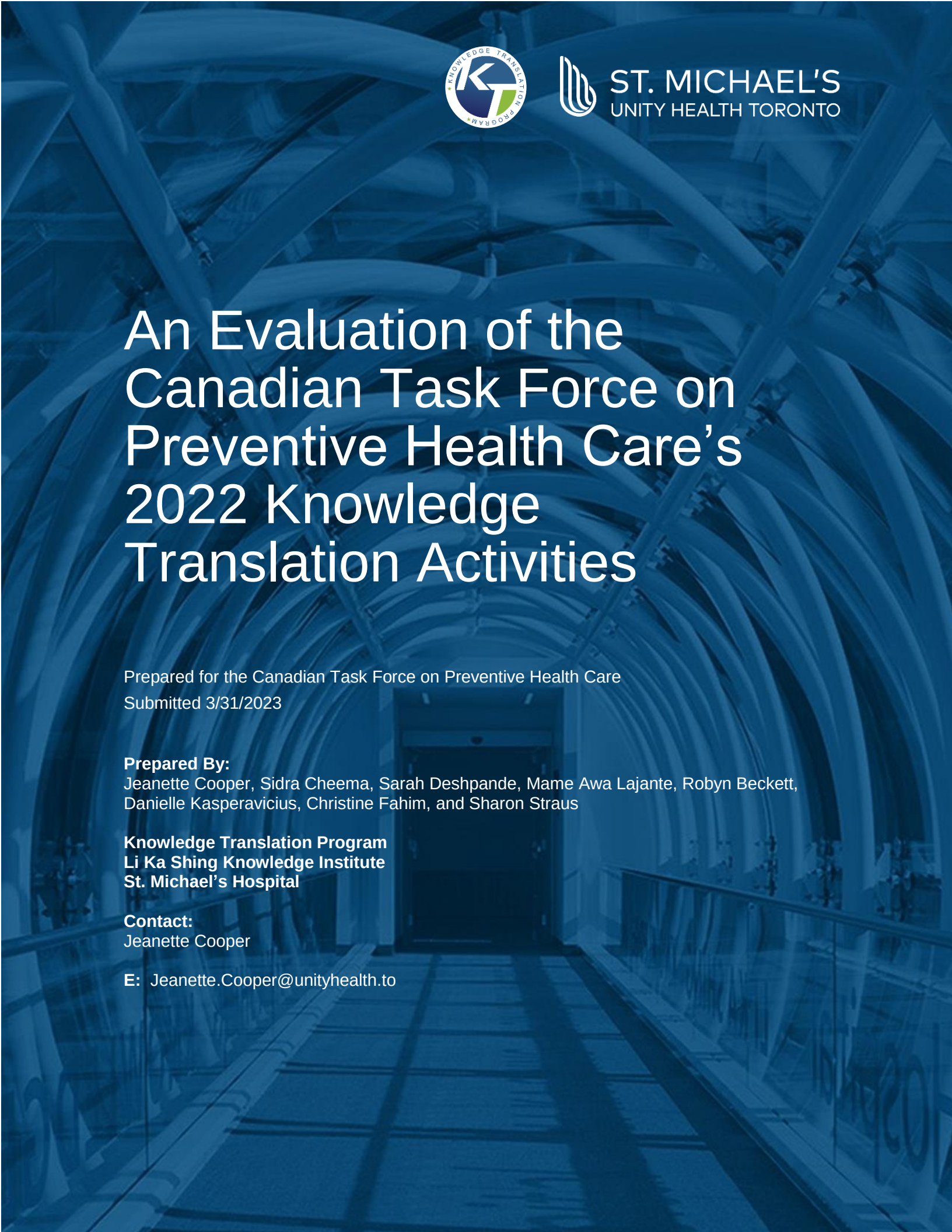


An Evaluation of the Canadian Task Force on Preventive Health Care's 2022 Knowledge Translation Activities

Prepared for the Canadian Task Force on Preventive Health Care

Submitted 3/31/2023

Prepared By:
Jeanette Cooper, Sidra Cheema, Sarah Deshpande, Mame Awa Lajante, Robyn Beckett, Danielle Kasperavicius, Christine Fahim, and Sharon Straus

Knowledge Translation Program
Li Ka Shing Knowledge Institute
St. Michael's Hospital

Contact:
Jeanette Cooper

E: Jeanette.Cooper@unityhealth.to

Table of Contents

Appendices

Executive Summary

Background

The Knowledge Translation Program (KTP) conducted an evaluation to assess the impact and uptake of the Canadian Task Force on Preventive Health Care's ('Task Force') clinical practice guidelines (CPGs), knowledge translation (KT) tools, and KT resources released between January and December 2022. The evaluation focused on the guideline and associated KT tools released in 2022 as well as guidelines and associated KT tools released in previous years that recommend a substantial change in clinical practice.

Methods

This evaluation was guided by the RE-AIM evaluation framework, a framework for evaluating dissemination and implementation interventions. The KTP examined data on key KT activities, and engaged primary care practitioners (PCPs) through both surveys and semi-structured interviews in English and French. Survey participants were recruited through advertisements promoted via Task Force communication channels (e.g., Task Force website, Task Force members' networks, newsletters, social media) and responses were analyzed in RStudio to determine response frequencies. Interview participants were identified through survey responses and transcripts were analyzed in NVIVO 12 using framework analysis.

Results

The infographic on page A43 highlights notable findings. A total of 163 survey responses, collected between February 13th and March 16th, 2023 were included in the analysis. Respondents were primary care physicians (79%), nurse practitioners (16%), primary care residents (3%), and researchers (2%) who are currently practicing in Canadian primary care. Most participants were aware of the breast, cervical, and prostate cancer guidelines. Less than a third of participants were aware of the newly released pregnancy and postpartum depression guideline. Self-reported screening practices had varied degrees of consistency with Task Force recommendations. Self-reported breast, cervical, and prostate cancer screening practices were all fairly consistent with Task Force recommendations, while self-reported pregnancy and postpartum depression screening practices were least consistent with Task Force recommendations.

We conducted 22 interviews with PCPs. During interviews, participants discussed factors that contribute to the trustworthiness of a guideline, including: evidence level and strength, rigorous and transparent methods, clarity and practicality of recommendations and minimal or transparent conflicts of interest and perceived bias. When asked what influences guideline adoption and implementation, PCPs identified evidence level and strength of recommendation, consensus with local standards of practice, opinions of respected colleagues and patient preferences, among other factors. Participants also offered suggestions for how the Task Force could improve reach and access of guidelines and tools, for example: increasing email alerts/reminders, app development, and website optimization.

Based on this evaluation, we identified six opportunities for further enhancing the impact and uptake of the Task Force's guidelines, KT tools, and resources:

1. Continue to leverage new and existing avenues for dissemination of Task Force guidelines and resources
2. Expand engagement activities to other PCPs and allied health professionals
3. Promote the inclusion of Task Force guidelines and resources in apps
4. Consider re-promotion of previous guidelines during extended periods between guideline releases
5. Communicate when guidelines are sunsetted or confirmed to PCPs to highlight that Task Force prioritizes use of updated evidence
6. Explore opportunities to involve provincial guideline bodies in guideline dissemination and implementation activities.

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 2022. Specifically, this evaluation focused on the guideline (screening for pregnancy and postpartum depression) and associated KT tools released in 2022. The evaluation also included the following guidelines and associated KT tools that were released in previous years: screening for breast cancer (update) (2018), screening for cervical cancer (2013), and screening for prostate cancer (2014) – these guidelines were included because they recommended a substantial change in clinical practice from previous guidelines for primary care practitioners (PCPs).

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.

2.0 Methods

This evaluation was guided by the RE-AIM evaluation framework,[1,2] a framework for evaluating dissemination and implementation 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 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., usability testing reports, media reports, etc.), including engaging knowledge users and research projects that supported the uptake of Task Force guidelines. These data are presented using descriptive statistics produced using RStudio and Microsoft Excel. This evaluation was approved by the Unity Health Toronto Research Ethics Board (REB#17-372).

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 members' networks,
- Task Force newsletter,
- Task Force social media accounts (Twitter, Facebook, and LinkedIn), and
- Stakeholder organization communications, including Nurse Practitioner Association of Canada (NPAC), College of Family Physicians Canada (CFPC).

Interviews

At the end of the survey, we asked participants if they were willing to participate in an interview. All interested participants were contacted by a research assistant to provide additional information, and schedule an interview.

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 related to guideline topics (e.g., how often participants aligned with the guideline 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 both official languages from January 23rd to March 3rd 2023. Survey participants were entered into a draw to win an iPad. See pages A2–A38 for the survey.

Responses from the English and French surveys were aggregated and analyzed in RStudio[3] and Microsoft Excel[4] to determine response frequencies.

Interviews

Two experienced KTP research assistants and three research coordinators 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 February 13th and March 16th, 2023, 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 A39–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 three researchers in NVIVO 12 qualitative software using framework analysis. A meeting followed where discrepancies were discussed to refine the coding framework and inter-rater agreement was calculated[5,6]. The remaining English

transcripts were single coded by two members of the research team and the French transcripts were single coded by one member 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–S73). See page A43 for the infographic depicting the 2022 annual evaluation highlights.

Guideline publications

The Task Force produced one new guideline in 2022: *Depression during pregnancy and the postpartum period*[7]. This guideline was published in Canadian Medical Association Journal (CMAJ*)* online and print editions*.* Pages S1–S4 present the pre-release stakeholder engagement numbers, post-release dissemination activities and media hits for the 2022 pregnancy and postpartum depression guideline.

Guideline dissemination

In 2022, the Task Force conducted a number of activities to disseminate all of its guidelines and KT tools including:

- Exhibiting at 4 conferences (two virtual and two in-person) and promoting Task Force KT tools to a total of 444 delegates in comparison to 543 delegates in 2021.
- Maintaining and updating the Task Force website
- Publishing one Task Force guideline in English and French in CMAJ,
- Disseminating associated guideline tools through Task Force listservs, social media posts, news releases, presentation in the pre-release webinars and publishing on the Task Force website
- Making Task Force guidelines and materials available through mobile application QxMD Calculate and Read.

The Task Force routinely seeks endorsements for guidelines from the College of Family Physicians of Canada and the Nurse Practitioner Association of Canada, in addition to topic-specific stakeholders. Page S2 lists the endorsements received for the pregnancy and postpartum depression guideline released in 2022.

Additionally, guidelines and KT tools published in earlier years continued to be accessible through the *CMAJ* website, Task Force website, Prevention Plus, and QxMD mobile app. The KT tools pages on the Task Force website were viewed 35,659 times in English and 22,612 times in French in 2022. This was an increase from 2021, when the Task Force tool pages were viewed 32,348 times in English and 16,664 times in French. See page S17 for a breakdown of the most viewed guideline KT tool pages.

Pages S6–S22 outline the 2022 dissemination activities for all Task Force guidelines, including all analytics related to Task Force website use.

Prevention Plus

The Task Force continues to sponsor Prevention Plus, a continuously updated online repository of current best evidence to support preventive health care decisions. Task Force guidelines are disseminated through their searchable database and email alerts. There were 11 new registrants in 2022 and 3963 article accesses See page S22 for 2022 Prevention Plus details.

3.2 Dissemination

In 2022, the Task Force disseminated its messages through publications and media coverage, presentations, newsletters, videos, and social media (i.e. Twitter).

Publications

In 2022, the Task Force published four peer-reviewed publications. These included the English and French guidelines on instrument-based screening for depression in the pregnancy and postpartum period in CMAJ and the associated systematic review in *Systematic Reviews* (published in the Task Force Thematic Series), and two guideline protocols in *Systematic Reviews* (prostate cancer guideline update and the potentially inappropriate prescriptions and over the counter medication use in adults over 65 guideline). See pages S24 - S25 for publication details.

Additionally, the Task Force contributes to an ongoing series of articles called “Prevention in Practice” in Canadian Family Physician (CFP). In 2022, two Task Force members published articles in this series. 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 S26 for more details on the CFP article series.

Presentations and webinars

Task Force members delivered six presentations across Canada targeting primary care physicians in 2022; five presentations were invited speaker presentations and one was a conference workshop. See pages S27–S28 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 pregnancy and postpartum depression guideline in 2022. See page S2 for stakeholder webinar details.

Media coverage

The pregnancy and postpartum depression guideline, released by the Task Force in July 2022 was a gold level guideline (a gold level guideline is defined by the communications team as a guideline that recommends a change from current practice and is on a topic with significant

public appeal). The guideline received over 75 media mentions and 5 media requests for interview with Task Force members or information about the guideline. CMAJ's July 25th electronic Table of Contents (eTOC) highlighted this guideline and was sent to 61,043 Canadian Medical Association (CMA) members and 7394 non-members. With 1179 total clicks it was the most clicked article in the July 25th members eTOC and second-most in the non-member eTOC. It was highlighted on the CMAJ website the week of July 25th and was included in the journal's social media and on the September print cover. It was the 6th most-read article in CMAJ for July 2022. For this guideline the Task Force developed an easy-to-read webpage targeted to the public: https://canadiantaskforce.ca/public/. See pages S3-S4 for more details.

Overall, the Task Force received approximately 187 media mentions in 2022 including coverage of the pregnancy and postpartum depression guideline, breast cancer guideline, colorectal cancer guideline, prostate cancer guideline, anxiety screening and mental health linked to the United States Preventive Services Task Force (USPSTF) guideline, preventive health, and other topics. Media coverage of the Task Force decreased slightly in 2022 compared to 2021 (187 mentions versus 220). This may have been due to the timing of the guideline release during summer in 2022 compared to spring in 2021. The Task Force Communications Team received 17 requests for interviews and information in 2022 (the same as 2021). Five requests were for interviews or information on the breast cancer guideline, 5 for the pregnancy and postpartum depression guideline, 3 for the chlamydia and gonorrhea guideline, 4 related to the USPSTF and 3 miscellaneous. See page S29 for more details.

Newsletter and Social Media

In 2022, the Task Force communicated updates on its work, such as new guideline publications, through its quarterly newsletter, and social media accounts. At the end of 2022, the quarterly newsletter had 5485 subscribers (e.g., PCPs, patient advocacy groups, regional health authorities). This represents a 13% increase in subscribers from the previous year. The Clinical Prevention Leaders (CPL) Network recruitment reminder distributed in February was the most read item in the 2022 newsletters/alerts, with an open rate of 51.9% and a click through of 6.8%. There was also a low unsubscribe rate of 0.2% quarterly on average.

The number of Task Force Twitter account followers increased from 914 at the end of 2021 to 994 at the end of 2022. Engagement (number of interactions such as likes, follows, comments, profile view) increased in 2022; however, overall impressions (number of people whose feed a Task Force tweet appeared in) decreased. The Task Force posted information on guidelines, news and recruitment calls on their Twitter feed in 2022. At least one person joined the Task Force fellowship program as a direct result of seeing the recruitment information on Twitter. The top tweet in 2022 was on September 6th, congratulating Task Force member Eddy Lang on his election to the Canadian Academy of Health Sciences with 4418 impressions.

See page S30 and S31 for 2022 newsletter and Twitter details.

Videos and other Materials

In 2022, the Task Force restarted their member recruitment initiative. This included creating new recruitment materials for potential Task Force members, updating webpages with new graphics, disseminating recruitment messages through a variety of channels and highlighting new Task Force members on social media and Task Force materials.

As part of its efforts to engage knowledge users, the Task Force Public Advisors Network (TF-PAN) co-built a tool that outlines what screening is.

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 most viewed videos in 2022, compared to 2021.

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 dissemination and uptake of Task Force guidelines and to address local barriers to guideline implementation through educational outreach and other KT activities. The CPL network is a two-phase pilot project. Phase 1 and its evaluation were completed in 2020.

Based on the results of the Phase 1 evaluation, the Task Force launched a new pilot of a modified version of the CPL program in 2022. 11 participants are currently involved in the CPL program including 5 primary care physicians, 4 nurse practitioners, 1 clinical pharmacist and 1 chiropractor/registered psychotherapist.

The CPL program hosted 3 webinars in 2022, 2 introductory and one on overdiagnosis (see pages S33 - S35 for details). The program will continue hosting webinars on additional topics in 2023.

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 20% (22/109) of 2022 survey participants were aware the cervical cancer screening module and 14% (15/109) were aware of the obesity module, which is similar to previous years (see page S71 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[8]. 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 previous Task Force patient preferences model, TF-PAN members are 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 form a stakeholder consultation group and 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 consists of 18 members of the public that are trained in Task Force and preventive care theory. There is also expanded network members – over 80 members of the public who are not trained, but can still participate in ad hoc projects.

TF-PAN was launched in early 2021 and to date has completed one community jury over 3 meetings, with 4 more in the planning phases. See pages S36-S39 for more details.

Usability testing

Once KT tools for guidelines are developed, knowledge users are provided with draft versions of the tools and asked to provide feedback on their usability. In 2022, two tools related to the pregnancy and postpartum depression guideline (Clinician FAQ and Patient FAQ) and one tool related to the upcoming fragility fractures guideline (interactive electronic tool) underwent usability testing. In total, 7 clinicians and 8 members of the public were engaged in testing the pregnancy and postpartum depression tools and 8 clinicians were engaged in testing the fragility fractures tool. See page S40 for more details.

3.5 Research projects

In 2022, 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.

Cancer Screening Network Engagement Initiative (Stakeholder Councils)

The Canadian Partnership Against Cancer (CPAC)-hosted Cancer Screening Networks (CSNs) facilitate implementation of high quality jurisdictional cancer screening programs. Traditionally, the Task Force has engaged ad hoc with the CSNs. Given the variation in uptake of Task Force

recommendations across Canada and CSNs' unique links to cancer prevention policy and implementation across provinces and territories in Canada, they were identified by the Task Force members as priority stakeholders for Task Force work. To that end, the purpose of this pilot initiative is to increase and standardize engagement between Task Force cancer guideline working groups and the CSNs through two activities. Guideline working groups can choose to take part in both, one, or neither of these activities.

Activity 1: Invite respective CSN members to participate in external review process of systematic review protocols, systematic reviews, and guidelines;

Activity 2: Task Force members attend and present on guidelines at respective CSN meeting.

In 2022 the KT Team, along with the Task Force and CPAC planned to carry out these activities for the tobacco guideline for early 2023. These activities will also take place for the lung and cervical cancer guidelines in 2023/2024.

See page S42- S44 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 2022 annual evaluation survey indicated that 23% of participants were aware of these language changes, and 36% of participants believed the language change from "weak"

to “conditional” helps facilitate the implementation of recommendations where the balance between desirable and undesirable effects is small, the quality of evidence is lower, and there is more variability in the values and preferences of individuals. See page S45 for more details.

KT Tool Dissemination Pilot

The dissemination of Task Force tools significantly decreased amidst the Covid-19 pandemic as a result of a mandatory shift to conducting work and professional development opportunities virtually. Thus, the Task Force Tool Dissemination Pilot was developed as a response to the need for alternative methods of KT tool distribution and dissemination. With this initiative, Primary Care Providers across Canada can complete a formal request form found on the Task Force website and have a bundle of KT tool packages sent to their address, free of charge. The parameters set in place to evaluate the success of this intervention includes:

- Number, demographics of PCPs who request a KT package
- Intention of recipients to use KT tools
- Reported impact of KT tools on practice
- Cost of direct dissemination to practitioners

The main objectives of the pilot project are:

1. To develop and disseminate a KT tool package to practitioners across Canada.
2. To evaluate recipients’ intentions to use KT tools and practitioner-reported changes to practice.
3. To determine the feasibility and cost of direct dissemination of KT tools to practitioners.

From the April of 2021 to February of 2023, there have been a total of 409 tool packages requested. Of these 409 packages, 97 primary care providers requested exclusively French tool packages, while 312 primary care providers requested tools exclusively in English. Upon further analysis of the intake request form data, it was noted that 49% of providers accessing KT tools, were primary care physicians, 22% were nurse practitioners, 11% were medical residents, 7% were registered nurses, 2% were public health professionals, 3% were researchers, 3% were physicians’ specialists and 3% were other allied health professionals.

Further analysis of this pilot project is ongoing to help inform modifications and improvements to the tool dissemination strategies. See pages S46 – S47 for more information

3.6 Uptake

Survey

Participant demographics

A total of 246 participants accessed the 2022 annual evaluation survey. After responses were removed that did not meet inclusion criteria (i.e. were not currently practicing primary care in Canada or had self-reported conflicts of interest), a **total of 163** were included in the analysis. Of the 163 included responses, 9 were in French and 154 were in English. In 2021, a total of

177 included participants completed the annual evaluation survey: 160 completed the survey in English and 17 completed the survey in French.

Please note that not all questions were answered by all survey participants because the surveys used branching logic 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 163 within some categories.

Survey participants practiced in urban (64%, n = 87/136), suburban (15%, n = 21/136), and rural (28%, n = 38/136) settings. They represented eleven provinces and territories and a range of years of experience (i.e. from ≤5 to ≥41 years in practice). Approximately 71% (n = 96/136) of survey participants were women, 28% (n = 38/136) were men. Respondents included primary care physicians (79%; n = 129/163), nurse practitioners (16%; n = 26/163), and primary care residents or researchers (6%; n = 9/163). A total of 38% (n = 51/136) of survey participants had 5 or fewer years of practice. See pages S49–S51 for participant demographics.

Pregnancy and Postpartum Depression Screening (2022)

Awareness and use of Task Force guideline and tools

More than one quarter (29%; n = 44/150) of participants were aware of the pregnancy and postpartum depression screening guideline. Those who were aware were somewhat satisfied with the guideline, rating it a mean of 5.6±1.2, where 7 represented being “very satisfied”. A little more than one quarter of participants (27%; n = 40/150) reported that they were using the Task Force pregnancy and postpartum depression guideline. Of the 44 participants who were aware of the guideline, 34% (n = 20/44) were aware of the clinician FAQ KT tool but had not used it, whereas 11% (n = 5/44) had used the tool. Additionally, 27% (n=16/44) were aware of but had not used, and 9% (n=4/44) had used the Patient FAQ tool. Thirty-two percent were aware of but had not used (n=14/44) and 9% (n=4/44) had used the infographic (see page S52 for details on use and awareness of these tools).

Current practice

About half of participants reported screening practices for pregnancy and postpartum depression that were consistent with Task Force recommendations. Specifically, 52% (n = 79/152) of participants reported that they do not use instrument-based depression screening for pregnant and postpartum (up to one year after birth) individuals.

See pages S52–S55 for more details on awareness and use of the Task Force pregnancy and postpartum depression 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 (86%; n = 129/150) were aware of the Task Force breast cancer screening guideline update that was released in 2018. These participants were somewhat satisfied with the guideline, rating it a mean of 5.7±1.2 out of 7, where 7 represented being “very satisfied”. Close to half of participants (43%; n = 64/150) said they primarily used the Task Force breast cancer screening guideline. Most other respondents (55%; n = 82/150) said they primarily followed provincial or territorial guidelines. Of the 129 participants who were aware of the guideline, 22% (n = 29/129) were aware of the breast cancer 1000-person KT tool but had not used it and 28% (n = 36/129) had used the tool (see page S56 for details on awareness and use of this and other tools).

Current practice

Participant’ reported screening practices for breast cancer that were mostly consistent with Task Force recommendations. Specifically, 74% (n = 115/154) of survey respondents reported that they did not routinely screen women aged 40–49 years and 89% (n = 137/154) reported screening women aged 50-69 every two to three years for breast cancer with mammography. Seventy-seven percent (n = 119/154) of participants reported that they did not routinely conduct clinical breast exams in their practice. 66% (n = 102/154) and 71% (n = 110/154) of participants indicated they routinely discuss the harms and benefits of breast cancer screening with patients between the ages of 40 – 49 and 50 – 69 years, respectively.

See pages S56–S60 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 (88%; n = 132/150) 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±1.0 out of 7, where 7 represented being “very satisfied”. Thirty percent of participants (n = 45/150) indicated that they primarily used the Task Force cervical cancer screening guideline, while 62% (n = 101/150) primarily followed provincial guidelines. Of the 132 participants who were aware of the guideline, 27% (n =36/132) were aware of the clinician algorithm but had not used the tool and 27% (n = 35/132) used the tool (see page S61 for details on awareness of this and other tools).

Current practice

Participants reported screening practices for cervical cancer that were reasonably consistent with Task Force recommendations. Specifically, 88% (n = 135/153) of survey respondents reported that they screened women aged 30–69 years every three years and 69% (n = 105/153)

reported that they did not routinely screen women under 25 years old. Sixty-three percent of participants (n = 96/153) reported discussing the harms and benefits of cervical cancer screening with patients aged 30 – 69 years.

See pages S61 – S65 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

Eighty-three percent of participants (n = 125/150) 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, where 7 represented being “very satisfied”. More than half of participants (57%; n = 86/150) reported primarily using the Task Force prostate cancer screening guideline, and others followed a provincial or territorial guideline (30%, n=45/150). Of the 125 participants who were aware of the guideline, 6% (n = 7/125) were aware of but did not use the prostate cancer 1000-person KT tool and 38% (n = 47/125) reported using the tool (see page S66 for details on awareness of this and other tools).

Current practice

Participants reported screening practices for prostate cancer that were fairly consistent with Task Force recommendations. Specifically, 88% (n = 133/152) of survey respondents reported that they did not routinely screen men younger than 55 years for prostate cancer with the PSA test. In addition, 65% (n = 99/152) of survey respondents reported that they did not routinely screen men aged 55–69 years with the PSA test. Roughly, half of participants (53%, n = 81/152 and 43%, n = 65/152) reported discussing the harms and benefits of prostate cancer screening with patients aged 54 years and younger, and 70 and older. More participants (80%, n = 121/150) reported having these discussions with patients aged 55 to 69 years.

See pages S66–S70 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 any of the Task Force resources, participants were most likely to identify the Task Force website (83%; n = 90/109), the Task Force newsletter (48%; n = 52/109), the Prevention+ Website (43%; n = 47/109), and the Task Force CFP article series ‘Prevention in Practice’ (41%; n = 45/109). Of note, one third of participants did not respond to this question (33%, n=54/163)

See page S71 for details on awareness of other Task Force resources.

When participants were asked how they accessed the Task Force KT tools, the most popular method for digital tools reported was visiting the Task Force website (94%; n = 110/117) and in

print it was receiving copies of tools at conferences (58%; n = 35/60). Other participants accessed the KT tools by printing them from the website (37%; n = 35/60).

See page S72 for details on Task Force KT tool access.

Interviews

We conducted 22 interviews with PCPs from across Canada: 18 in English and 4 in French. These interviews explored 5 main themes:

1. Awareness of the Task Force organization and guidelines,
2. Guideline and source trustworthiness,
3. Factors influencing guideline adoption,
4. Implementation of guidelines in practice
5. Suggestions for improved reach and impact of Task Force activities

Participants represented six provinces and territories. Sixteen participants identified as women (73%) and six identified as men (27%). Participants ranged from 5 or fewer years of practice to 16 to 20 years of practice. Approximately 55% (n = 12) of interview participants had 5 or fewer years of practice. Seventy-three percent of our participants were primary care physicians, the rest were nurse practitioners or residents. See pages S73 –S75 for interview participant demographics.

Theme 1: Awareness of Task Force and Guidelines

We asked PCPs to describe how they were made aware of the Task Force, what 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 participants (N = 22)
Medical School or Residency	16
Conferences	4
Task Force Website	1
Worked with a former Task Force member	1

Most interview participants first learned about the Task Force during their medical training, either in medical school or in residency. A few participants first encountered the Task Force at a conference. Those who were able to recall a specific conference highlighted that it was the Family Medicine Forum. A small number of other participants first heard about the Task Force through the website or through a colleague.

"When I was in Med school, I think I must have been, I remember just getting a laminated copy of one like the screening tool resources, I think it was at like a conference, probably the Family Medicine Forum." – P027(English)

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 new and updated task force guidelines

Method for hearing about new or updated guidelines	Number of participants (N = 22)	% of participants
Email from Task Force	16	73%
Colleagues	6	27%
Conferences	3	14%
Task Force Website	4	18%
Grand Rounds (Residency)	2	10%
Personal Research	1	5%
Journals (e.g., CMAJ)	1	5%
Annual Evaluation Survey	1	5%

Most participants heard about new or updated guidelines through emails from the Task Force, from colleagues and at conferences.

Only about half of participants (n=12) had heard about the new pregnancy and postpartum depression guideline. Some highlighted that they likely hadn't heard about it because their practice does not care for pregnant and postpartum people regularly or because they prioritize using provincial guidelines on this topic.

"Because I rely mostly on the Quebec guidelines. I look at the Quebec guidelines first." - P002 (French)

"No, I say I'm not because I don't follow patients who are pregnant or even postpartum. It's very rare for me" – P015 (English)

Participants discussed generally hearing about new guidelines through personal searches (e.g., conducting searches periodically throughout the year to become aware of new or updated guidelines or to meet the needs of specific patients), discussions of the guidelines in education sessions (e.g., grand rounds), publications in journals (e.g., CMAJ), from the Task Force website and from participation in Task Force Activities (e.g., annual evaluation survey).

For the breast cancer (2018) guideline update specifically, participants recalled hearing about it mostly through the Task Force newsletter, Task Force mailing of print materials and by browsing the Task Force website.

Theme 2: Guideline and source trustworthiness

When participants were asked which sources they used or referred to for screening and preventive health recommendations, over half of the participants named the Task Force as one of their main trustworthy sources. Participants also cited national specialist or disease-specific organizations (e.g., Society of Obstetricians and Gynecologists of Canada, Diabetes Canada), provincial organizations or government bodies, and other national organizations (e.g., USPSTF) as their trusted sources for guidelines.

Trusted Sources for Guidelines	Number of participants (N = 22)	% of participants
Canadian Task Force on Preventive Health Care	12	55%
National Disease-specific or specialist organizations	10	45%
Provincial bodies	9	41%
Other national organizations (e.g., USPSTF)	6	27%

Many participants highlighted having multiple trusted sources for guidelines:

"If it's asthma, so it would be like the Lung Association, if it's cardiovascular, it would be Canadian Cardiovascular Association, if it was diabetes, it would be Diabetes Canada, in terms of sources, I would probably say like the most trusted one would be the CFPC magazine and you know when guidelines are published in there then I definitely do read it, usually reading it is kind of like are CME is accredited to read through those guidelines as well so those tend to be the more trusted sources" – P027 (English)

When asked to describe what makes a guideline trustworthy, participants referred to assessing a guideline's evidence base, its development methodology, the composition and potential biases of the development team, the guideline clarity and practicality, the involvement or endorsement of trusted sources and the opinions of trusted colleagues:

Factors that influence guideline trustworthiness		
Factor	**Number of participants (N = 22)**	**Description**
Evidence base, quality and strength of evidence	4	Participants noted that being able to assess the evidence base of a guideline for themselves, the quality of the evidence used, and the applicability of the evidence to their context were all important factors for determining trust in a guideline *"Sometimes the references. So when you read a guideline and you kind of see like where, how are they referenced, where are they getting their information and where are their references." - P008 (English)*
Rigorous and transparent methods	5	Transparency in how the guidelines were developed, and explanations for why certain recommendations or decisions were made impacted trustworthiness. PCPs mentioned that they trusted guidelines that provide clear explanations for the how the evidence used was gathered and how the recommendations were developed *"what was their process for making this guideline. Did they do a literature review, is this an expert census guideline or is this based on a review of the available evidence and are they grading the evidence available? Are they saying their level of confidence or certainty in that evidence? When I'm first evaluating a source, I will do that work whereas I think with the Canadian Task Force I've sort of come to trust that that stuff is done in the background and I don't look at it in depth anymore. But, if I was evaluating another set of guidelines then those are the things that I would*

		look for to determine if I trust it or not." – P006 (English)
Minimal or transparent conflicts of interest and perceived bias (e.g., funding sources)	5	Participants noted that lack of conflicts of interest or the ability to assess potential conflicts or bias for themselves were important factors in guideline trust. *"So if it has been transparent in the funding of the people making the guidelines. If it reports on whether or not there is industry funding of the studies that they're using to justify their recommendation. Those would be, so for me the funding is probably the largest one" – P006 (English)*
Clear and practical	4	Participants highlighted that guidelines that are presented in a clear fashion and that have considered the practicalities of implementation in context were important factors to consider in assessing guideline trustworthiness *"And then I think about which one is more manageable or reasonable in practice because a lot of guidelines if family doctors were trying to follow every set of guidelines it would be completely unmanageable to run a practice, so the ones that are pragmatic I guess or doable are, I'm more likely to follow." – P006 (English)* *"To facilitate the reading of the document, the point form and a summary of recommendations." – P003 (French)*
Composition of guideline developers (e.g., trustworthy members, relevant expertise of members, etc.)	5	Participants noted they trust organizations that involve a multi-disciplinary group during the guideline development process, along with input from professional bodies, to reduce likelihood of bias from individual groups and enhance applicability of recommendations. *"I would say a mix of primary physician and specialists and nurse practitioners. I think when it's multi-disciplinary, when there is different input and from various professional bodies but yeah definitely, and it*

		needs to be feasible in our context as well." – P015 (English)
Guideline Source or Endorsement	5	Participants noted that guidelines being developed or endorsed by organizations they trusted (e.g., the Task Force, CMA, CFPC) would confer them with a higher degree of trust "*I don't often go into depth about how it was done but I do, once I trust an organization, I know I stop reading the method section" – P006 (English)*
Colleague Opinion	2	Some participants discussed seeking the opinions of trusted colleagues when deciding when to use or trust a guideline. *"The people who I trust in that discipline if they tell me they've looked at a guideline and they usually agree with it or disagree with it for, and they usually very quickly inform me for x y z sort of thing, I do trust them at face value" – P009 (English)*

Theme 3: Factors influencing guideline adoption

When asked about the factors that influence guideline adoption, participants described several decision-making factors that influence their decision to adopt or follow guidelines including the evidence level, consensus with local practice standards, patients' preferences and the reputation of the development organization.

Factors that influence decisions to follow guidelines		
Factor	**Number of participants (N = 22)**	**Description**
Evidence level and strength of recommendation	7	Participants indicated the strength and quality of evidence, as well as the rationale it builds for recommendations would impact their decision to follow a guideline. They reported in particular the importance of the evidence base being up to date, clear and free of bias

Consensus with local standards of practice (e.g., provincial guidelines, employer guidelines)	7	Participants outlined that guidelines that are aligned with local practice standards such as those laid out by a provincial guideline or clinic specific practice were more likely to be implemented Local practice standards may also influence the availability of resources in that area, and therefore how well a practitioner may be able to implement a new guideline recommendation. Participants who prioritized local standards reported doing so because of specific standardization recommendations from the Ministry of Health, because of the risk factor demographics of the local population, or to be consistent with their colleagues' practices. When unsure which guideline to follow in the case of conflicting recommendations, participants reported choosing to follow the more local standard (i.e. provincial) after discussion with their area colleagues *"To standardize practices, it is best to go with a provincial guideline, rely on INESSS." - P003 (French)* "*And sometimes it comes down to clinic guidelines too because we have umm health care policies that we need to adhere by as well." –P008 (English)*
Colleagues or opinion leaders	8	Several participants described that interactions with colleagues were an important part of their judgement around guideline use. Discussions about practice at conferences and education events often influenced their decision making around guideline use in their practice, as did what guidelines were taught during their training by respected teachers. "W*hat I learn at school will become my practice. When family physicians do the teaching, it encourages us to continue later. I have a professor in mind, for example, everyone who took his course at McGill knows the task force and uses it in their practice." – P003 (French)*

Patient-specific factors and Preferences	5	Participants noted that patient specific factors and preferences play a role in their decision to adopt guidelines. If the practitioner feels their patient population is not aligned with that used to develop the guideline, or if their patient has strong preferences for a different approach they may choose not to follow a guideline recommendation *"I'm in the countryside in Quebec and I'm always looking to see if it applies to the type of patient I have, if it's going to be difficult to apply or not." – P003 (French)*
Reputation of guideline development organization	3	Some 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.

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

Influencers that drive guidelines becoming practice		
Influencers	**Number of participants (N = 22)**	**Example**
Guideline development organizations	9	Several participants felt that guideline development organizations (e.g., Task Force) impact which guideline recommendations become practice, based on their dissemination and implementation efforts and the overall trust of practitioners in the organization
Colleagues or leaders in the field	9	Colleagues were listed by several participants as major influences on guidelines becoming practice – discussion with colleagues was often cited as a factor in decision making and participants were more likely to follow guidelines others were using or advocating for

Government	6	Several participants felt the government played a large role in guidelines being implemented into practice, since they are often responsible for developing provincial guidelines and practice standards
Specialists	6	Several felt specialists (e.g., gynecologists) have a large impact on which guidelines become practice as their expertise is was looked to in areas where participants felt less knowledgeable
Patients	5	A couple of participants highlighted that patients influenced guidelines becoming practice, since they are the final decision-makers in their own health care
Evidence of Benefit	4	Some participants noted that very strong, clear evidence for need and benefit would have a positive influence on guideline uptake

Theme 4: Implementation of guideline recommendations in practice

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

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
Complexity and practicality of recommendations	Participants reported that clear and easily actionable recommendations were much easier to decide to implement than those with complex recommendations that were difficult to parse. They also outlined the importance of practicality of implementing the guideline in context (e.g., availability of a recommended test due to location or funding). *"When it's hard to actually find the information you want. Yes, it is important to outline how you came to this conclusion but at the same time, me as a busy family doctor, looking, needing to keep up with all of*

	the guidelines, I want what is your summary? What do you want me to change? What do you want me to do?" – P004 (English) *"What I find most difficult in my region is that there are recommendations that are issued, for example, lung cancer screening, but unfortunately the patients don't have access to this kind of imaging the low intensity CT scan in our region. So often that's the problem, I have several colleagues in the same situation. You want to apply, you want to follow but, it's not available, it's not feasible" - P001 (French)*
Time constraints (e.g., for looking up new guidelines, or having discussions with patients)	Participants described a lack of time as a barrier to implementation. Lack of time was defined in several contexts: to have meaningful discussions with patients about the recommendations, and to keep up to date with new guidelines and recommendations. *"As a nurse practitioner, we use these tools a lot. I don't think that doctors really use the tools because they have 15 minutes with the patient. But in reality, we are in a family medicine group (GMF), so there are many patients with chronic illnesses who are followed by the nurse clinicians who will use these tools for chronic illnesses, then the practitioners like me, we have our own patients so, and we are not governed by… we are not self-employed, so we have a little more time with the patient." – P001 (French)*
Alignment of Recommendations	Participants reported that it facilitated implementation if there was consensus across multiple guideline sources (e.g., Task Force and provincial guidelines were aligned). In contrast, guidelines for which there are many conflicts (e.g., breast cancer screening guidelines) were much more difficult to implement *"The difference in guidelines, I find that there shouldn't be, there should be an agreement in the same country, but it's not the case for case which makes it a little difficult to enforce (…) a little linkage so that it would become a joint recommendation and not two separate recommendations that are sometimes even different there." - P001 (French)*
Clear and concise guidelines and resources	Participants mentioned that having clear and concise guidelines as well as quick references that can be used "on the go" were facilitators for guideline implementation. They also highlighted having good resources that were actionable and practical for both themselves and patients was helpful. In particular, the 1000-person tools were highlighted as helpful for implementation recommendations with patients

	"Yeah, definitely how straightforward the recommendations are. If I need to read 5 pages to understand the recommendations vs if I can look at a tableau or infographic or something and it sticks in my brain quicker, it's just the basics of human nature, the easier it is to understand it, the more I am going to understand it, the more I am going to implement it. If it's some that is more, especially those guidelines like where it's informed decision making based on discussion between patient and physician, something again that is easy for me to knowledge translate to the patient. I know I already said it once or two times but the 1000 person graphics that demonstrate very well what the risks and benefits of certain things are, I definitely if there is one of those, I find it easier to discuss it with a patient because it is something very visual and kind of in colour but very black and white sort of thing." – P009 (English)
Patient awareness and preferences	Participants discussed how patient preferences and awareness can a barrier or facilitator to guideline implementation. If participants are aware of and comfortable with recommendations, they may initiate conversations about guideline recommended screening. Conversely, if they were aware of different screening recommendations they may be more resistant to implementation of a particular guideline's recommendations. *"So, I guess if there's like messages in the media that are kind of opposite of what you are trying to promote, that can make it difficult so. I guess if there's like you know, information that they're kind of getting or the patients are getting that kind of makes things easier or harder for us" – P024 (English)*
Influence of Trusted Colleagues	Participants highlighted that the opinions of trusted colleagues played a role in their implementation. If trusted colleagues were implementing a guideline they may be more likely to.
Reminders/EMR integration	A couple of participants highlighted that integration of the recommendations into their EMR could help with reminders and facilitate implementation in practice.

How providers engage patients in discussions about preventive health care guidelines and recommendations

Many participants described having engaged in shared decision making with patients, mostly around cancer screening:

"Well, we do preventative health visits in general medicine, so they have replaced the annual physical, so if ever a patient is in for a preventative health visit we always address all of the cancer screening. So those are typically opportunities to bring it up and make sure things are up to date and you know patient screening is up to the guidelines. And then otherwise time permitting, if a patient is in for another reason for an appointment and I have time to just quickly check their cancer screening and prevention then I will bring it up with them then as well" – P001 (English)

Participants highlighted facilitators to shared decision making including patients having access to a wide range of health information sources that increase their interest and engagement with their own health, and having multiple opportunities to engage with patients over time.

"Usually in family medicine you don't have to decide in one visit too so that's kind of a nice thing. So, you can tell them to think about it, I can think about it and we can meet up in a few weeks. Like none of this is urgent right so you can kind of think about it more, you can kind of read up about it" – P024 (English)

Many participants also highlighted the Task Force tools, in particular the 1000-person tools as a facilitator for engaging patients in shared decision-making around cancer screening.

"I do stuff like if they do bring up PSA, I do usually go to that one and then just show them like okay so. Let's first make sure that obviously it really for screening and not diagnostic. If they have any symptoms then they are in a different category but if it's just, and that they don't have a family history or anything like that kind of changes things, then I just show them like this is kind of you know, that there is some, you know, there could be harm. There's benefits but there is also, can be harm from screening and then like, you know if this is what 100 people that we screen, this is the number of people that would actually have the disease and this is how many people it would change if you actually got earlier screening vs not. And then these are the risks of complications from screening themselves so kind of just show them like to be aware of I guess there is some downside to screening and if you, if you do get screened and it's positive, like this is kind of the next steps that would happen" – P024 (English)

Participants also identified a number of additional primary care personnel who may be involved in preventive care discussions with patients. Nurses were highlighted as team members well suited to engaging patients in these discussion (via one to one interactions or through group environments such as public education sessions run by a practice group for their patients). Dieticians and pharmacists were other personnel mentioned by participants as potential individuals suited to preventive care discussions.

"The best people suited would be nurses because you know they do a lot of patient contact" – P022 (English)

Theme 5: Suggestions for improved reach and impact of Task Force activities

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

1) *New Guideline Release Communications:* Several participants suggested improvements to the communication processes around new guideline releases. They suggested that leveraging clinical leaders other that physicians, such as nurses, for dissemination could be a useful avenue for dissemination. They also suggested using an email notification that only covers the release of the guideline, with a small amount of text and a link to the guideline details ensure the notification does not get neglected among other information in a larger or more detailed email.

   "So my recommendation if possible would be to ask the Task Force to basically just send out an email saying this is the current you know depression postpartum pregnancy guideline or this is the update to whatever guideline you're doing and just send a very quick like two liner and then hyperlink in there the actual link to the main full PDF guideline. Because it's just too hard for me to look through such a long letter with a lot of perhaps superfluous information that is not relevant to me just to find a guideline." – P012 (English)

   "Getting in touch with the clinical leaders, introducing them to everything that's working, including the diabetes guidelines, hypertension, that's what's been going on the most, so if there are any recent updates, for example, that would be interesting because that's something that we work with regularly and we always need to have an update". – P001 (French)

2) *App development:* Some participants also suggested that an app that provided quick access to all the Task Force guidelines and tools would be very helpful in their day to day practice. They offered suggestions of other apps on which this could be modeled, such as The Cardiovascular Society App and the Up to Date app

   "I mean realistically so many of us use apps on our phone now and you know app kind of counterparts to the actual physical book. Most of the books are becoming a bit redundant so I would say an app, right Like I have a whole folder on my phone with all of my medical apps and I refer to them probably at least once a day between all of them. So, if you can just open the app, you know, click breast cancer and pull up the infographics, I think that would be a great way." – P001 (English)

3) *Website Optimization:* A few participants noted that they found the website design was not inviting, and found the search functionality to be sub-optimal. They suggested updating the site and improving the search feature would make the website more usable and inviting

   "I find that the website lacks life, it lacks a little bit of design, it's too straight, too clean, it lacks attraction, madness! I like the tools, I think they are well done, it's colorful, there are, there are circles, there are images, but the site as such it's too neat, clean, I don't know how to define. It doesn't stop me from consulting the guidelines anyway." – P002 (French)

4) *French Conference Presence:* Participants from Quebec highlighted that presence of the Task Force at provincial conferences would be useful for dissemination in that region. Conferences they suggested included those from the Institut National de Santé Publique du Québec (ISPQ), Collège des médecins du Québec (CMQ), Fédération des Médecins Omnipraticiens du Québec (FMOQ) and Association des infirmières praticiennes spécialisées du Québec (AIPSQ).

5) *Other Suggestions:* Other suggestions made by individual participants include: providing recommendations for logistics of integrating guidelines into practice, (e.g., case study of an example scenario), participating in disease awareness month campaigns, integrating Task Force into medical school curricula and training to practice transitions and using direct outreach to primary care clinics such as mail outs of information sheets about Task Force guidelines to enhance awareness.

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 = 9) compared to English (n = 154), and only 4 participants completed an interview in French compared to 18 in English. Although this is the largest number of French-speaking participants interviewed in the years French interviews have been offered (0, 3 and 1 were completed in the 2019, 2020 and 2021 evaluations respectively), 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 recommendations that the Task Force can consider to increase engagement of PCPs with Task Force resources and activities. Each of these recommendations is described in detail below.

1. **Continue to leverage new and existing avenues for dissemination of Task Force guidelines and resources**
    - **Conferences** were an often cited method for PCPs to learn about new and existing Task Force guidelines. Prioritizing attendance at in-person conferences over virtual ones may be advisable, as there was a significant decrease in engagement with the Task Force booth at virtual conferences in 2022 compared to 2021. Additionally, targeting attendance at primarily French-speaking conferences such as those hosted by ISPQ, CMQ, FMOQ and AIPSQ in Quebec was recommended by French-speaking participants to help increase uptake of Task Force materials in French-speaking regions
    - **Email** was another commonly cited source for learning of Task Force materials. In addition to the Task Force newsletter, information pieces in listervs from other trusted organizations such as INESSS and CFPC, and dedicated short, 3-4 line email alerts about the release of new guidelines were suggested as avenues that could be explored to increase reach of Task Force guidelines.
    - **Scenario case studies** of guideline implementation were suggested as potential beneficial resource to support guideline uptake. Participants outlined that published case studies how a guideline might be implemented in a particular scenario could be developed to help them better understand how to use a guideline in their context. The Task Force could explore publishing articles or tools with cases to help promote additional uptake of currently published guidelines as well as developing them for new guidelines.
    - **Target training and early career PCP's**. Medical school or residency was a common route through which PCPs learned about Task Force guidelines and resources. Further, interview participants noted that learning about organizations and their guidelines in their training and early career often influenced where they would look to for guidelines in the future. The Task Force can consider looking for opportunities to disseminate their guidelines through medical school and residency programs, for example by engaging with program directors and offering to provide presentations or slide decks covering Task Force guidelines. Additionally, the Task Force can continue to promote opportunities for early career PCPs to engage through options like the CPL Network or the Fellowship program. This option was particularly highlighted by French-speaking participants as a possible route to explore for increasing engagement with French-speaking PCPs
    - **Continue the Tool Dissemination Pilot**. Task Force tools, in particular the 1000-person tools were commonly cited as used by participants both for PCPs understanding of guideline recommendations and for discussions with patients. PCPs cited having these tools easily available as a facilitator for guideline uptake. Continuing to disseminate both physical and digital copies of these tools may be beneficial, particularly for engaging French-speaking PCPs as increasing

dissemination of French tools was suggested by French-speaking interview participants as a way to increase engagement.

2. **Expand engagement activities to other interest groups**
    - **Other PCPs and allied health professionals:** participants noted that other PCPs and allied health professionals (e.g., nurses, pharmacists, physiotherapists, dietitians) play an important role in screening discussions and health education with patients. Engaging these individuals could equip them to support in screening discussions and disseminating new materials to PCPs.
    - **Members of the public.** Several participants noted that patient awareness of guideline recommendations could be a facilitator to guideline uptake, as patients would often start discussions about these guidelines with practitioners. The Task Force can consider increasing their public-facing dissemination activities to increase public awareness of guideline recommendations

3. **Promote the inclusion of Task Force guidelines and resources in apps**
    Similar to previous years, several participants highlighted that they would like to have the Task Force guidelines and tools available through an app, for easy reference; however, awareness and use of QxMD remains relatively low.

    We encourage the Task Force to explore options for including Task Force guidelines and tools in vetted apps. The Task Force could promote the use of these apps to PCPs and evaluate if increased guideline recommendation uptake is seen following this promotion

4. **Consider re-promotion of previous guidelines during extended periods between guideline releases**
    When longer periods between guideline releases occur, the Task Force can consider re-promoting some of their lesser known guidelines to help PCPs newer to the Task Force become aware of all the Task Force guidelines and resources. One participant suggested leveraging ‘awareness months’ such as Heart Month in February that correlate to a guideline may be a useful way to implement this promotion.

5. **Communicate when guidelines are sunsetted or confirmed**
    Many participants highlighted the importance of guidelines and evidence being current when considering whether or not to implement a finding. To address this factor, the Task Force can plan to disseminate information about guidelines that are sunsetted or confirmed to highlight to PCPs that Task Force guidelines are regularly reviewed and recommendations are kept current with available evidence.

6. **Explore opportunities to involve provincial guideline bodies in guideline dissemination and implementation activities.**
    Many participants highlighted that they may turn to provincial guidelines over national guidelines like those from the Task Force for a variety of reasons. To enhance uptake of Task Force guidelines, the Task Force can consider exploring opportunities to involve provincial guideline bodies in guideline dissemination and implementation activities to help enhance uptake. For example, the Task Force could consider involving provincial bodies in future iterations of the Stakeholder Councils. This could be a particularly useful

strategy for enhancing engagement of French-speaking PCPs in Task Force as participants from Quebec highlighted the importance of following guidance from INESSS in their practice.

6.0 References

1. Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: the RE-AIM framework. American journal of public health, 89(9), 1322-1327.

2. RE-AIM [website]. 2018. Available from: re-aim.org.

3. RStudio Team. R: A language and environment for statistical computing. R Foundation for Statistical Computing, [Internet]. Boston, MA: RStudio, PBC; 2022 [cited 2022 Oct 5]. Available from: http://www.rstudio.com

4. Microsoft Corporation. (2016). Microsoft Excel. 2016 Microsoft Corporation.

5. Ritchie J, Spencer L. (1994). “Qualitative data analysis for applied policy research.” In Bryman A, Burgess R, eds. Analyzing Qualitative Data. London: Routledge: 173-194.

6. Stemler, S. (2000). An overview of content analysis. Practical assessment, research, and evaluation, 7(1), 17.

7. Lang, Eddy, Heather Colquhoun, John C. LeBlanc, John J. Riva, Ainsley Moore, Gregory Traversy, Brenda Wilson, and Roland Grad. (2022) "Recommendation on instrument-based screening for depression during pregnancy and the postpartum period." CMAJ 194, no. 28: E981-E989.

8. Graham ID, Tetroe JM, Maclean R. Some basics of integrated knowledge translation research. In: Graham ID, Tetroe JM, Pearson A, editors. Turning knowledge into action: practical guidance on how to do integrated knowledge translation research. Adelaide: Lippincott-JBI; 2014.

ST. MICHAEL'S
UNITY HEALTH TORONTO

Canadian Task Force on Preventive Healthcare

2022 Annual Evaluation

2022 Guideline Publications

ST. MICHAEL'S
UNITY HEALTH TORONTO

Pregnancy and Postpartum Depression

Pre-release: Stakeholder engagement

Released July 2022

- Engaged 64 stakeholders
  - 15 generalist organizations
  - 27 disease-specific organizations
  - 4 clinical experts
  - 3 peer reviewers
  - 15 usability testing participants
- Hosted 2 guideline preview webinars on July 21st and July 22nd , 2022
  - Presented by Dr. Eddy Lang
  - Attendance: 5 stakeholders

Endorsements and Statements of Support

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

PSR RPS CANADA
Partners in Recovery
Uncovering Potential

Pregnancy and Postpartum Depression

Post-release: Dissemination & media

Dissemination	Pregnancy and Postpartum Depression	Chlamydia and Gonorrhea Total**
CMAJ journal subscribers (received guideline)	61,043	63,663
CMAJ guideline downloads*	10,539 (EN) 1,842 (FR)	14,036 (EN) 3,609 (FR)
Task Force website English page visits	2,190	4,183
Task Force website French page visits	273	353
Podcast plays	6036	1,957 (EN) 1,562 (FR)
Media		
Media Mentions	75	150
Interview requests with Task Force members	5	5
Altmetric score	107	60
Citations	4	3

**English & French (if available), Full & PDF totals calculated from CMAJ public article metrics*

***Metrics included from 2020 annual evaluation for comparison purposes*

Note: Numbers are based on data from January 1, 2022 to December 31, 2022.Media data are based on media reports from the Task Force communications team

Pregnancy and Postpartum Depression

Post – release: Dissemination & media

Highlights:

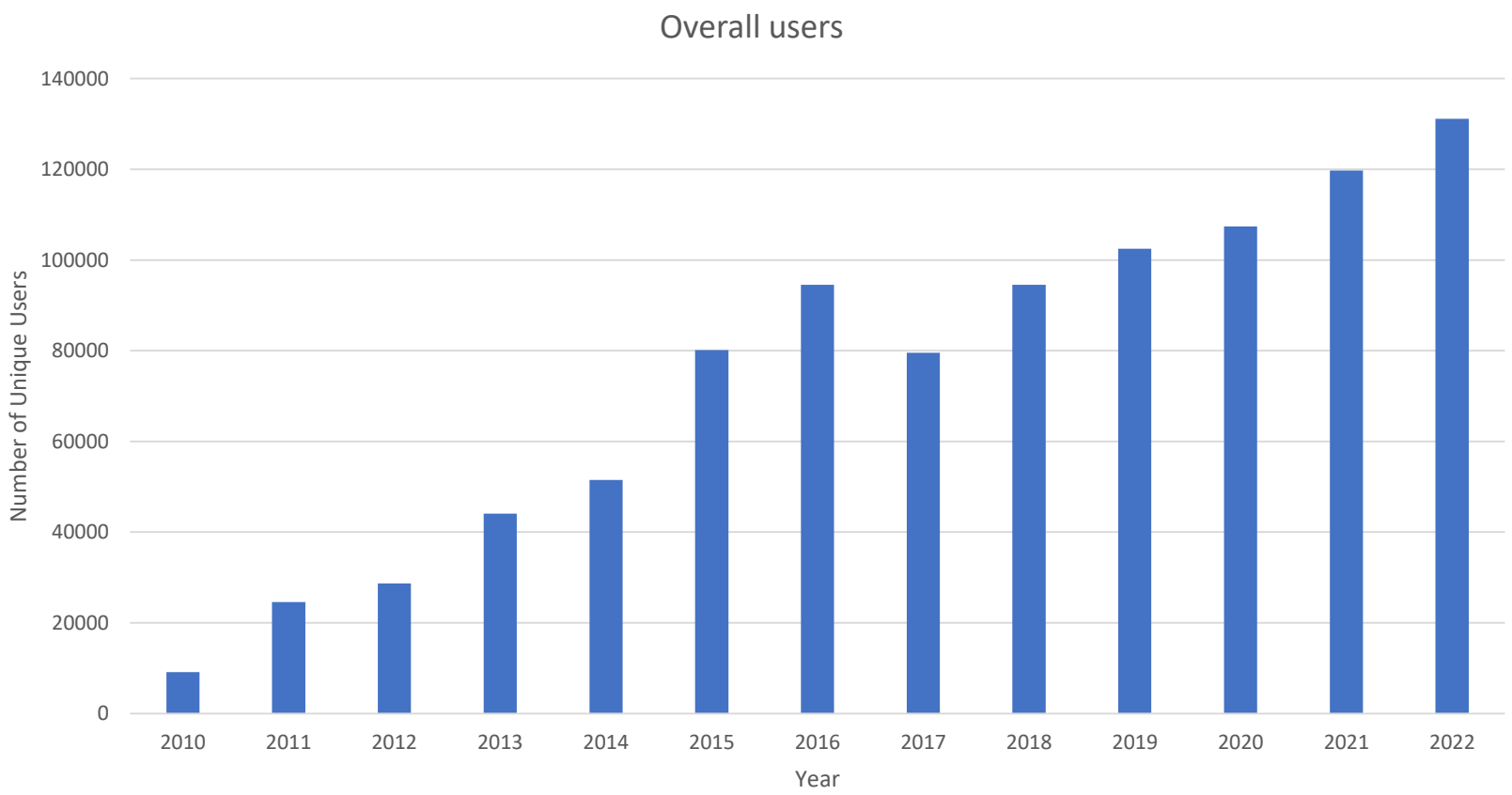
- ***CMAJ's* July eTOC highlighted the Pregnancy and Postpartum Depression guideline**
  - Sent to 61,043 CMA members and 7394 non-members, with 1179 total clicks
  - It was the most clicked article by members and second-most clicked by non-members in the eTOC
- **It was the 6th most read article in CMAJ for July 2022**
- **The guideline was also featured on the September print cover of the journal**

Guideline Dissemination

Guideline dissemination
Virtual Conferences & Engagement

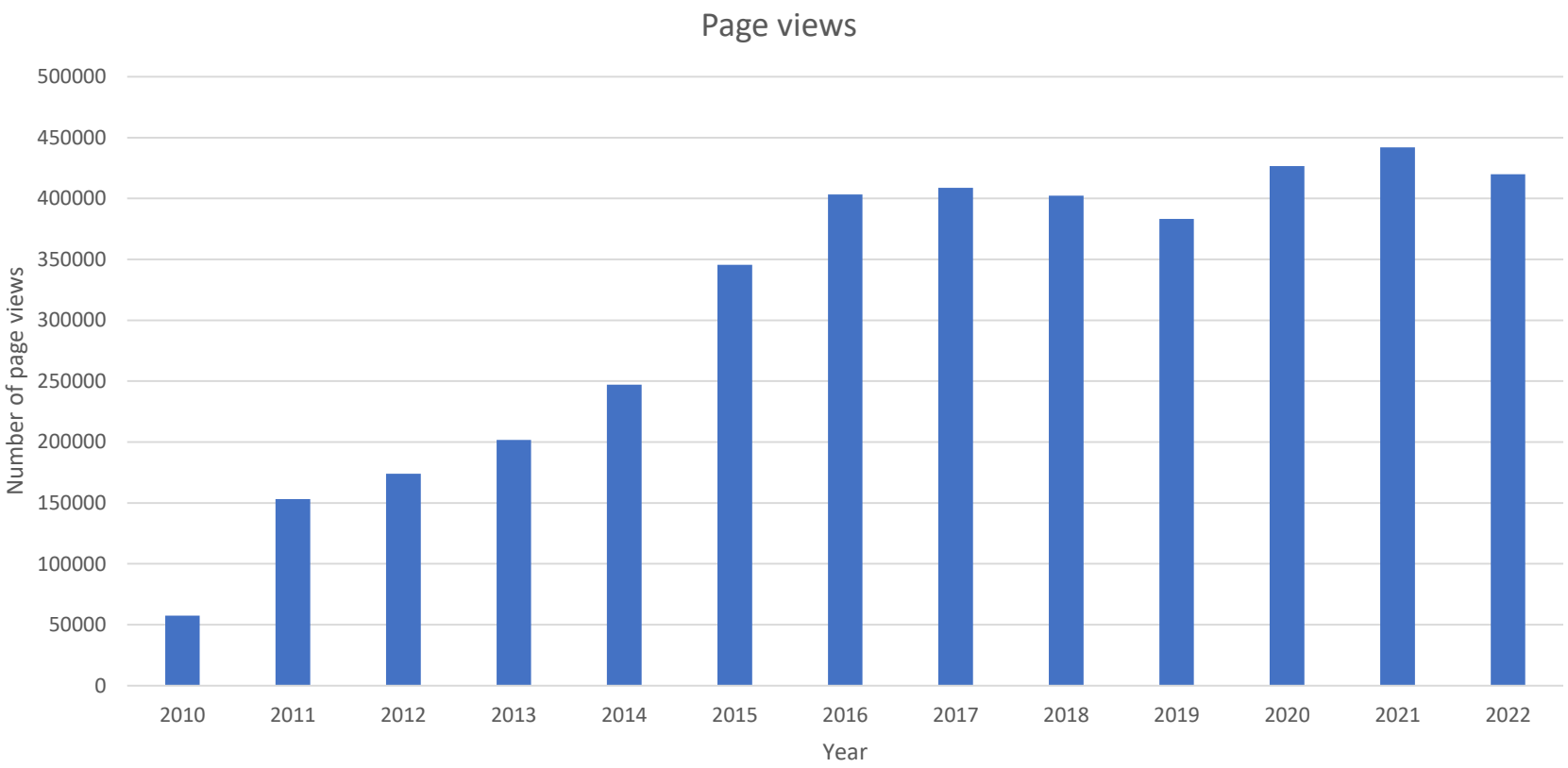
Conference	Dates	Location	Delegates attended	Task Force booth attendees	1:1 Interactions	Tools Distributed
29th Annual Rural and Remote Medicine Course	Apr 21-23, 2022	Ottawa	485	45	45	1612
Choosing Wisely National Meeting 2022	May 25-26, 2022	Virtual	939	141	141	129
Congrès annuel de médicine 2022	Oct 19-20, 2022	Virtual	633	58	58	55
Family Medicine Forum (FMF) 2022	Nov 9-11, 2022	Toronto	2100	200	200	3580

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

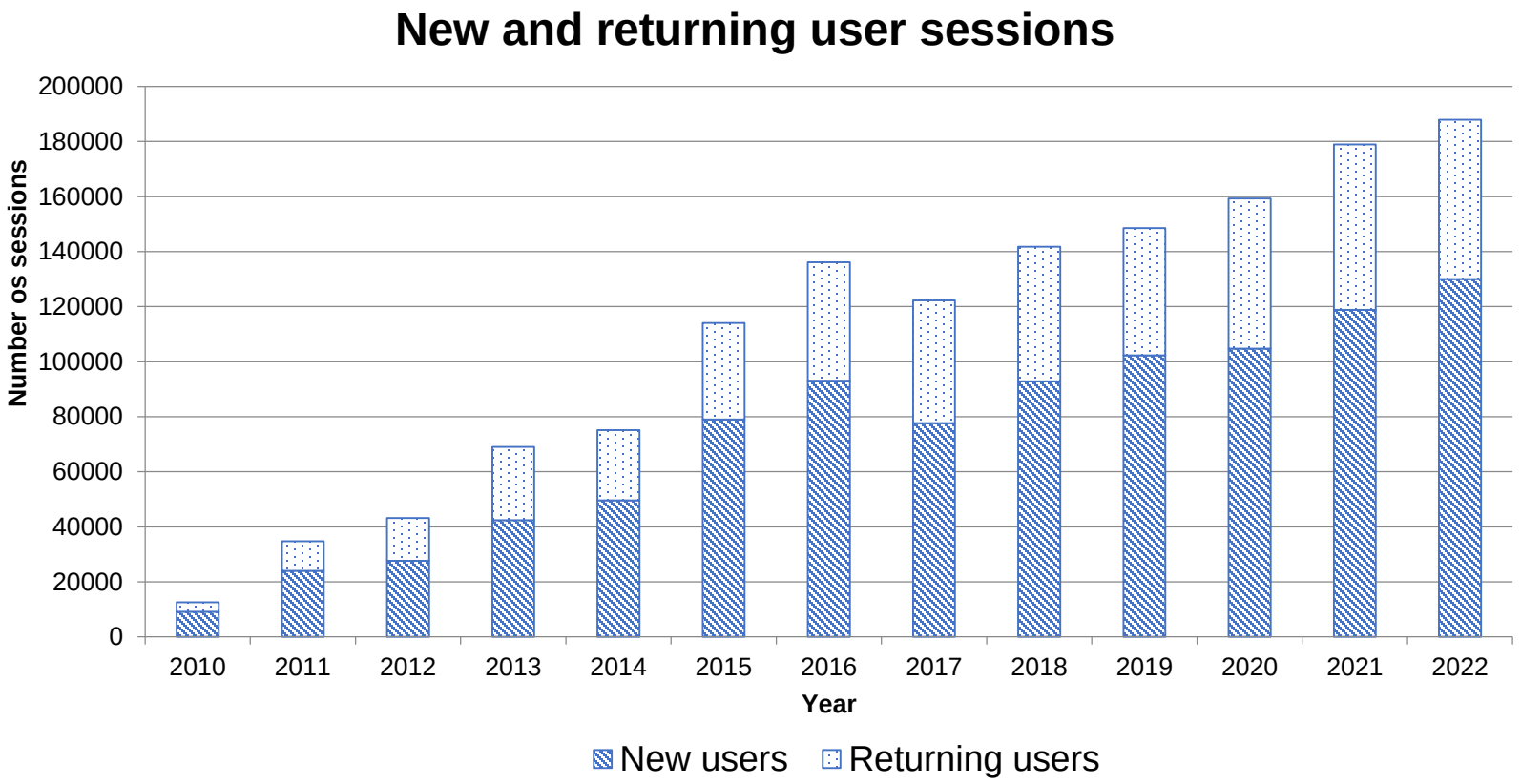
Guideline dissemination
Task Force website annual page views



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

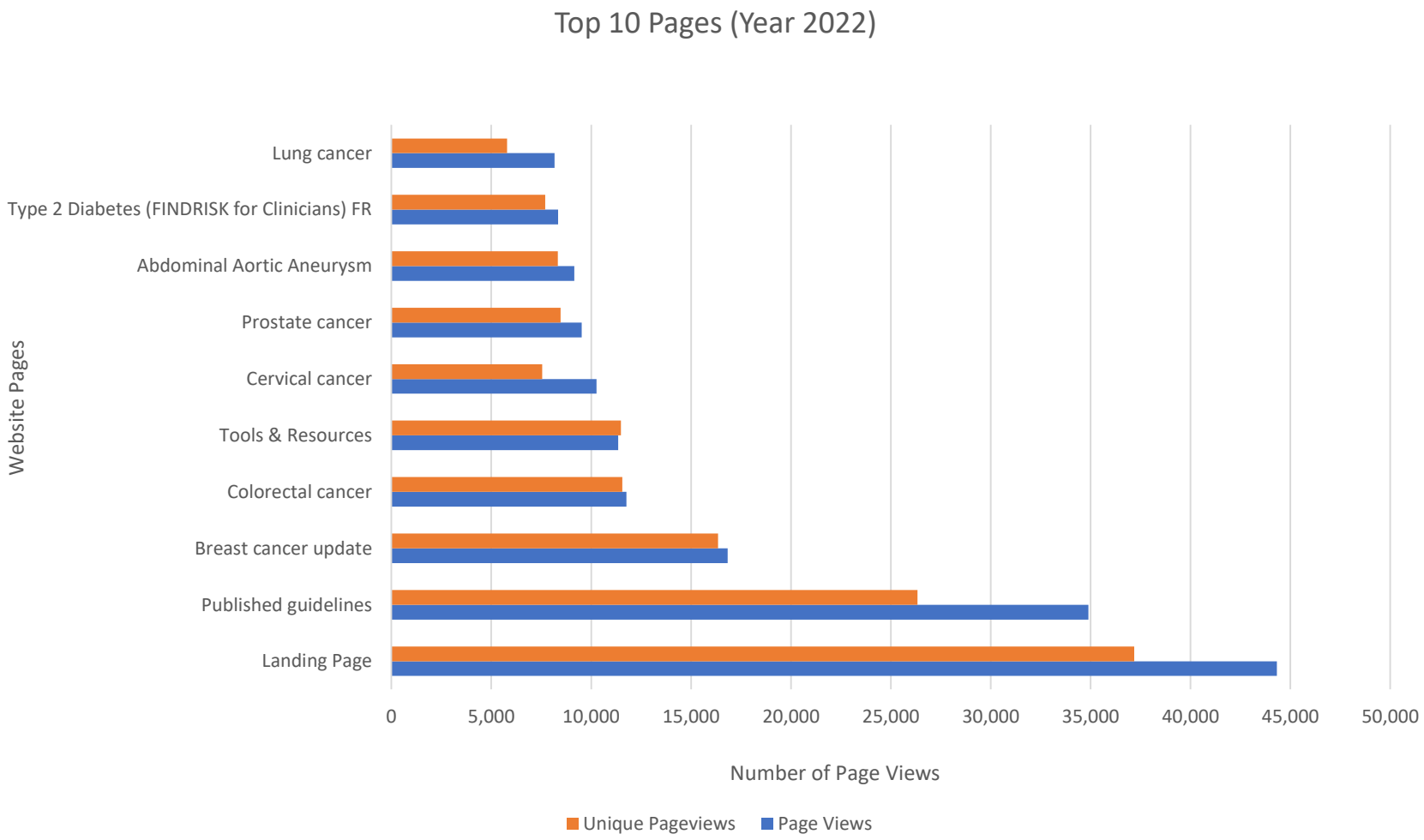
Guideline dissemination

Task Force website sessions by new and returning users

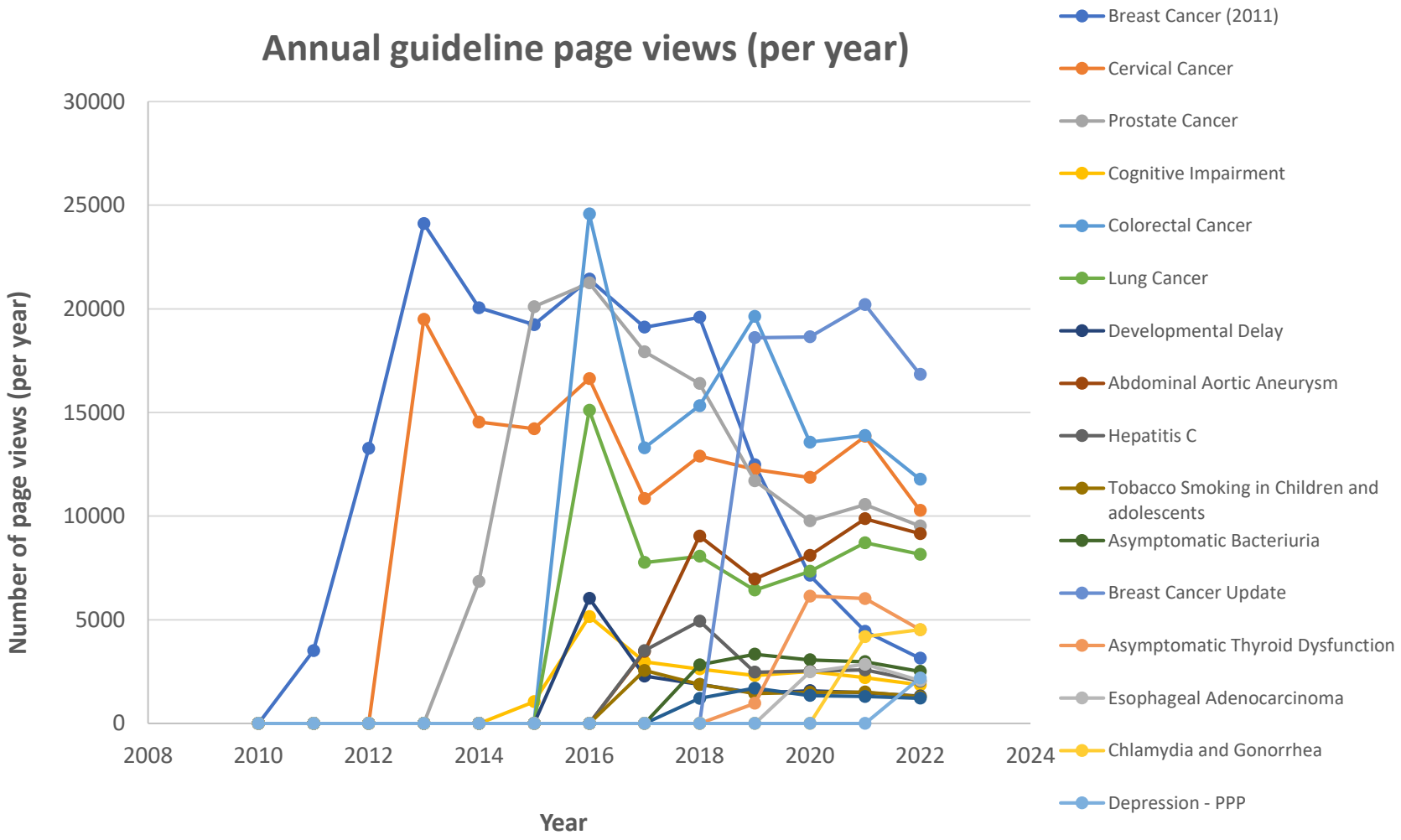


Note: The data reported is combined for both the English and French website platforms.
2019 values may be reduced due to errors with analytics data collection between January 2019 and March 2019

Top 10 most viewed Task Force website pages

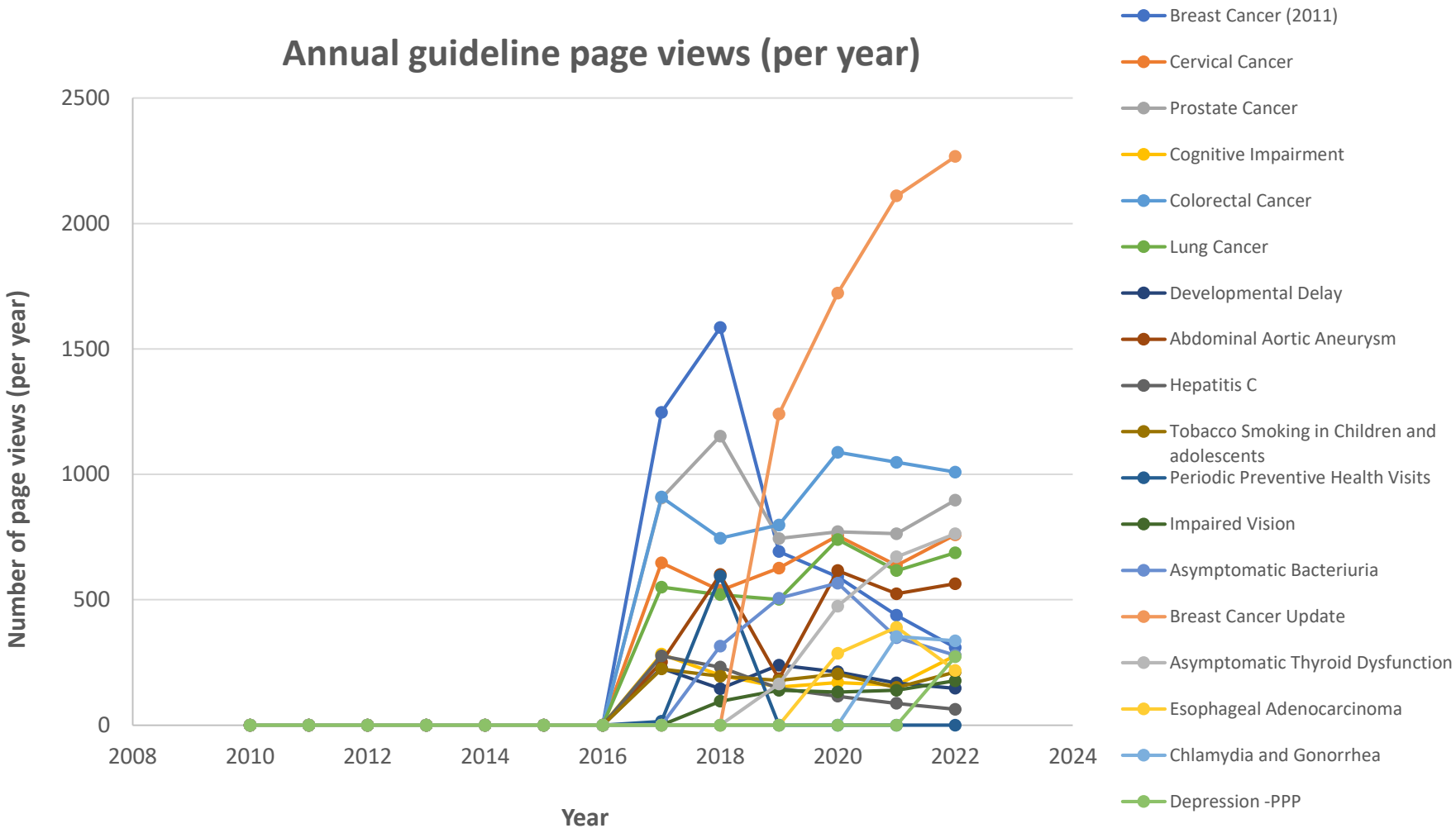


Annual guideline page views (Task Force English website)



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

Average guideline page views (Task Force French website)



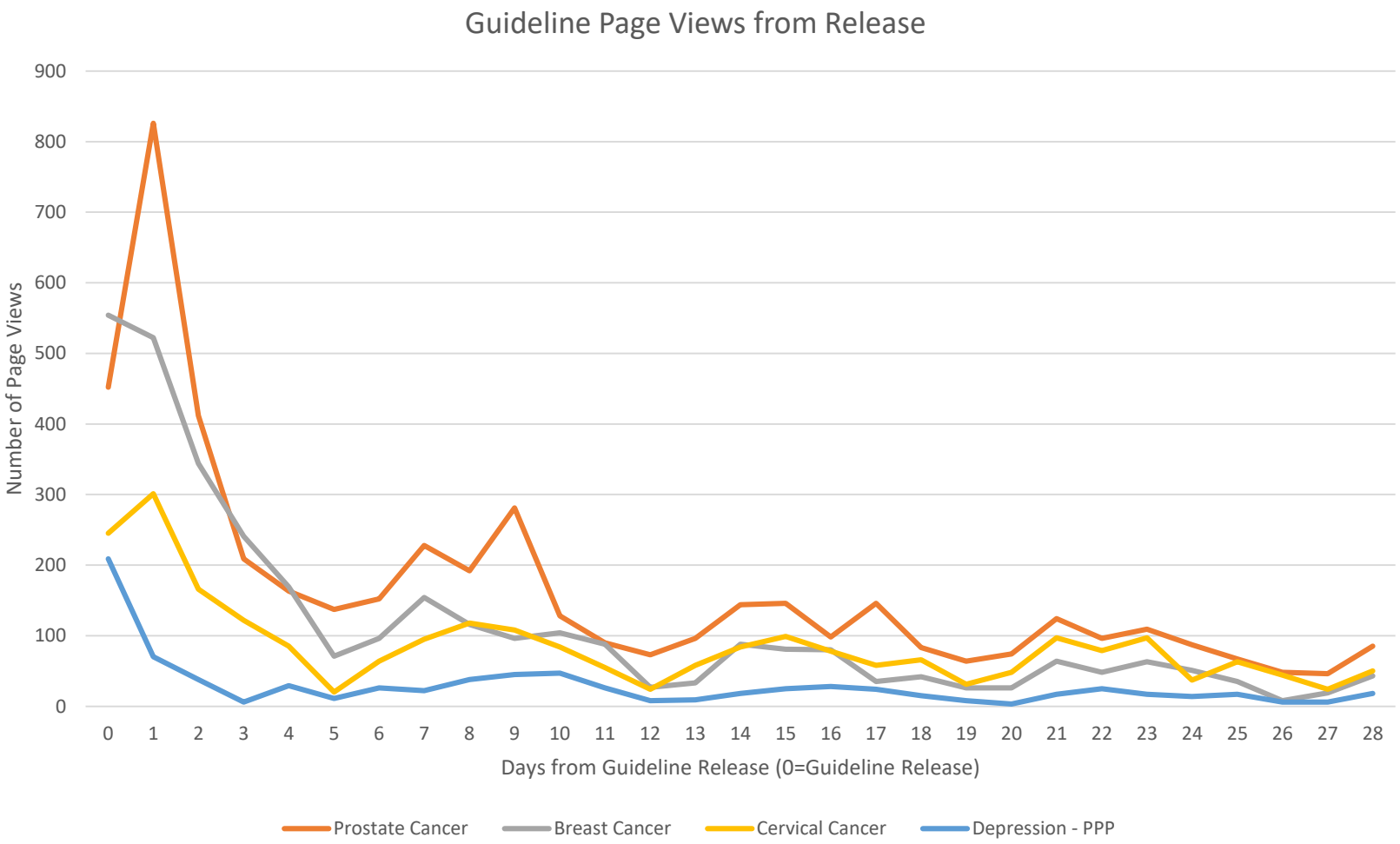
Note: Date for the French website platform is only available from 2017 onwards and The breast cancer guideline update webpage data is unavailable for the month of Dec.2018

Top 5 Task Force website user locations

Top 5 cities	Sessions
Toronto	12,017
Montreal	10,889
Greater Vancouver Area	6,947
Calgary	4,423
Ottawa	4,035

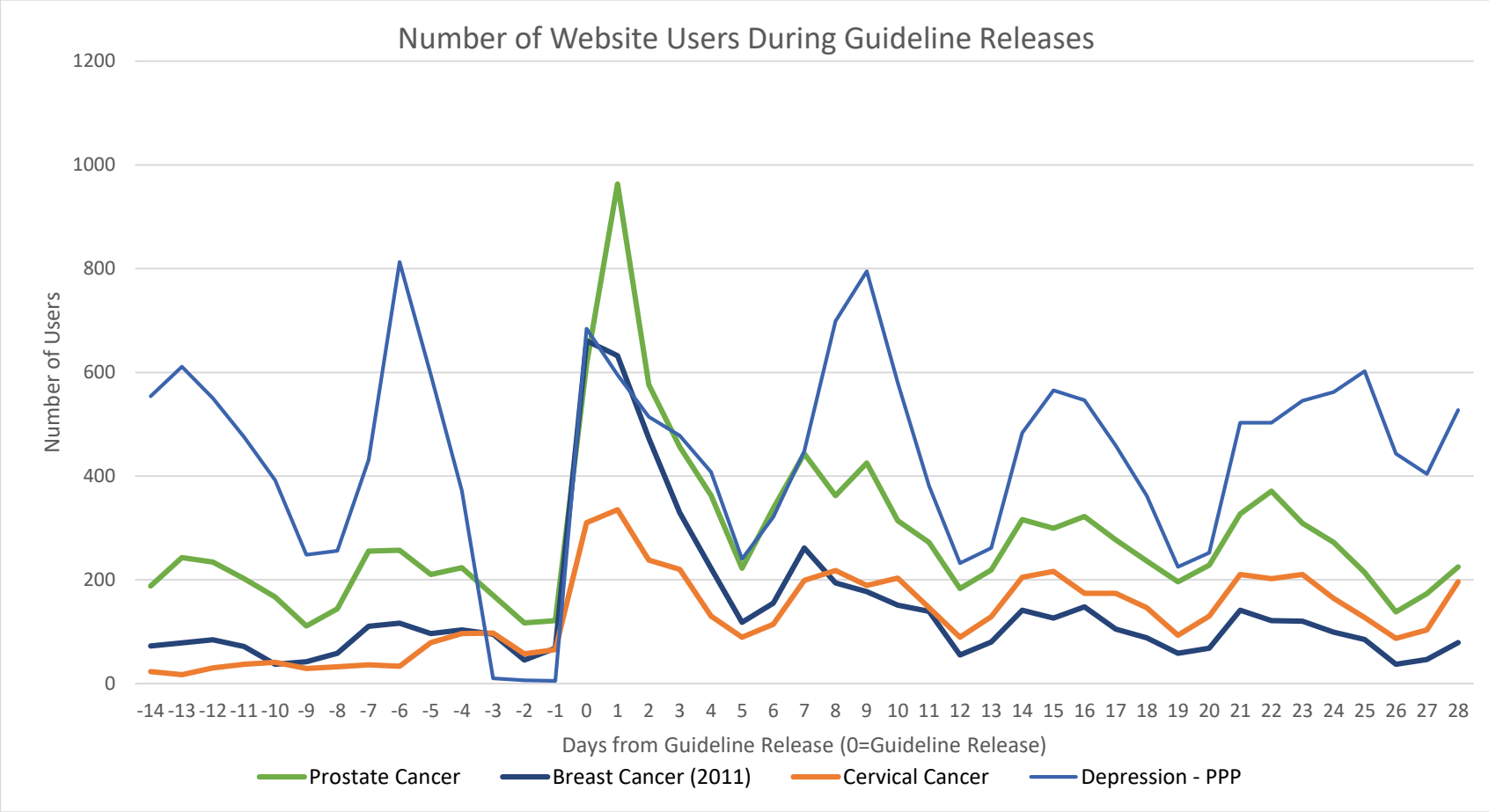
Note: The data reported is combined for both the English and French website platforms.

Task Force English website guideline page views after release



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

Task Force website users before and after guideline releases



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.

KT Tool Page Views

- Total KT tool page views in 2022: **58,271** (61 % English; 39% French)

Top 10 Most Viewed KT Tool Pages in 2022					
Guideline	**Tool**	**English**	**French**	**Total tool page views**	**Rank**
Diabetes, Type 2 (2012)	Clinician FINDRISK	2218	8340	**10558**	1
	CANRISK	2605	507	**3112**	4
	Patient FAQ	246	3101	**3347**	3
Prostate Cancer (2014)	Harms & Benefits	4976	539	**5515**	2
	Clinician FAQ	1486	421	**1907**	9
Hypertension (2012)	Clinician Algorithm	1412	1452	**2864**	5
Breast Cancer (2018)	1000-person	1946	241	**2187**	6
Colorectal Cancer (2016)	Clinician Recommendation Table	1807	339	**2146**	7
Cervical Cancer (2013)	Clinician Algorithm	1663	215	**1878**	10
	Patient Algorithm	1663	290	**1953**	8

2022 YouTube Video Views

Top 10 Most Viewed Videos (2022)	YouTube Views 2022	YouTube Views 2021
Cancer Screening	715	448
Chlamydia and Gonorrhea	495	99
La chlamydia et la gonorrhée	439	329
Peut-on avoir un faux positif au test?	345	78
Prostate Cancer – Video for Physicians (2014)	265	716
Lung Cancer - Overview, risk factors & screening - (Part 1 of 3)	238	218
Dépistage du cancer	230	208
Cancer du poumon – Vue d'ensemble, facteurs de risqué et dépistage – Vidéo 1	203	295
Breast Cancer – Screening Guideline Video (2011)	151	250
Lung Cancer – Should I be Screened? – (Part 2 of 3)	47	40

QxMD: Calculate

- Calculate by QxMD is a free digital application that offers clinical calculators & decision support tools for clinicians worldwide
- Task Force account offers guidelines and accompanying resources

Task Force account	
Total users in 2022	6,760
New users	85.1%
Returning users	14.9%
Total sessions 2022	15,123

QxMD: Read

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

Task Force 2022 account		
Total impressions	3,923	98% email 2% feed
Total views	9	78% abstract views 22% paper views
Total shares	0	0% email 0% Twitter 0% Facebook
Professions	Physician	55.00%
	Resident	45.00%

CMAJ –Task Force guideline downloads

Guideline topics (Release Year)	2022 CMAJ downloads*	Citations
Pregnancy and Postpartum Depression (2022)**	12381	4
Chlamydia & Gonorrhea (2021)	9584	7
Esophageal Adenocarcinoma (2020)	4658	6
Thyroid Dysfunction (2019)	4225	10
Asymptomatic Bacteriuria (2018)	4786	21
Breast cancer (2018)	9803	89
Impaired Vision (2018)	1762	7
Abdominal Aortic Aneurysm (2017)	3953	24
Hepatitis C (2017)	3293	47
Tobacco in children (2017)	2050	8
Colorectal cancer (2016)	7511	149
Developmental delay (2016)	3352	35
Lung cancer (2016)	5400	92
Adult Obesity (2015)	3853	105
Child Obesity (2015)	3366	69
Cognitive impairment (2015)	4292	53
Prostate Cancer (2014)	5769	132
Adult Depression (2013)	2480	148
Cervical Cancer (2013)	5313	139
Type 2 Diabetes (2012)	2425	82

**English & French (if available), Full & PDF totals calculated from CMAJ public article metrics*

***Pregnancy and Postpartum Depression guideline was released in July 2022, therefore the total downloads represents five months of downloads*

Prevention Plus: 2022 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

2022 Quarter	# of registrants	Number of Logins	Number of Page clicks	Total Website Searches	Article Accesses	Clicks on External links
Q1	77	97	1618	4	521	1441
Q2	80	123	1825	3	610	1446
Q3	83	135	1909	0	756	1809
Q4	85	111	2258	4	2076	1579

Dissemination

Publications: Guidelines

Publication	Dates	Source	Type
Recommendation on instrument-based screening for depression during pregnancy and the postpartum period	July 24, 2022	*CMAJ*	Peer Reviewed
Recommandation sur l'utilisation d'instruments de dépistage de la dépression durant la grossesse et la période postnatale	July 25, 2022	*CMAJ*	Peer Reviewed

Publications: Protocols and Systematic Reviews

Publication	Type	Dates	Source	Accesses
Screening for depression among the general adult population and in women during pregnancy or the first-year postpartum: two systematic reviews to inform a guideline of the Canadian Task Force on Preventive Health Care	Systematic Review	August 22, 2022	*Systematic Reviews*	*2315*
Screening for prostate cancer: protocol for updating multiple systematic reviews to inform a Canadian Task Force on Preventive Health Care guideline update	Protocol	October 26, 2022	*Systematic Reviews*	*2020*
Interventions to address potentially inappropriate prescriptions and over-the-counter medication use among adults 65 years and older in primary care settings: protocol for a systematic review.	Protocol	October 20, 2022	*Systematic Reviews*	*1557*

Publications: "Prevention in Practice" article series

- 2022 *Canadian Family Physician* print subscribers:
  - Canadian: 32994 (29670 English; 3324 French)
  - United States: 556 (546 English; 10 French)
  - Foreign: 519 (515 English; 4 French)

Article topics	Published
What should educators teach to improve preventive health care?	August 2022
Going against the status quo in screening	May 2022

2022 Conference Presentations by Task Force members:

Month	Title	Location	Presenters
June	Promoting critical thinking about guidelines for screening and preventive care: the Canadian experience	*Preventing Overdiagnosis Conference*	Guylene Theriault, Roland Grad
September	Canadian Task Force on Preventive Health Care – Methods for the Confirmation of Past Guideline	*GIN 2022*	Eddy Lang on behalf of Ahmed Abou-Setta

2022 Invited Speaker Presentations by Task Force members:

Date	Title	Location	Presenters
February	Putting Recommendations into Practice: An update from the Canadian Task Force on Preventive Health Care	CFPC (Virtual)	Roland Grad Jennifer Young
May	Putting guideline recommendations into practice	McGill University	Roland Grad
May	Mettre les recommandations en pratique : Mise à jour du Groupe d'étude canadien sur les soins de santé préventifs	CFPC (Virtual)	Guylene Theriault
July	Context, history and challenges for guideline development for Canadian primary care	Evidence Synthesis Ireland	Brenda Wilson

Media: 2022 Highlights

- Media coverage of the Task Force decreased slightly in 2022 compared to 2021 (**187 mentions** vs. 220 mentions)
- The Pregnancy and Postpartum Depression guideline generated **75 mentions** in Canadian, international and medical media
- Additional media mentions were related to the breast cancer (40), colorectal cancer (13), and prostate cancer (6) guidelines, the USPSTF anxiety screening guideline (17), preventative health and other miscellaneous topics
- 17 requests for interviews or information were received, the same as in 2021
    - Pregnancy and postpartum depression (5), breast cancer (5), chlamydia and gonorrhea (3) guidelines, USPSTF topics (4) and other miscellaneous topics (3) all generated requests

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

Task Force Newsletter

- **13% increase** in newsletter subscribers from 4848 (December 31, 2021) to 5485 (December 31, 2022)
- The **CPL Network recruitment reminder** distributed in February was the **most read item in the 2022 newsletters/alerts**, with an open rate of **51.9%** and a click through (to an article) of 6.8%
- The average unsubscribe rate was very low at 0.2% per quarter

Task Force Social Media

- In 2022, social media activity focused on Twitter because of resource issues and metrics, moving away from Instagram.
- **Twitter followers increased to 994** in 2022 from 914 in 2021 and engagement. However, the overall impressions decreased in 2022 as it did in 2021.
- We posted guideline information, news and recruitment calls on Twitter. At least one fellow joined the Task Force's fellowship program after seeing a post on Twitter.
- The top tweet in 2022 was the tweet congratulating Dr. Lang on his election into the Canadian Academy of Health Sciences, generating 4418 impressions

Integrated Knowledge Translation

Clinical Prevention Leaders Network - Background

- Established in October 2017, the purpose of the CPL network is to promote the dissemination and uptake of Task Force guidelines and to address local barriers to guideline implementation through educational outreach and other KT activities. The CPL network is a two-phase pilot project. Phase 1 and its evaluation were completed in 2020.
- Based on the results of the Phase 1 evaluation, the Task Force launched a modified version of the CPL program in 2022.

Clinical Prevention Leaders Network - Demographics

- 11 participants
  - Professions include:
    - Primary Care Physician
    - Nurse Practitioner
    - Clinical Pharmacist
    - Chiropractor
    - Registers Psychotherapist

Clinical Prevention Leaders Network - Webinars

Webinar Topic	Date	Number of Participants (n=11)
Introductory Webinar – Part 1	September 7, 2022	7
Introductory Webinar – Part 2	October 6, 2022	5
Overdiagnosis – Part 1	November 22, 2022	5

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 = 18)
  - Trained, participate in community juries
- Extended TF-PAN group (N = 80)
  - Not trained, interested in participating in Task Force KT projects

TF-PAN – Activities

At minimum, we aim 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.

TF-PAN – Activities

Community Juries - Completed		
Date	Working Group	Number of Participants
November 2022	Fragility Fractures	10
Community Juries - Upcoming		
Childhood and Adolescent Depression		
Tobacco and Hypertension		
Cervical Cancer		
Prostate Cancer		

Usability testing – 2022

Usability testing was completed for 3 KT tools (3 guideline tools):

Guideline	Tool	Clinician participants	Patient participants
Pregnancy and Postpartum Depression	Clinician FAQ & Patient FAQ	7	8
Fragility Fractures	Electronic Interactive Tool	8	N/A

Research Projects

Cancer Screening Network Engagement Initiative (Stakeholder Councils)

Purpose: to increase and standardize engagement between Task Force cancer guideline working groups and the Canadian Partnership Against Cancer (CPAC)-hosted Cancer Screening Networks (CSNs).

Note: This project was formerly referred to as the Stakeholder Councils Project. The aim of this project was to engage and inform several key stakeholders in the processes of topic selection, development, and dissemination of guidelines. In 2021 this project underwent modifications after discussions among the Task Force and with CPAC. This project is now being piloted as a more focused engagement initiative with one stakeholder (CPAC), and will be referred to as the "Cancer Screening Network Engagement Initiative." This project will expand to other stakeholders after the pilot phase.

Cancer Screening Network Engagement Initiative (Stakeholder Councils) – Approach

- Initiative consists of 2 activities to increase and standardize engagement between Task Force cancer guideline working groups and CSNs
  - **Activity 1:** Inviting CSN members to participate in external review process for systematic reviews, protocols and guidelines
  - **Activity 2:** Task Force members attend and present on guideline at CSN meeting
- Guideline working groups can choose to take part in both, one, or neither of these activities
- CSNs exist for breast, cervical, colorectal and lung cancer; scope of this engagement therefore limited to the guidelines that overlap with these cancer types

Cancer Screening Network Engagement Initiative (Stakeholder Councils) – Current status

- **Task Force tobacco guideline:** in 2022 the KT Team, along with the Task Force and CPAC planned to carry out these activities for early 2023.
- **Task Force lung cancer guideline:** these activities will take place in 2023/2024.
- **Task Force cervical cancer guideline:** these activities will take place in 2023/2024.

Presenting GRADE guideline recommendation statements

2022 Annual Evaluation Survey Results	
Question (N = 150)	% Aware of recent language change
Are you aware of the Task Force's recent language change from 'weak' to 'conditional' recommendations?	23%

Question (N = 150)	% Yes	%No	% Not Sure
Does the language change from "weak" to "conditional" help facilitate the implementation of recommendations where the balance between desirable and undesirable effects is small, the quality of evidence is lower, and there is more variability in the values and preferences of individuals?	36%	24%	40%

KT Tools Dissemination Pilot Project

Status

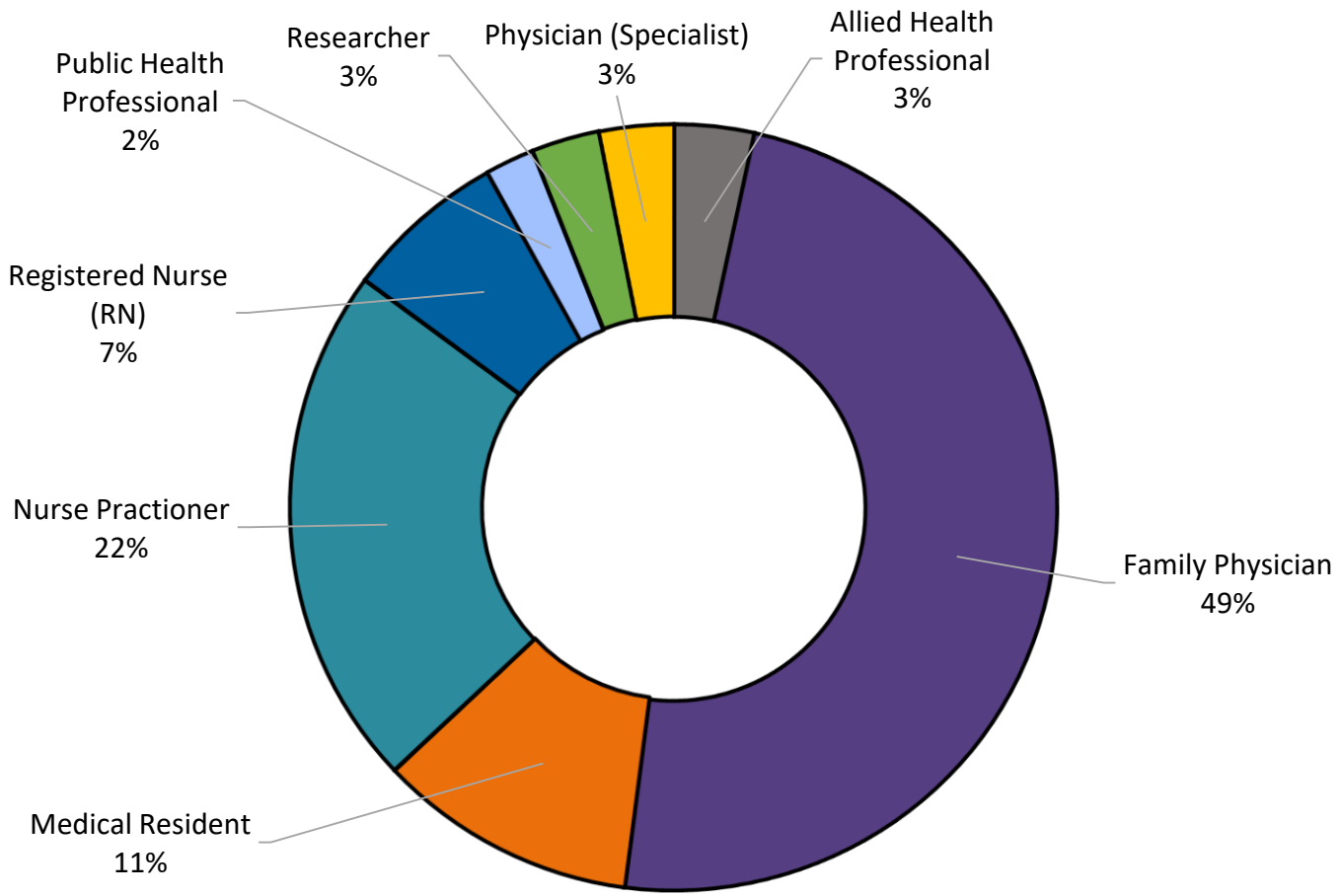
- Pilot launched April 2021
- Advertised via our social media channels, Task Force newsletter, and has an allocated landing page on Task Force website (with link to survey)
- 6 and 9 -month follow-up surveys are being sent out on a continual basis

Request Data to date

- Total Requests: 409
- Breakdown:
  - French Packages: 97
  - English Packages: 312

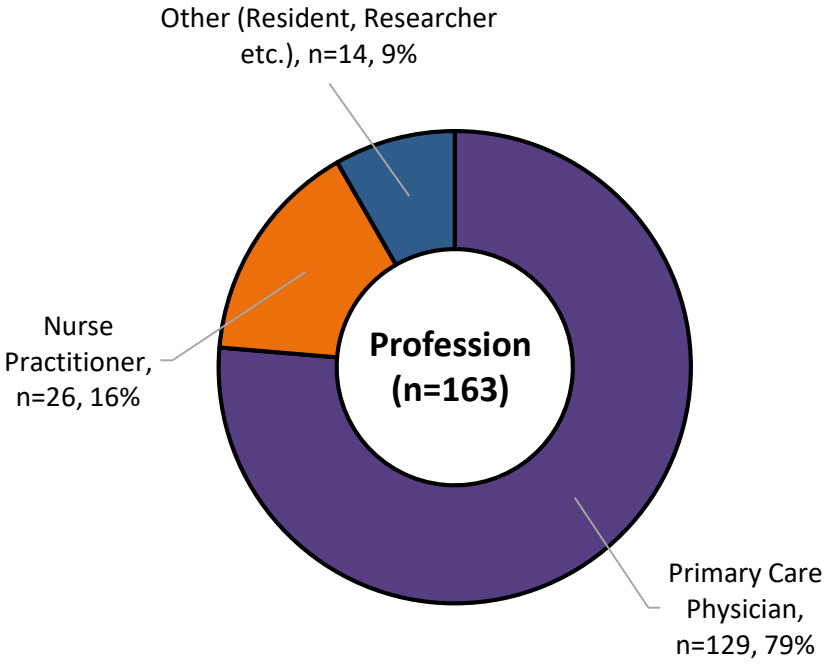
KT Tools Dissemination Pilot Project

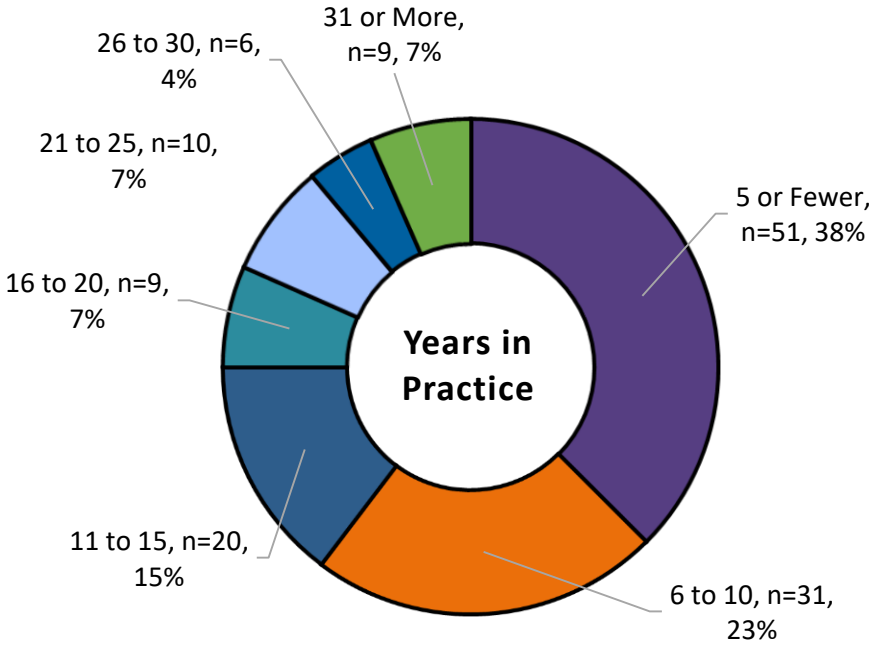
Demographic Data



Survey Results

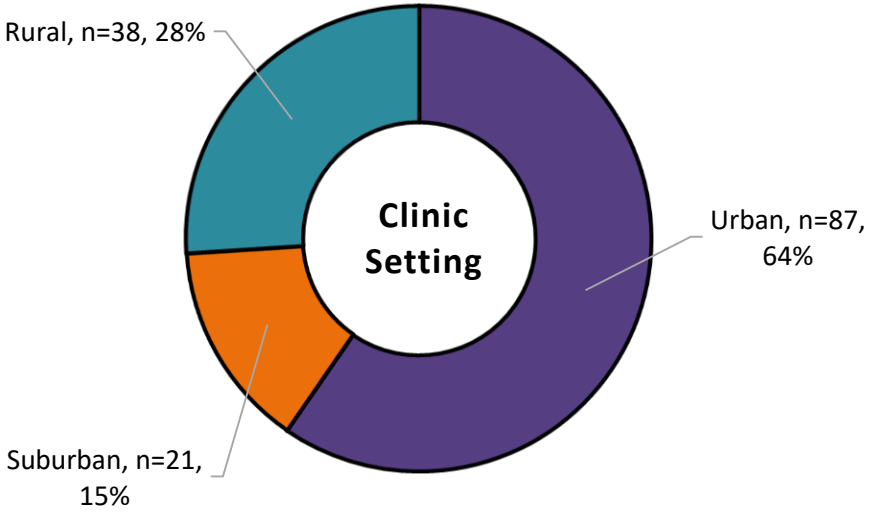
Participant demographics (N = 136)

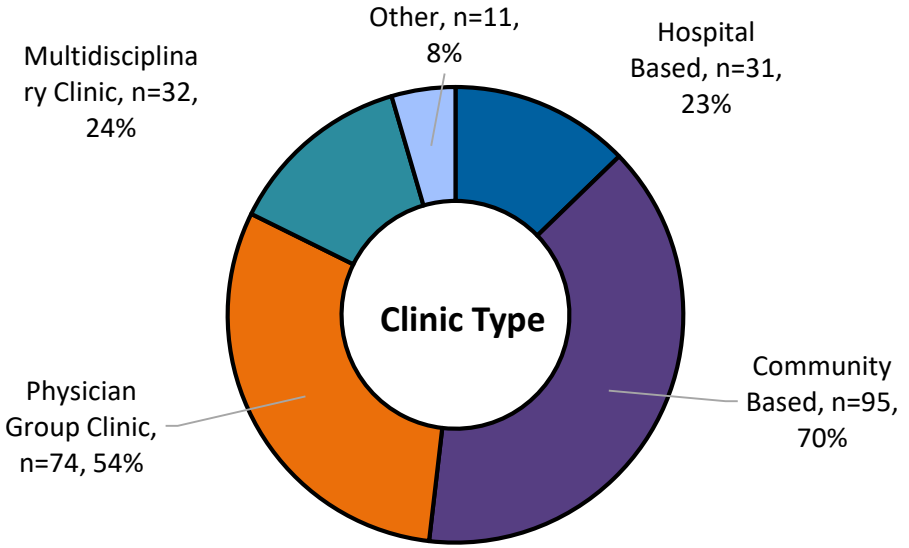


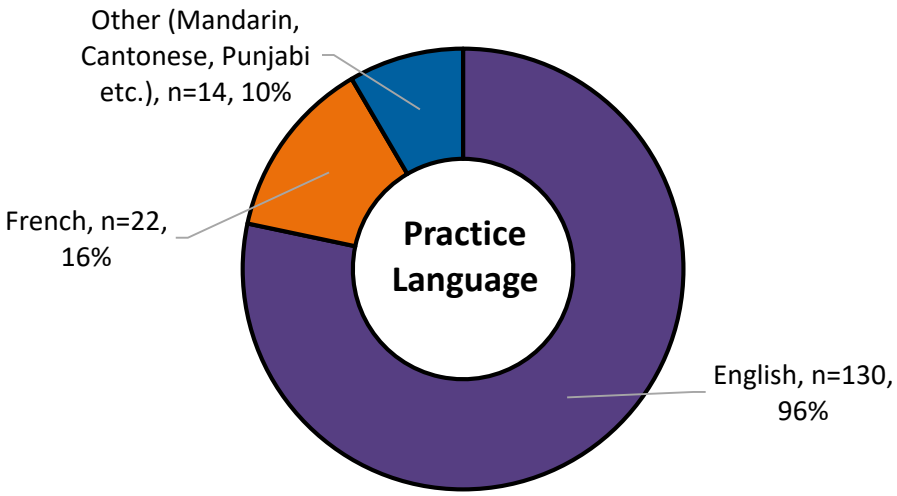


Note: Numbers may not add up to 163 within a category because for some questions, respondents were allowed to select multiple options and were not required to answer questions.

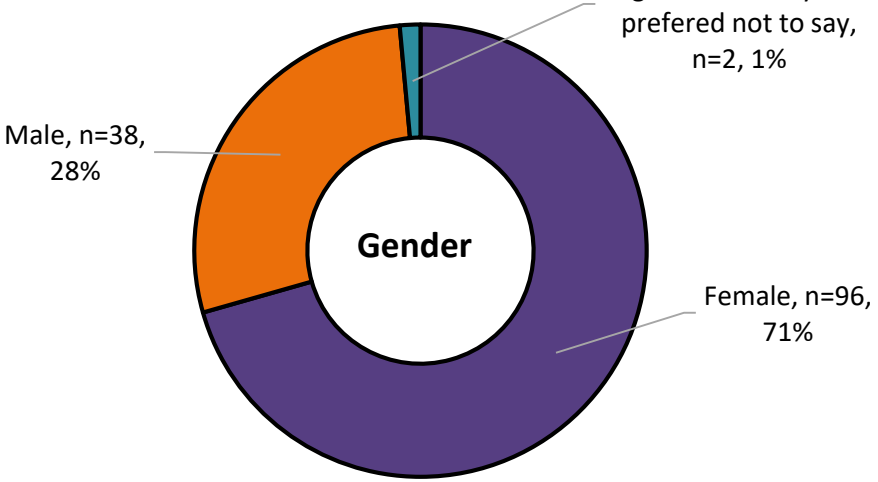
Participant demographics (N = 136)

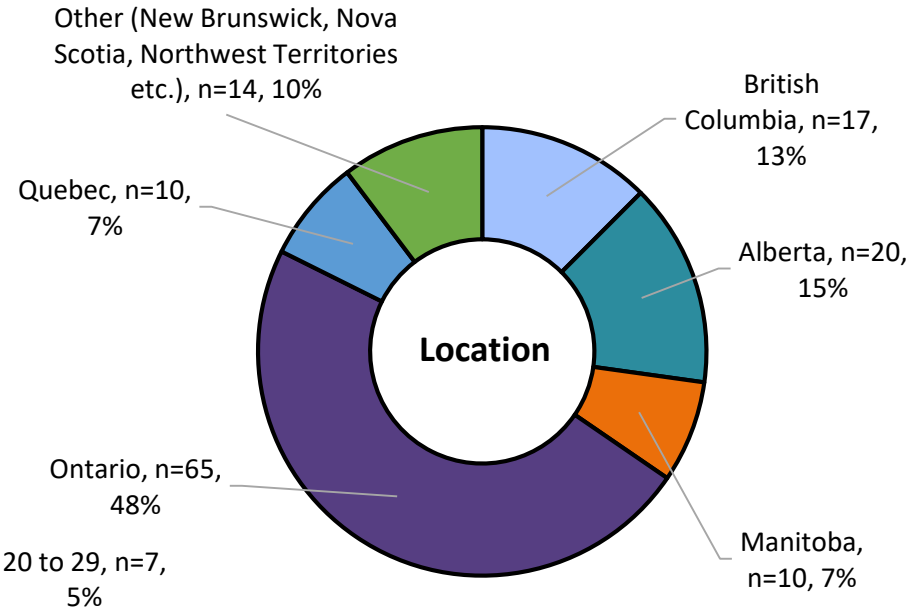


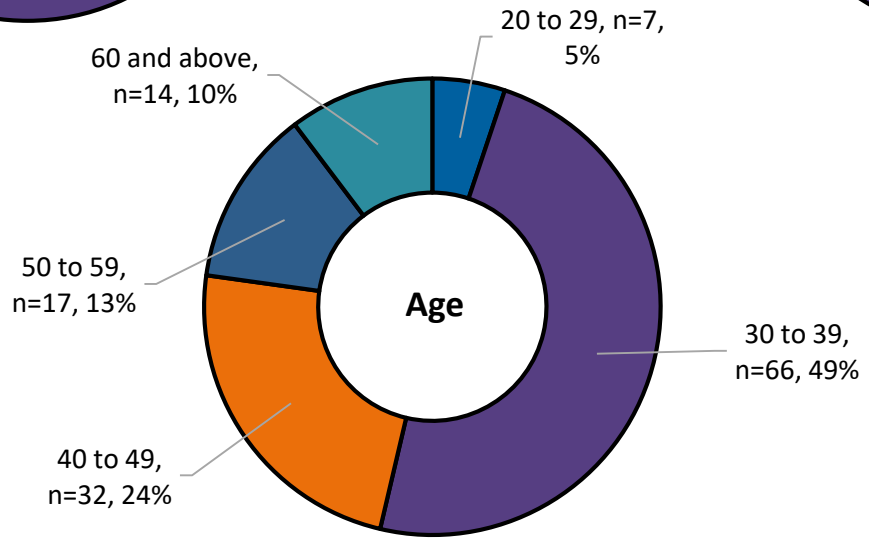




Participant demographics (N = 136)







Screening for Pregnancy and Postpartum Depression

2022

Awareness and use of Task Force guideline

Pregnancy and Postpartum Depression Guideline	2022 Responses
% of respondents **aware** of Task Force guideline	**29%** (N = 150)
% who primarily **use Task Force guideline** (over other guidelines or no guidelines)	**27%** (N = 150)
Average Satisfaction with guideline (out of 7)	**5.6 ±1.2** (N = 42)

Screening for Pregnancy and Postpartum Depression

2022

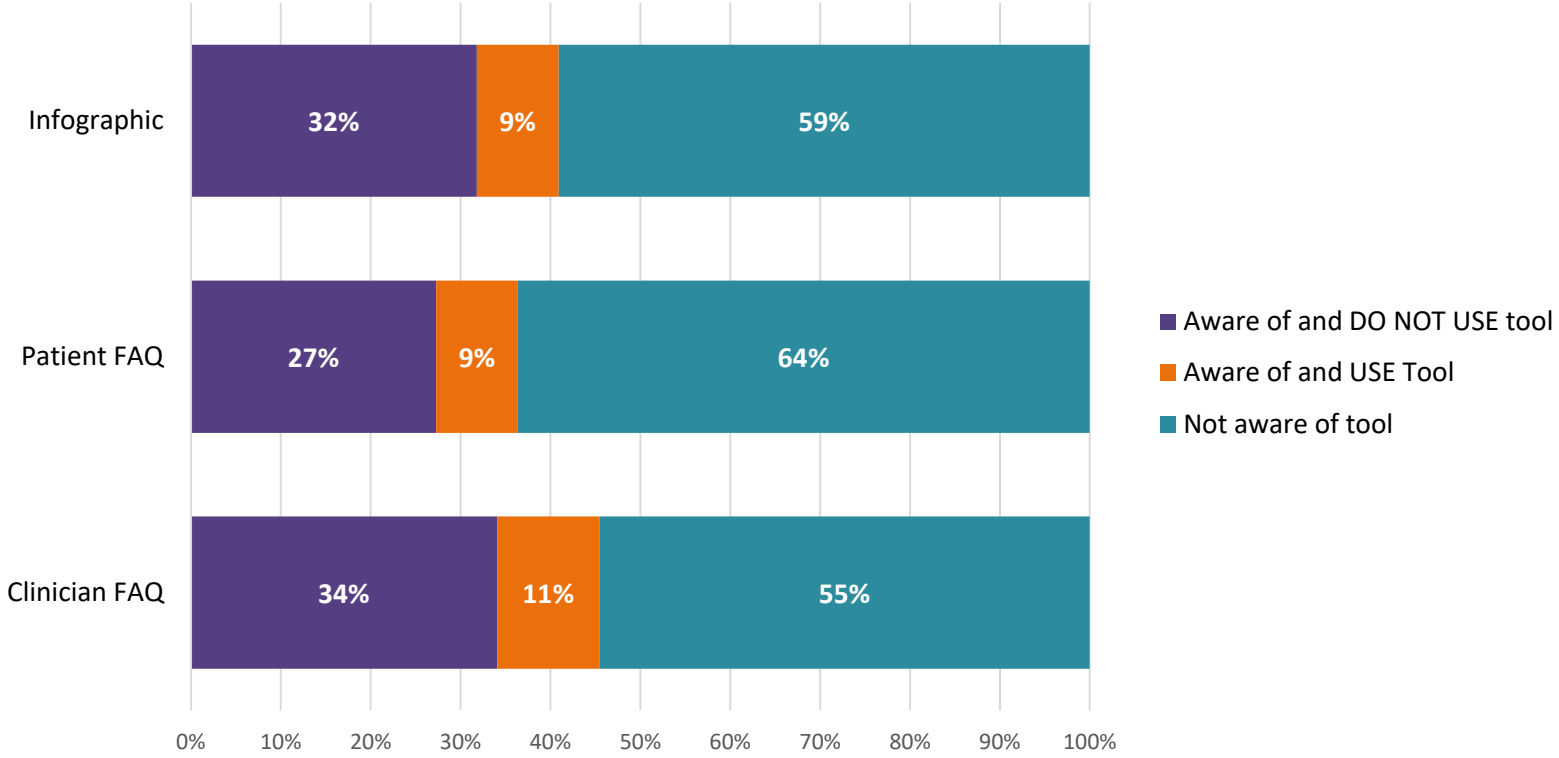
Practice change and intent to change

Screening for pregnancy and postpartum depression guideline	Responses
% who **changed their practice** to specifically align with Task Force guideline since its release	27% (N =44)
% whose practice was **already consistent** with the Task Force guideline	41% (N = 44)
# who **intend to change** their practice / # who indicated they have not changed their practice	7/13 (6 were undecided)

Screening for Pregnancy and Postpartum Depression

2022

Awareness and Use of Task Force KT tools among participants who are aware of the guideline (N=44)



Screening for Pregnancy and Postpartum Depression

2022

Current practice

Task Force recommendation	Respondents reported that practice aligned with Task Force recommendations (N = 152)
The Canadian Task Force on Preventive Healthcare recommends **against instrument-based depression screening using a questionnaire with cut-off score to distinguish "screen positive" and "screen negative"** administered to **all individuals** during pregnancy and the postpartum period (up to 1 year after childbirth) (conditional recommendation, very low-certainty evidence).	52%

Breast cancer screening

2018

Awareness and use of Task Force guideline

Breast cancer guideline	2022 Responses	2021 Responses*	2020 Responses*	2019 Response*	2018 Responses*
% of respondents **aware** of Task Force guideline	**86%** **(N=150)**	88% (N = 162)	90% (N = 271)	84% (N = 263)	75% (N = 244)
% who primarily **use Task Force guideline** (over other guidelines or no guidelines)	**43%** **(N=150)**	42% (N = 166)	44% (N = 268)	38% (N = 263)	49% (N = 199)
Satisfaction with guideline (out of 7)	**5.7±1.2** **(N = 125)**	5.6 ± 1.5 (N = 133)	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 2021 Annual Evaluation reports

Breast cancer screening

2018

Practice change and intent to change

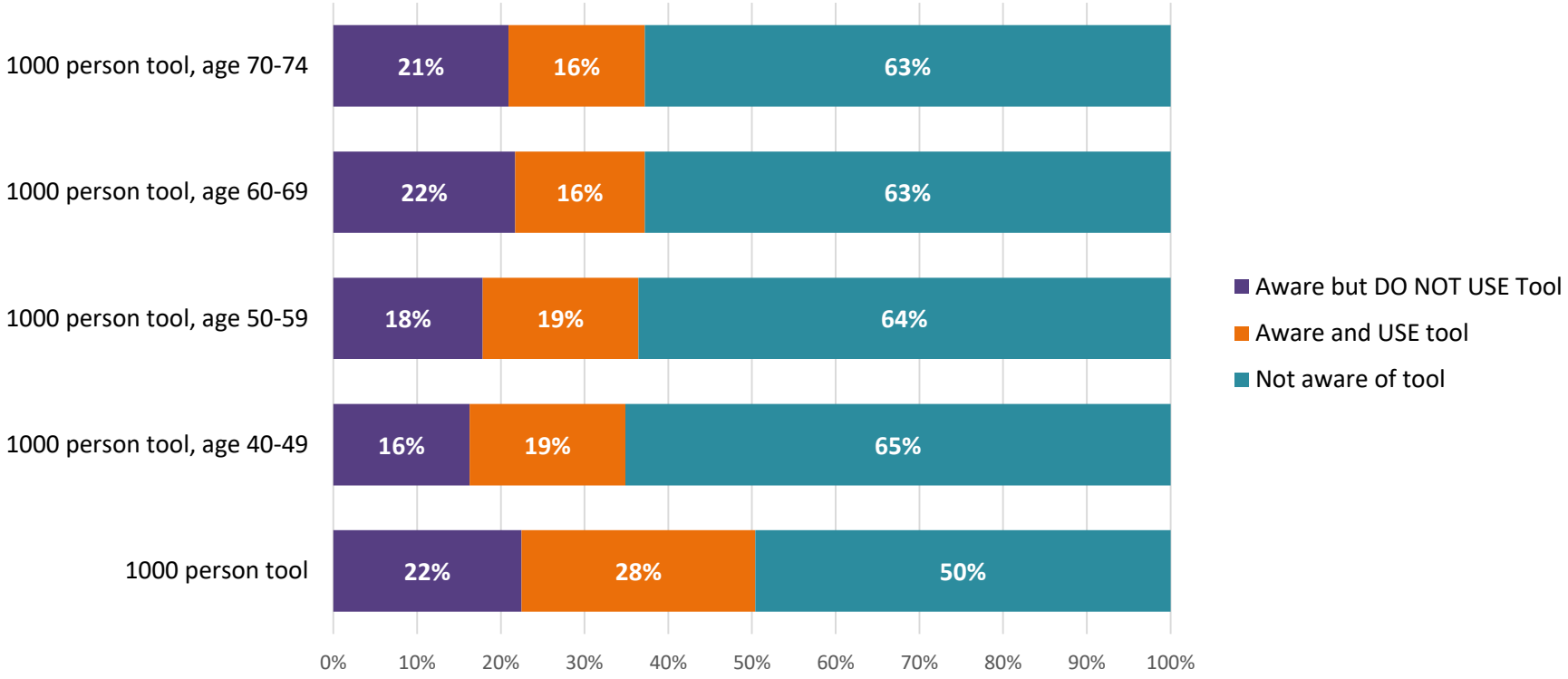
Breast cancer guideline	2022 Responses	2021 Responses*	2020 Responses*	2019 Responses*	2018 Responses*
% who **changed their practice** to specifically align with Task Force guideline since its release	**39% (N=125)**	**41% (N = 137)**	29% (N = 239)	32% (N = 223)	49% (N = 125)
% whose practice was **already consistent** with the Task Force guideline	**45% (N=125)**	**53% (N = 137)**	57% (N = 239)	51% (N = 223)	44% (N = 125)
# who **intend to change** their practice / # who indicated they have not changed their practice	**8/23 (10 undecided)**	**2/9**	13/35	6/38 (22 were undecided)	3/6

* These results were pulled from the Task Force 2021Annual Evaluation report

Breast cancer screening

2018

Awareness and use of Task Force KT tools among participants who are aware of the guideline (n=129)



Breast cancer screening

2018

Current practice

Task Force recommendation	**Respondents aligned with Task Force practice recommendations 2022**	2021 Alignment*	2020 Alignment*	2019 Alignment*	2018 Alignment*
For women aged 40–49, we recommend not routinely screening with mammography	**75% (N=154)**	82% (N = 176)	**80% (N = 289)**	**78% (N = 263)**	87% **(N = 243)**
For women aged 50-69 years, we recommend screening with mammography every 2-3 years	**89% (N=154)**	90% (N = 176)	**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	**77% (N=154)**	74% (N = 176)	**78% (N = 289)**	**76% (N = 263)**	75% **(N = 199)**

*These results were retrieved from the Task Force 2021 Annual Evaluation report

Breast cancer screening

2018

Current practice

Patient age group	**Respondents who routinely discuss the harms and benefits with patients in each age group (N = 154)**	**2021 Responses* (N = 176)**	**2020 Responses* (N = 288)**	2019 Responses* (N = 263)	2018 Responses* (N = 244)
39 and younger	**16%**	12%	18%	23%	15%
40 to 49	**66%**	59%	64%	67%	54%
50 to 69	**71%**	73%	75%	75%	74%
70 to 74	**51%**	47%	55%	51%	45%
75 and older	**51%**	22%	29%	33%	19%

*These results were retrieved from the Task Force 2021 Annual Evaluation report

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

Cervical cancer screening

2013

Awareness and use of Task Force guideline

Cervical cancer guideline	2022 Responses	2021 Responses*	2020 Responses*	2019 Responses*	2018 Responses*	2017 Responses*
% of respondents **aware** of Task Force guideline	**88% (N=150)**	88% (N = 162)	87% (N = 271)	83% (N = 263)	82% (N = 244)	89% (N = 198)
% who primarily **use Task Force guideline** (over other guidelines or no guidelines)	**30% (N=150)**	34% (N = 166)	**32% (N = 268)**	23% (N = 263)	29% (N = 199)	22% (N = 167)
Satisfaction with guideline (out of 7)	**6.0 ± 1.0 (N = 127)**	6.0 ± 1.1 (N = 128)	**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 2021 Annual Evaluation report

Cervical cancer screening

2013

Practice change and intent to change

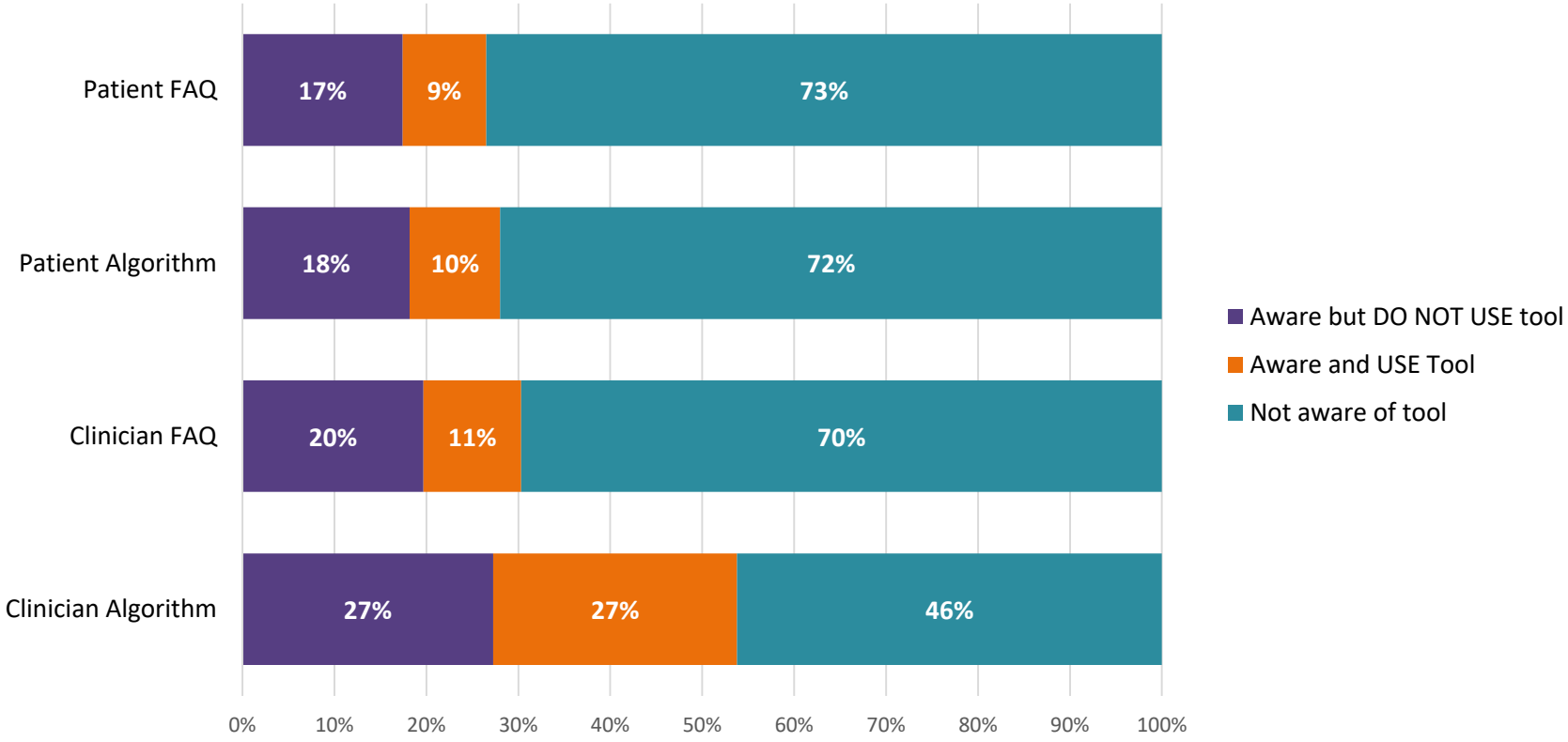
Cervical cancer guideline	2022 Responses	2021 Responses*	2020 Responses*	2019 Responses*	2018 Responses*	2017 Responses*
% who **changed their practice** to specifically align with Task Force guideline since its release	**41% (N=127)**	45% (N = 137)	34% (N = 232)	42% (N = 218)	58% (N = 143)	61% (N = 113)
% whose practice was **already consistent** with the Task Force guideline	**46% (N=127)**	40% (N = 137)	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	**4/21 (7 were undecided)**	6/21	12/44 (19 were undecided)	11/45 (18 were undecided)	3/13	--**

*These results were retrieved from the Task Force 2021 Annual Evaluation reports
**This question was not asked in the 2017 annual evaluation survey

Cervical cancer screening

2013

Awareness and use fo Task Force KT tools among participants who are aware of the guideline (N=132)



Cervical cancer screening

2013

Current practice

Task Force recommendation	**Respondents aligned with Task Force practice recommendations 2022**	2021 Alignment*	2020 Alignment*	2019 Alignment*	2018 Alignment*	2017 Alignment*
For women aged 30 to 69, we recommend routine screening for cervical cancer every 3 years	**88% (N=153)**	86% (N = 175)	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	**69% (N=153)**	64% (N = 176)	58% (N = 283)	47% (N = 263)	51% (N = 243)	45% (N = 197)

*These results were retrieved from the Task Force 2021 Annual Evaluation report

Cervical cancer screening

2013

Current practice

Patient age group	Respondents who routinely discuss the harms and benefits with patients in each age group 2022 (N = 153)	2021 Responses* (N = 175)	2020 Responses* (N = 282)	2019 Responses* (N = 263)	2018 Responses* (N = 200)
19 and younger	**13%**	13%	18%	27%	22%
20 to 24	**48%**	49%	55%	68%	60%
25 to 29	**65%**	63%	71%	73%	64%
30 to 69	**63%**	62%	71%	73%	65%
70 and older	**25%**	21%	27%	28%	21%

*These results were retrieved from the Task Force 2021 Annual Evaluation report

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

Prostate cancer screening

2014

Awareness and use of Task Force guideline

Prostate cancer guideline	2022 Responses	2021 Responses*	2020 Responses*	2019 Responses*	2018 Responses*	2017 Responses*
% of respondents **aware** of Task Force guideline	**83% (N = 150)**	86% (N = 162)	82% (N = 271)	84% (N = 263)	81% (N = 244)	88% (N = 198)
% who primarily **use Task Force guideline** (over other guidelines or no guidelines)	**57% (N = 150)**	66% (N = 166)	**66% (N = 268)**	59% (N = 263)	59% (N = 199)	55% (N = 166)
Satisfaction with guideline (out of 7)	**5.6 ± 1.2 (N = 121)**	5.7 ± 1.4 (N = 124)	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 2021 Annual Evaluation report

Prostate cancer screening

2014

Practice change and intent to change

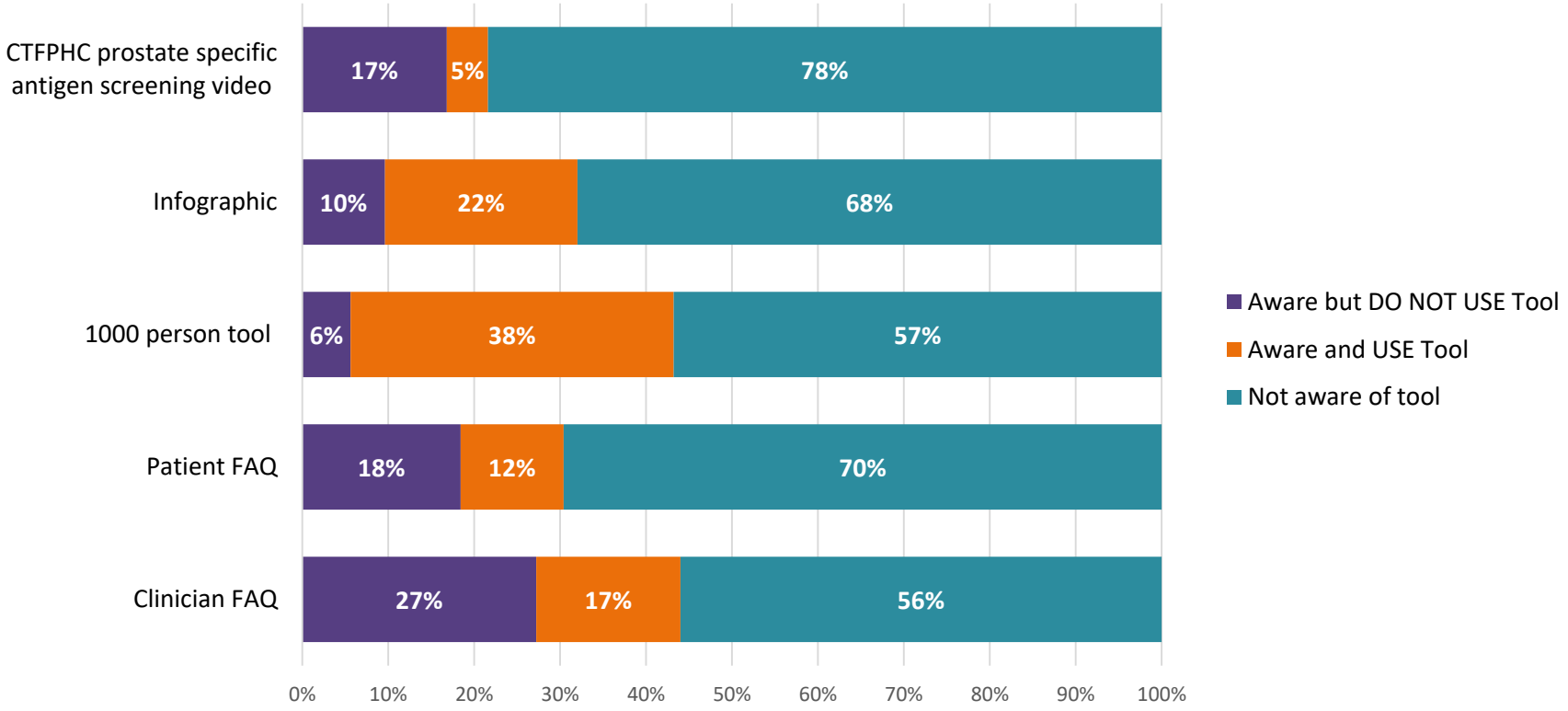
Prostate cancer guideline	2022 Responses	2021 Responses*	2020 Responses*	2019 Responses*	2018 Responses*	2017 Responses*
% who **changed their practice** to specifically align with Task Force guideline since its release	**40% (N = 121)**	42% (N = 133)	**38% (N = 217)**	36% (N = 220)	53% (N = 143)	47% (N = 118)
% **whose practice was already consistent** with the Task Force guideline	**49% (N=121)**	47% (N = 133)	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	**2/14 (9 are undecided)**	0/15	**6/11 (3 are undecided)**	15/28 (11 are undecided)	2/8	--**

*These results were retrieved from the Task Force 2021 Annual Evaluation report
**This question was not asked in the 2017 annual evaluation survey

Prostate cancer screening

2014

Awareness and use of Task Force KT tools among participants who are aware of the guideline (N = 125)



Prostate cancer screening

2014

Current practice

Task Force recommendation	**Respondents aligned with Task Force practice recommendations 2022**	**2021 alignment***	**2020 alignment***	**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	**88% (N = 152)**	86% (N = 168)	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	**65% (N = 152)**	67% (N = 168)	89% (N = 281)	66% (N = 263)	79% (N = 243)	84% (N = 31)

*These results were retrieved from the Task Force 2021 Annual Evaluation report

Prostate cancer screening

2014

Current practice

Patient age group	**Respondents who routinely discuss the harms and benefits with patients in each age group 2021 (N = 152)**	**2021 Responses* (N = 167)**	**2020 Responses*** (N = 281)	**2019 Responses* (N = 263)**	2018 Responses* (N = 200)
54 and younger	**53%**	40%	50%	49%	49%
55 to 69	**80%**	71%	80%	79%	76%
70 and older	**43%**	34%	44%	51%	38%

*These results were retrieved from the Task Force 2018, 2019, 2020 Annual Evaluation reports

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

Task Force Resources Awareness

Task Force Resources	% PCPs Aware (N = 109)
Task Force Newsletter	48%
Task Force Twitter Account	11%
Task Force Website	83%
Lung Cancer Screening Video	13%
QxMD Calculate Mobile Application	32%
Task Force Cervical Cancer Screening e-learning module	20%
Task Force Obesity Prevention and Management e-learning module	14%
Task Force CFP article series: 'Prevention in Practice'	41%
Prevention Plus	43%
Task Force Podcasts	17%

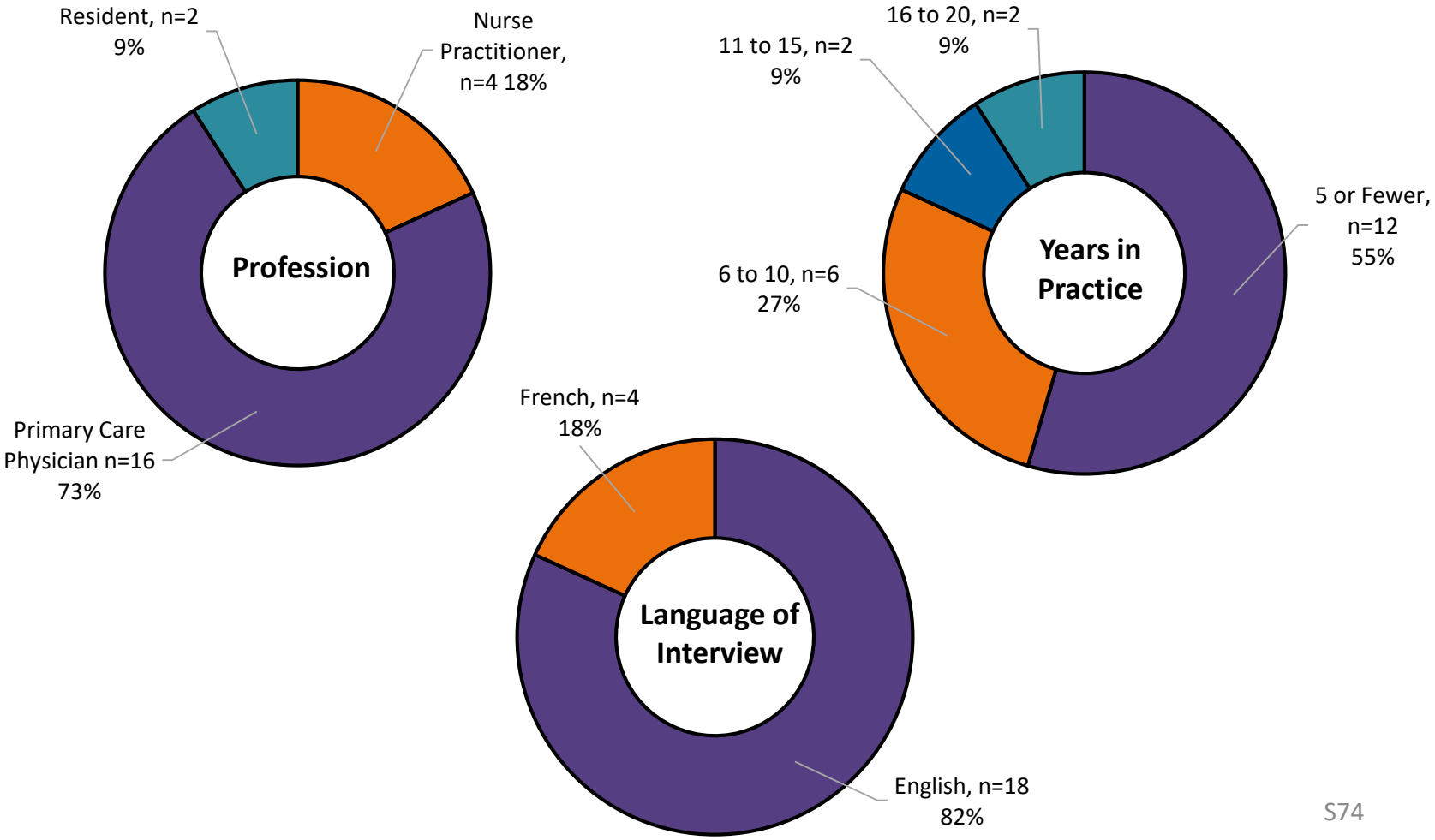
Task Force KT Tool access

Source			% of PCPs that use this source to access KT tools			
		2022	2021	2020	2019 (N = 263)	2018 (N = 200)
Digital	Website	**94% (N = 117)**	94% (N = 129)	94% (N = 217)	75%	71%
	QxMD	**6% (N = 117)**	2% (N = 129)	8% (N = 217)	6%	6%
	Tool dissemination pilot (digital)	**8% (N = 117)**	2% (N = 129)	--*	--*	--*
Print	Printed copies (conferences)	**58% (N = 60)**	50% (N = 68)	70% (N = 128)	23%	33%
	Printed copies (personal)	**37% (N = 60)**	31% (N = 68)	39% (N = 128)	21%	22%
	Printed copies (CMAJ)	**12% (N = 60)**	10% (N = 68)	18% (N = 128)	11%	12%
	Tool dissemination pilot (print)	**7% (N = 60)**	9% (N = 68)	--*	--*	--*

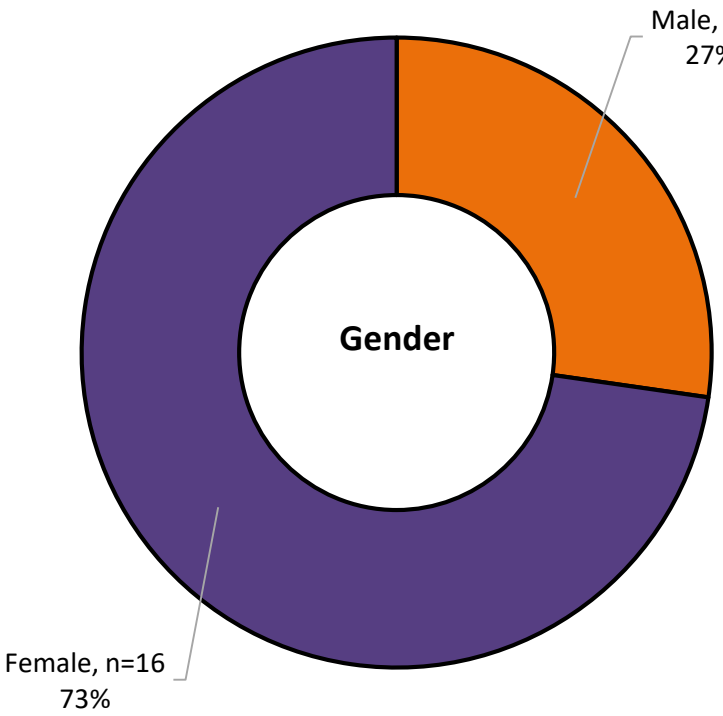
*This question was not asked in the 2018, 2019, 2020 annual evaluation surveys as the tool dissemination pilot was launched in 2021

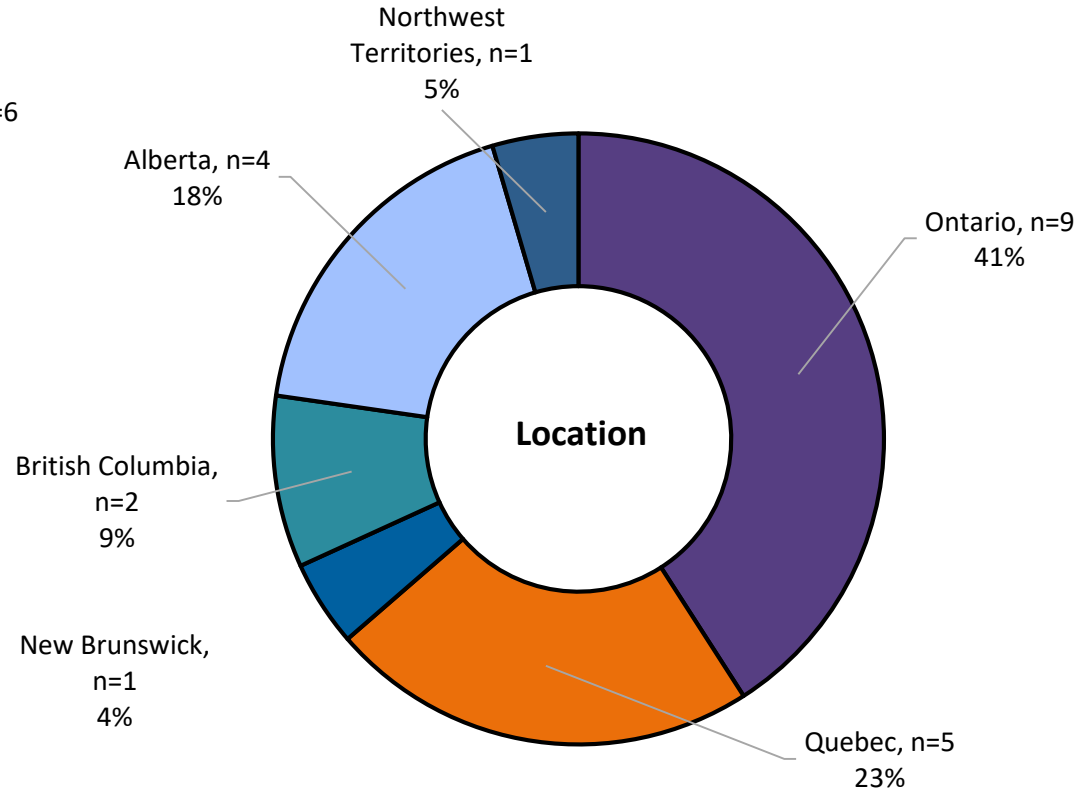
Interview Demographics

Participant demographics (N = 22)



Participant demographics (N = 22)





Appendices

Abbreviations

AIPSQ	Association des infirmières praticiennes spécialisées du Québec
CFP	Canadian Family Physician
CFPC	College of Family Physicians Canada
CMA	Canadian Medical Association
CMAJ	Canadian Medical Association Journal
CMQ	Collège des médecins du Québec
CPAC	Canadian Partnership Against Cancer
CPGs	Clinical practice guidelines
CPL	Clinical Prevention Leaders
CSN	Cancer Screening Networks
EMR	Electronic medical record
EPR	Electronic patient record
eTOC	Electronic Table of Contents
FMF	Family Medicine Forum
FMOQ	Fédération des médecins omnipraticiens du Québec
GRADE	Grading of Recommendations, Assessment, Development and Evaluation
iKT	Integrated knowledge translation
INESSS	Institut national d'excellence en santé et services sociaux
ISPQ	Institut National de Santé Publique du Québec
KT	Knowledge translation
KTP	Knowledge Translation Program
NPAC	Nurse Practitioner Association of Canada
PCP	Primary care practitioner
PSA	Prostate-specific antigen
Task Force	Canadian Task Force on Preventive Health Care
TF-PAN	Task Force Public Advisory Network
USPSTF	United States Preventive Services Task Force

Survey
Task Force 2022 Annual Evaluation

Start of Block: Screening Survey

Q1 Thank you for your interest in the Canadian Task Force on Preventive Health Care 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: Q5 If What is your profession? (Select all that apply) = Medical student

Skip To: Q5 If What is your profession? (Select all that apply) = Allied health care professional (e.g. physiotherapist, occupational therapist, physician assistant)

Skip To: Q5 If What is your profession? (Select all that apply) = Nurse

Page Break

Q3 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: Q5 If I have conflicts of interest relating to Task Force clinical practice guidelines (e.g., owning sh... = Yes

Page Break

Q4 Are you practicing primary care in Canada?

- ○ Yes (1)
- ○ No (2)

Skip To: Q5 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

Q5 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.

Skip To: End of Survey If Thank you for your interest in participating in the Canadian Task Force on Preventive Health Ca... Is Displayed

Page Break

End of Block: Screening Survey

Start of Block: Letter of Information

Q6 **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 2022 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, **Jeanette Cooper**, at **jeanette.cooper@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.

X→

Q7 Do you consent to participate in the Task Force 2022 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 2022 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

Q8 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**.

Q10 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) _____

Q11 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) _____

Q12 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) _____

Q13 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

Q14 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) _____

Q15 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) _____

Q16 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) _____

Q17 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

Q18 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) _____

Q19 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) _____

Q20 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)
- [x] I do not routinely discuss the harms and benefits of screening for prostate cancer with patients (4)

Q188 Do you use instrument-based depression screening (such as with questionnaires with cut-off scores) to screen for **pregnancy and postpartum depression** (up to 1 year after birth) among individuals who are or have been pregnant?

- ○ Yes, only during pregnancy (1)
- ○ Yes, only postpartum (up to 1 year after birth) (2)
- ○ Yes, both during pregnancy and postpartum (up to 1 year after birth) (3)
- ○ No (4)

Display This Question:

If Do you use instrument-based depression screening (such as with questionnaires with cut-off scores... = Yes, only during pregnancy

Or Do you use instrument-based depression screening (such as with questionnaires with cut-off scores... = Yes, both during pregnancy and postpartum (up to 1 year after birth)

Q189 How many times during a pregnancy do you screen for **depression** using a questionnaire with cut off scores?

- Once (1)
- At each visit (2)
- Using an individualized approach (3)

Display This Question:

If Do you use instrument-based depression screening (such as with questionnaires with cut-off scores... = Yes, only postpartum (up to 1 year after birth)

Or Do you use instrument-based depression screening (such as with questionnaires with cut-off scores... = Yes, both during pregnancy and postpartum (up to 1 year after birth)

Q190 How many times during the postpartum period (up to 1 year after birth) do you screen for **depression** using a questionnaire with cut off scores?

- Once (1)
- At each visit (2)
- Using an individualized approach (3)

Display This Question:

If Do you use instrument-based depression screening (such as with questionnaires with cut-off scores... = Yes, only postpartum (up to 1 year after birth)

Or Do you use instrument-based depression screening (such as with questionnaires with cut-off scores... = Yes, both during pregnancy and postpartum (up to 1 year after birth)

Q191 At what kind of appointment do you screen for **depression** using a questionnaire with cut off scores for postpartum individuals? (Select all that apply)

- [ ] Follow up appointment(s) for the postpartum individual (1)
- [ ] Well Baby appointment(s) (2)
- [ ] Other (Please Specify): (3) _____

Q21 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.

X→

Q22 Are you aware of the recent change of language from “weak” to “conditional”?

- ○ Yes (1)
- ○ No (2)

X→

Q23 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 (2)
- ○ Not sure (3)

Q24 (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

Q25 For the following preventive health topics, please indicate whether you primarily use provincial/territorial or national clinical practice guidelines.

Q27 Breast cancer screening

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

Q28 Cervical cancer screening

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

Q29 Prostate cancer screening

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

Q192 Pregnancy and Postpartum Depression

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

Page Break

Q30 We will now ask you some questions about the Canadian Task Force for Preventive Health Care (Task Force) guidelines, tools, and resources.

Q31 Which Task Force clinical practice guidelines are you **aware** of? Select all that apply.

- ☐ Pregnancy and Postpartum Depression (7)
- ☐ Breast cancer screening update (released December 2018) (1)
- ☐ Cervical cancer screening (2)
- ☐ Prostate cancer screening (3)
- ☐ 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."

Q32 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)
Pregnancy and Postpartum Depression (x11)	○	○	○	○	○	○	○
Breast cancer screening update (released December 2018) (x9)	○	○	○	○	○	○	○
Cervical cancer screening (x2)	○	○	○	○	○	○	○
Prostate cancer screening (x10)	○	○	○	○	○	○	○
I am not aware of any of the above Task Force screening guidelines (x12)	○	○	○	○	○	○	○

Q33 Please provide any explanation or comments for any 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. = Pregnancy and Postpartum Depression

Q34 Have you changed your practice to align with the Task Force pregnancy and postpartum depression screening guideline since its release in 2022?

- Yes, I have changed my practice to align with the Task Force pregnancy and postpartum depression screening guideline (1)
- No, I have not changed my practice to align with the Task Force pregnancy and postpartum depression screening guideline (2)
- My practice was already consistent with the Task Force pregnancy and postpartum depression 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 recommendations) (3)

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)

Q35 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

Q36 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 (2)
- 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) (3)

Display This Question:

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

Q37 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 (2)
- ○ 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) (3)

Display This Question:

If 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 pregnancy and postpartum depression s... = No, I have not changed my practice to align with the Task Force pregnancy and postpartum depression screening guideline

Q38 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?

Display This Choice:

If Have you changed your practice to align with the Task Force pregnancy and postpartum depression s... = No, I have not changed my practice to align with the Task Force pregnancy and postpartum depression screening guideline

Display This Choice:

If 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

Display This Choice:

If 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

Display This Choice:

If 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

	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)
Display This Choice: If Have you changed your practice to align with the Task Force pregnancy and postpartum depression s... = No, I have not changed my practice to align with the Task Force pregnancy and postpartum depression screening guideline Pregnancy and Postpartum Depression (8)	○	○	○
Display This Choice: If Have you changed your practice to align with the Task Force cervical cancer screening guideline s... = No, I have not changed my practice to align with the updated Task Force cervical cancer screening guideline Cervical cancer (3)	○	○	○
Display This Choice: If 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 Prostate cancer (4)	○	○	○

Display This Choice:

If 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

Q39 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. = Pregnancy and Postpartum Depression

Q40 Pregnancy and postpartum depression screening tools

	I am **aware** of this tool (1)	I have **used** this tool (2)
Clinician FAQ (1)	☐	☐
Patient FAQ (2)	☐	☐
Infographic (4)	☐	☐

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)

Q41 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

Q42 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

Q43 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)	☐	☐

Page Break

Q44 How do you access the Task Force tools? Select all that apply.

Q45 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)
- ☐ I received them through the Knowledge Translation (KT) Tool Dissemination Pilot (4)

Q46 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)
- ☐ I received them through the Knowledge Translation (KT) Tool Dissemination Pilot (4)

Q47 Other (please describe):

_____

Page Break

Q48 Are you **aware of** or **have you used** any of the following resources? Select all that apply

Q49

	Task Force Newsletter (1)	Task Force website (9)	Task Force Twitter account (2)	Task Force LinkedIn account (14)	Task Force Facebook account (16)	Task Force Instagram account (15)	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

Q50 Did you take part in any of the following Task Force activities in 2022? Select all that apply.

Q51 An interview or focus group to give your feedback on a draft tool (e.g. usability testing)

- [ ] Pregnancy and postpartum depression screening (2)

Q52 2021 annual evaluation interviews or survey

- ○ Yes (1)
- ○ No (2)

Q53 Guideline stakeholder webinars

- [ ] Pregnancy and postpartum depression (2)

Q54 Clinical Prevention Leaders (CPL) Network training sessions

- ○ Yes (1)
- ○ No (2)

Q55 Online topic suggestion process

- Yes (1)
- No (2)

Page Break

Q56 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

Q57 What is your gender?

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

Q58 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)

Q59 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)

Q60 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)

Q61 What is your clinical setting? Select all that apply.

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

Q62 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) _____

Q63 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) _____

Q64 How did you hear about this survey?

- ○ Task Force Newsletter (1)
- ○ Task Force website (5)
- ○ Task Force Twitter account (3)
- ○ Task Force LinkedIn account (7)
- ○ Task Force Instagram account (8)
- ○ Task Force Facebook account (9)
- ○ Email (2)
- ○ Friend/colleague (6)
- ○ Other (please describe); (4) _____

Page Break

Q65 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

Q66 Would you like to be entered into the draw to win an iPad? The winner will be drawn randomly in Spring 2023. Your contact information will be kept confidential.

- ○ Yes (1)
- ○ No (2)

Q67 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

Q68 Thank you for completing the survey and agreeing to a follow-up interview! Please click hereto 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

Q69 Thank you for completing the survey. Please click hereto enter a draw to win an iPad. The draw will happen in Spring 2022. Your contact information will be kept confidential.

Display This Question:

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

Q70 Thank you for completing the survey. Pleaseclick here to be added to our email list. Your contact information will be kept confidential.

Page Break

Q71 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

Q72 Thank you! If you have any questions, please contact Jeanette Cooper, Research Coordinator, at jeanette.cooper@unityhealth.to

End of Block: Demographics

Interview Guide

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 2022 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?

*[*If participant asks for more information: 'The Task Force develops and disseminates evidence-based guidelines on preventive health services for primary care practitioners. The survey you completed, as well as this interview, are a part of the annual evaluation of Task Force 2022 activities, and the feedback you provide will helps us to improve the Task Force's impact and identify new opportunities. As a primary care practitioner, we are interested in your knowledge of, and experiences with, the Task Force, how you use guidelines in your practice, as well as what factors influence preventive health care in your practice']*

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 have this interview audio recorded?

I will now turn on the audio recorder.

*****START RECORDING*****

Today is [date] and I am conducting Task Force [year] evaluation interview number [participant ID].

Have you heard all the study details and have all your questions been adequately answered?

Do you agree to participate in this recorded interview?

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 (pregnancy and post-partum depression released in July 2022)? 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 of the update?

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

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

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

- From your perspective, where is the main decision-making power for guideline uptake? Who are the influencers that drive guidelines becoming practice?
    - Probe: The practitioner, colleagues, the practice, leaders in the profession, the professional organization, the government, the public?
- What makes a guideline trustworthy?
    - Probes: What are your trusted sources for guidelines?
    - Probe: In your opinion, how does Task Force compare to other sources for guidelines?
    - Probe: Is Task Force trustworthy? Why or why not?
- What makes a guideline easier to implement?
    - Probe: What makes it difficult to implement?
- When you have multiple sources of conflicting information on a preventive health care topic, how do you evaluate which information to follow?
    - Probe: Is there a Task Force guideline that differs from others you might use? [if yes] 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.*)
    a) Probe: How do you think that would work? What support would those people need to engage patients successfully?
    b) 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?
    a) What are the current barriers, if any?
    b) What are some recommendations the Task Force could consider to make it easier to access these guidelines/tools?

Final thoughts and thank you

- Do you have anything else you would like to share?

Thank you so much for taking the time to share with us today. We will be processing and mailing your compensation soon. Please know that the payment processing can take a few weeks. If you have any questions about the evaluation, or any other thoughts come up following today's interview, you can contact Sidra Cheema, who emailed you to set up this interview.

Canadian Task Force on Preventive Health Care

2022 ANNUAL EVALUATION HIGHLIGHTS

1 Guideline published

JULY
Pregnancy and PP Depression

Most downloaded guideline on CMAJ

12,381
Guideline downloads

13%
Increase in Newsletter Subscribers

994
Twitter followers

80 New this year

6,036
Podcast plays*

17
Media interviews

Prostate Cancer Harms and Benefits (EN)

Diabetes type 2 Clinician FINDRISK (FR)

Most visited tools on TF website

Breast cancer
Most visited guideline on TF website

>187
Media mentions of TF

441,806
Website visits

131,172
Website users

100,256
CMAJ guideline downloads

409
Tool packages distributed through the Tool Dissemination Pilot**

*Other Guideline podcast numbers were not available due to a move to a new platform
**Total amount from 2021-2022