- [ ] Other, please specify: (6) _____

Q179 How did you hear about this survey?

- ○ Task Force Newsletter (1)
- ○ Email (2)
- ○ Twitter (3)
- ○ Task Force website (5)
- ○ Friend/colleague (6)
- ○ Other (please describe); (4) _____

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 (1)
- ○ No, I am not willing to participate in an interview (2)

Page Break

Q71 Would you like to be entered into the draw to win an iPad? The winner will be drawn randomly in Spring 2021. Your contact information will be kept confidential.

- ○ Yes (1)
- ○ No (2)

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 (1)
- ○ No (2)

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 2021. Your contact information will be kept confidential.

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*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. Pleaseclick here to be added to our email list. Your contact information will be kept confidential.

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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 kyle.silveira@unityhealth.to

**End of Block: Demographics**

## 2020 annual evaluation interview guide

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

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

### Intro [~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 2020 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 esophageal adenocarcinoma, released July 2020? If so, how did you hear about this guideline?
    - Are you aware of the 2018 Breast Cancer UPDATE (as opposed to the 2013 original guideline). How long did it take you to become aware?

## 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, <u>how</u> 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?
  - Dissemination pilot: if the Task Force were to offer a service where you would get mailed copies of our KT tools for free, would you be interested? If there was a fee associated with this service, would you still be interested?

## 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 Arthana Chandraraj, who emailed you to set up this interview.