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Summary: An evaluation of Canadian Task Force on Preventive Health Care's 2021 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') 2021 evaluation report. The 2021 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 2021. Specifically, this evaluation focused on the guideline (screening for chlamydia and gonorrhea) and associated KT tools related to the guidelines released in 2021. The evaluation also included the following guidelines and associated KT tools that were released in previous years: screening for breast cancer (update) (2018), cervical cancer (2013), prostate cancer (2014) – these guidelines were included because they recommended a substantial change in clinical practice from previous guidelines. 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 2021 guidelines and KT activities, please see Appendix A.

Survey

A total of 291 PCPs completed the survey. After responses were removed that did not meet inclusion criteria, a **total of 177** were included in the analysis. Participants practiced in urban (65%, $n = 101$), suburban (20%, $n = 31$), and rural (22%, $n = 34$) settings. They represented twelve 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 2021

About half of participants (53%; $n = 86$) were aware of the chlamydia and gonorrhea screening guideline. Less than half of participants (37%; $n = 61$) reported that they were following the Task Force chlamydia and gonorrhea guideline. See *Table 1* for participant awareness and use comparisons.

Table 1: Participant Awareness and Use of Task Force Guidelines Released in 2021

Guideline	# Aware	% Aware	# Use	%Use
Chlamydia & Gonorrhea	86/162	53%	61/167	37%

Of the 86 participants who were aware of the guideline, 13% ($n = 11$) were aware of and reported using the clinician FAQ KT tool and 42% ($n = 36$) were aware but have not used the tool. See *Table 2* for participant awareness comparisons.

Table 2: Participant Awareness of KT Tools Released in 2021

*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.



KT Tool	Topic	# Aware	% Aware
Clinician FAQ	Chlamydia & Gonorrhea	47/86	55%
Patient FAQ	Chlamydia & Gonorrhea	34/86	40%
Infographic	Chlamydia & Gonorrhea	32/86	37%

(b) Current practice

About one quarter of participants' self-reported screening practices for chlamydia and gonorrhea were consistent with Task Force recommendations (whether or not they followed the Task Force guideline). Specifically, 28% (n = 49) of participants reported that they annually screen sexually active individuals under 30 years of age who are not known to belong to a high-risk group for chlamydia and gonorrhea.

Interviews

We conducted 20 interviews with PCPs from across Canada: 19 in English and 1 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

(1) Learning about the Task Force

Most interview participants first learned about the Task Force during their 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. Some participants' colleagues had recommended the Task Force as a source for screening information and guidelines. Participants also reported first learning about the Task Force through medical school, through other organizations' newsletters or emails, or through being recruited for an interview.

(2) Sources of screening and preventive health care recommendations

When participants were asked which sources they used or referred to for screening and preventive health recommendations, half of the 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. 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.

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



(4) Implementing guidelines

Participants described general facilitators and barriers to implementing guidelines. Participants identified clear and concise guidelines and resources and evidence level and strength of recommendations, as facilitators for implementing guidelines. PCPs identified time constraints, physician awareness, and lack of provincial guideline alignment, patient awareness and preferences as significant barriers. Additional factors identified as influencing the implementation of guidelines were magnitude of practice changes required by guideline, complexity of recommendations, and integration with EMR.

60 percent of participants (n = 12) described having shared decision-making conversations with patients about a variety of preventive health topics. Common barriers to patient engagement that participants identified included disagreement across guidelines and conflicting recommendations and engaging patients who are accustomed to outdated, more aggressive preventive care practices. 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 1000 person prostate cancer screening guideline tool.

3.0 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. We offered surveys and interviews in both English and French. Significantly fewer PCPs completed the survey in French compared to English, and only 1 participant 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. 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 2021 annual evaluation report. Based on this evaluation, we identified seven opportunities for enhancing the impact and uptake of the Task Force's CPGs, KT tools, and resources. We recommend the following:

- 1. Take a multipronged approach to KT tool dissemination (i.e., conferences, Tool Dissemination Pilot, and CPL Network)**
- 2. Widely disseminate results from the Guideline Comparison Research Project**
- 3. Increase dissemination and reminders of already released guidelines**
- 4. Enhance Task Force French presence**
- 5. Offer KT tools and other Task Force resources in a variety of formats and languages**
- 6. Expand engagement activities to other PCPs and allied health professionals**
- 7. Explore integration into EPRs and promote that Task Force guidelines are on QxMD**



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Appendix A



Canadian Task Force
on Preventive Health Care

2021 ANNUAL EVALUATION HIGHLIGHTS

<p>1 Guideline published</p> <p>APRIL Chlamydia & Gonorrhea</p>		<p>Most downloaded guideline</p> <p>↓</p> <p>17,645 Guideline downloads</p>
<p>>150 Media mentions</p>	<p>141,759 EN 14,618 FR</p>	<p>Social media campaign impressions</p>

<p>20% Increase in Newsletter Subscribers</p>	<p>Diabetes type 2 Clinician FINDRISK (FR) Most visited tool on TF website</p>	<p>441,870 Website visits</p>
<p>New KT Project Tool Dissemination Pilot</p>	<p>Breast cancer Most visited guideline on TF website</p>	<p>1,895 Tools downloaded through virtual conferences</p>
<p>30,577 Podcast plays</p>	<p>90 Patients & public engaged in TF-PAN</p>	<p>116,754 CMAJ guideline downloads</p>
<p>17 Media interviews</p>	<p>49,012 KT tool web page views</p>	<p>Cervical cancer Most overall downloads on CMAJ</p>