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Summary: An evaluation of 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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1.0 Background and Methods

This report provides a condensed overview of the Canadian Task Force on Preventive Health Care ('Task Force') 2020 evaluation report. The 2020 evaluation measured 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. In addition to examining data on key KT activities, we engaged primary care practitioners (PCPs) through both surveys and semi-structured interviews to understand the uptake of these KT activities. The results of this evaluation provide feedback on the Task Force's activities, highlight the strengths of the Task Force's KT efforts, and identify areas in which the Task Force can improve KT activities and uptake.

2.0 Results

Guidelines and Dissemination

For highlights of 2020 guidelines and KT activities, please see Appendix A on page 6.

Survey

A total of 295 PCPs completed the 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). Participants were asked questions about: (a) awareness and use of Task Force guidelines, KT tools, and resources; and (b) self-reported current practices.

(a) Awareness and use of Task Force guidelines and KT tools released in 2020

Less than one third of PCPs (27%, n = 271) were aware of the Task Force esophageal adenocarcinoma screening guideline update. Of participants who were aware of the guideline, less than half (37%, n = 268) reported using the screening guideline. See *Table 1* for participant awareness and use comparisons.

Table 1: Participant Awareness and Use of Task Force Guidelines Released in 2020

Guideline	# Aware	% Aware	# Use	%Use
Esophageal Adenocarcinoma	74/271	27%	99/268	37%

Almost all of PCPs who responded were aware of the esophageal adenocarcinoma clinician and patient frequently asked questions (FAQs) tools (85%, n = 39; and 35%, n = 26, respectively). Of those that were aware of the KT tools, fewer PCPs used the esophageal adenocarcinoma clinician and patient frequently asked questions (FAQs) tools (25%, n = 39; and 19%, n = 26, respectively). See *Table 2* for participant awareness comparisons.

Table 2: Participant Awareness of KT Tools Released in 2020

KT Tool	Topic	# Aware	% Aware
Clinician FAQ	Esophageal Adenocarcinoma	35/39	85%

*Not all questions were answered by all survey participants because the surveys used branching to guide participant responses and participants were not required to answer every question.



(b) 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%, $n=238$).

Interviews

We conducted 26 semi-structured interviews with PCPs across Canada, to explore four themes: (1) how and what PCPs first learned about the Task Force, as well as how they hear about new or updated guidelines; (2) sources PCPs used for screening and preventive health care recommendations; (3) how PCPs made the decision to adopt guidelines; and (4) how PCPs implemented Task Force guidelines in their practice, including barriers and facilitators to implementing these guidelines.

(1) Learning about the Task Force

The majority of PCPs were first exposed to the Task Force in their training, such as during nurse practitioner programs, medical school, and family medicine residency. Other sources of exposure included: colleagues, conferences, personal preventive care research and publications (e.g., *CMAJ*). Most PCPs kept themselves informed about new Task Force guidelines and resources by subscribing to the Task Force newsletter. Other avenues for receiving new or updated Task Force content were: attending conferences, receiving updates from other organizations (e.g. CFPC, Choosing Wisely), personal research, journal (e.g. *CMAJ*) and Continuing Medical Education sessions.

(2) Sources of screening and preventive health care recommendations

When asked what sources they used or referred to for screening and preventive health recommendations, almost all participants named the Task Force as one of their main trustworthy sources. PCPs also named several other specialist, disease-specific, provincial, or national organizations that they used in their practice. When asked to describe what makes a guideline trustworthy, participants referred to: evidence based guidelines based on quality, strong evidence, composition of guideline developers, rigorous and transparent methods, minimal or transparent conflicts of interest and perceived bias (e.g. funding sources), up to date guidelines, and clear and practical guidelines.



(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 including: consensus with local standards of practice (e.g. provincial guidelines, employer guidelines), patient preferences towards preventive care interventions, clinical judgement or experience, evidence level and strength of recommendation, up to date evidence and guidelines, colleagues or opinion leaders, reputation of guidelines development organization, and resources available. Additionally, PCPs outlined a number of influencing factors that drive guideline adoption, including: guideline development organizations, specialists, physicians themselves, colleagues or leaders in the field, the government and patients.

(4) Implementing guidelines

Participants described general facilitators and barriers to implementing guidelines. Participants identified strong evidence, public and PCP awareness of the guideline organization and recommendations, and the clear and accessible guidelines, as three supports for implementing guidelines. PCPs identified time constraints and lack of provincial guideline alignment as significant barriers. Additional factors identified that impact implementation of guideline recommendations included patient preferences and guideline and tool integration within EMRs as factors influencing the implementation of guidelines.

Most participants described having shared decision making conversations with patients about a variety of preventive health topics. 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. Most participants identified KT tools as useful facilitators for shared decision making conversations.

3.0 Limitations

The survey and interview participant samples were small and may not be representative of all PCPs in Canada. We offered surveys and interviews in both English and French. Significantly fewer PCPs completed the survey and 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. Lastly, the survey and interview data collected in this evaluation were based on participants' self-reported awareness and use of Task Force guidelines, KT tools, and KT resources.

4.0 Recommendations

This report provides a condensed overview of the Task Force 2020 annual evaluation report. Based on this evaluation, we identified six opportunities for enhancing 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 (e.g. tool dissemination pilot project, guideline release webinars)**
2. **Develop and deliver e-learning events for general practitioners (e.g. speaker series)**



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- 3. Continue to highlight alignment of Task Force guidelines with provincial and other organizations, and prioritize partnerships with professional organizations**
- 4. Enhance Task Force French presence**
- 5. Explore integration into existing mobile apps or EMRs**
- 6. Update older guidelines more frequently**



Appendix A



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



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