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An Evaluation of the Canadian Task Force on Preventive Health Care's 2023 Knowledge Translation Activities

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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 2023. The evaluation focused on the guideline and associated KT tools released in 2023 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^{1,2}, a framework for evaluating dissemination and implementation interventions. The KTP examined data on key KT activities, and engaged primary care providers (PCPs) through both surveys and semi-structured interviews in English and French conducted between January 10th and March 16th, 2024. 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 (version 4.3.2)³ and Microsoft Excel (2016)⁴ to determine response frequencies. Interview participants were identified through survey responses and transcripts were analyzed in NVIVO 14⁵ using content analysis^{6,7}.

Results

A summary of notable findings is provided in the infographic on page A35. A total of 228 survey responses were included in the analysis. Respondents were primary care physicians (79%), nurse practitioners (10%), primary care residents (9%), and medical students (2%) who are currently practicing primary care or receiving medical education in Canada. Most participants were aware of and used the published Task Force cancer screening guidelines (89%, n=203/228 used at least 1 cancer screening guideline). Overall, use of other guidelines published in the last 5 years was also high (82%, n=188/228 used at least 1 guideline); However there was variability in usage of the individual guidelines.

Participants also reported a lack of awareness of Task Force resources including podcasts (68%, n=144/212), webinars (59%, n=126/212), e-learning modules (62%, n=131/211), the CFP Prevention in Practice Series (53%, n=111/211), the Prevention Plus Website (48%, n=100/210) and the ECRI Guideline Trust Website (76%, n=156/205). In contrast most (92%, n=195/212) were aware of the guideline tools. Participants also highlighted additional potential avenues for communication and dissemination that the Task Force can explore (e.g., direct mailing of guidelines and tools, news-specific emails).

The survey also highlighted that barriers and facilitators to guideline implementation experienced by primary care providers continue to be similar to those reported in previous annual evaluations. These barriers include patient understanding of screening value and PCPs



lack of awareness of guidelines or supporting KT tools; and facilitators such as awareness of updated guidelines and supporting tools and consensus on guideline recommendations among colleagues.

We conducted 30 interviews with PCPs including primary care physicians (54%), nurse practitioners (23%) and primary care residents (23%). During interviews, participants discussed factors influence implementation of Task Force guidelines, including: influence of colleagues, evidence strength and quality, preferences of patients, alignment with specialists, and provincial standards among others. Participants also offered suggestions for how the Task Force could improve reach and access of guidelines and tools, for example: tailoring email alerts/reminders, app development, and website optimization.

Based on this evaluation, we identified five 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 (e.g., conferences, publishing case studies) for disseminating Task Force guidelines and resources to a range of PCP populations
2. Expand direct communications with members of the public
3. Promote the use of the QxMD app for accessing Task Force materials
4. Consider promoting previous guidelines and available TF resources during extended periods between guideline releases
5. Explore opportunities to involve additional bodies (e.g., specialist organizations, provincial guideline groups) 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 University of Manitoba and the Public Health Agency of Canada. The Knowledge Translation Program (KTP) 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 2023. Specifically, this evaluation focused on the 2023 screening to prevent fragility fractures guideline and its associated KT tools. The evaluation also included the 7 other guidelines released in the past 5 years (asymptomatic bacteriuria in pregnancy (2018), impaired vision (2018), breast cancer (2018), asymptomatic thyroid dysfunction (2019), esophageal adenocarcinoma (2020), chlamydia and gonorrhea (2021), and pregnancy and postpartum depression (2022)) and 3 cancer screening guidelines that were released more than 5 years ago (cervical cancer (2013), prostate cancer (2014), and lung cancer (2016)).

The objectives of this evaluation were to:

1. Assess the Task Force's **KT activities**, specifically, the types and quantity of materials produced, and how these were disseminated, and
2. Assess **awareness and uptake** of Task Force materials by primary care practitioners (PCPs) in Canada
3. Develop **recommendations** designed to improve dissemination efforts and enhance uptake of Task Force materials by 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.

2.1 KT Activities: Data collection and analysis

We evaluated the Task Force's dissemination and implementation activities by examining administrative data (e.g., webinar attendance, statements of work, Google analytics, newsletter administrative data), tracking documents (e.g., media tracking, presentation tracking), reports on key KT activities submitted to the Task Force throughout the year (e.g., usability testing reports, media reports, conference reports, research project reports), and knowledge user engagement activities (e.g., evaluations of patient partner engagement activities). These data were summarized by one KTP researcher and are presented using descriptive statistics produced in RStudio³ or Microsoft Excel 2016⁴.

2.2 Uptake: Participant recruitment

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

To be eligible to participate a person must:

- Be a physician, nurse practitioner, resident, medical student or nurse practitioner student;
- Have no conflicts of interest to declare (as defined by the Task Force's [conflict of interest policy](#)) and;
- Be practicing or training in primary care in Canada.

This evaluation was approved by the Unity Health Toronto Research Ethics Board (REB#17-372).

Survey

We recruited a convenience sample of 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 (X and LinkedIn); and
- Stakeholder organization communications (e.g., Nurse Practitioner Association of Canada, College of Family Physicians of Canada).

Interviews

At the end of the survey, we asked participants if they were willing to participate in an interview. Interested participants were contacted on a rolling basis to fill available interview slots. Participants were purposively selected to represent demographic characteristics including location of practice, gender, years in practice, career stage (e.g., resident) and primary language of practice (English or French).

2.3 Uptake: Data collection and analysis

Survey

We evaluated uptake of the guidelines by administering an open survey in English (January 10th to March 16th, 2024) or French (January 23rd to March 16th, 2024) through the online survey platform Qualtrics⁸ to assess 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); preferences for dissemination and communications from the Task Force and; barriers and facilitators to use of Task Force guidelines, tools and resources.

The survey was informed by the evaluation objectives, the RE-AIM framework^{1,2} and results from previous annual evaluations⁹. The questions types included were multiple choice, Likert Scale and open-ended text response. 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. Survey participants were given the option to enter into a draw to win an iPad at the end of the survey. See pages A1–A31 for the survey.

Responses from the English and French surveys were aggregated and analyzed in R Studio³ and Microsoft Excel 2016⁴ to determine response frequencies.

Interviews

Three experienced KTP researchers conducted one-on-one, semi-structured interviews (30-60 min) via Go-To Meetings¹⁰ with PCPs who had completed a survey and indicated interest in being interviewed, to explore how they used guidelines and made preventive health care decisions with their patients. Interview guides were developed using the evaluation questions, the RE-AIM framework^{1,2}, and the results from previous evaluations⁹. Interviews were offered in both English and French. Interviews were conducted between January 24th and March 13th, 2024, and continued until our pre-determined sample size of 30 interviews was reached. Interview participants were compensated \$100 for their time and were not eligible to enter the draw to win an iPad. See pages A32–A34 for the interview guide.

Following participant consent, interviews were audio recorded and transcribed verbatim. A total of 20% of interview transcripts were double-coded by two researchers in NVIVO qualitative software⁵ using content analysis^{6,7}. A meeting followed where discrepancies were discussed to refine the coding framework and inter-rater agreement was calculated^{6,7}. The remaining English transcripts were single coded by both members of the research team.

Following coding, themes were developed using a deductive approach⁶ based on key themes from previous evaluations. Five initial themes were considered and described using the data. These themes were then revised and refined to produce the final themes

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–S75). All reference to “SNumber” moving forward refer to the presentation-ready slide deck. Please see page A35 for the infographic depicting the 2023 annual evaluation highlights.

Guideline publications

The Task Force produced one new guideline in 2023: *Recommendations on screening for primary prevention of fragility fractures*. This guideline was published in the Canadian Medical Association Journal (CMAJ) online and print editions. [Pages S3–S5](#) present the pre-release stakeholder engagement numbers, post-release dissemination activities, and media hits for the 2023 fragility fractures guideline.

Guideline dissemination

In 2023, the Task Force conducted a number of activities to disseminate its guidelines and KT tools including:

- Exhibiting at 4 conferences and promoting Task Force KT tools to a total of 535 delegates. This was a greater number of delegates than were engaged in 2022 (444 delegates) and was similar to the number of conference engagements prior to the COVID-19 pandemic (~550 delegates in 2019)
- 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 (CFPC) and the Nurse Practitioner Association of Canada (NPAC), in addition to topic-specific stakeholders. [Page S3](#) lists the endorsements received for the fragility fractures guideline released in 2023.

Additionally, guidelines and KT tools published prior to 2023 continued to be accessible through the CMAJ website, Task Force website, Prevention Plus, and QxMD Calculate and Read mobile apps. The KT tools pages on the Task Force website were viewed 45 709 times in English and 28 743 times in French in 2023. This was an increase from 2022, when the Task Force tool pages were viewed 35 659 times in English and 22 612 times in French. See [page S17](#) for a breakdown of the most viewed guideline KT tool pages.

[Pages S8–S21](#) outline the 2023 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 evidence to support preventive health care decisions. Task Force guidelines are disseminated through the Prevention Plus searchable database and email alerts. There were 11 new registrants in 2023 (96 registrants total) and 3373 article accesses See [page S22](#) for 2023 Prevention Plus details.

3.2 Dissemination

The following section relates to activities conducted to spread information about Task Force guidelines to primary care providers. In 2023, the Task Force disseminated its messages through publications and media coverage, presentations, newsletters, videos, and social media (i.e., X and LinkedIn).

Publications

In 2023, the Task Force published three peer-reviewed publications. These included the English and French version of the screening for primary prevention of fragility fractures guideline in *CMAJ* and the associated systematic review in *Systematic Reviews* (published in the [Task Force Thematic Series](#)). 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 2023, three articles were published in this series, one on [myths about screening](#), one on [overdiagnosis harms related to screening](#) and one on [screening for prevention of fragility fractures](#). 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 three presentations targeting primary care physicians in 2023; one was an invited speaker presentation in Canada and two were international conference submissions. See [pages S27–S28](#) for a summary of the presentations.

Task Force members also continued to engage stakeholders (e.g., disease-specific organizations, primary care organizations) through webinars prior to guideline release. Stakeholders were identified through a systematic internet search for key experts and organizations within the guideline topic field. The Task Force delivered two pre-release stakeholder webinars for the fragility fractures guideline in 2023. See [page S3](#) for stakeholder webinar details.

Media coverage

The fragility fractures guideline, released by the Task Force in May 2023 was designated a silver level guideline (i.e., has the potential to change practice) by the Task Force media team. The guideline received 45 media mentions and 5 media requests for interviews with Task Force members.

CMAJ's May e-Table of Contents (eTOC) highlighted this guideline as the editor's pick. It was sent to 60 654 CMA members and 7 134 non-members. It was the most clicked article in the May members eTOC with a 60% open rate for members (46% for non-members). It was highlighted on the CMAJ website the week of May 8th and was featured on the September print cover. It was the 3rd most-read article in CMAJ for May 2023. The English podcast for the



guideline is the 6th most downloaded episode of all time and top 5 among episodes less than 1 year from release. See [pages S4-S5](#) for more details.

Overall, the Task Force media mentions were much higher in 2023 (1690 mentions) compared to 2022 (187 mentions). This increase was related to increased interest in breast cancer screening recommendations (1150 mentions). Increased interest in breast cancer began in May, following the release of the United States Preventive Services Taskforce (USPSTF)'s draft recommendations for breast cancer screening and continued throughout the year. Additional policy changes renewed interest in the Task Force breast screening guideline throughout the year, such as the province of Ontario lowering the recommended age for breast cancer screening.

The Task Force received 45 requests for interviews or information in 2023 (vs. 17 in 2022). Most of these requests were related to breast cancer screening (34) and a large portion of these requests (13) were related to the USPSTF draft recommendations release. Other requests were related to the fragility fractures guideline (5), and other assorted topics including prostate cancer, lung cancer, pregnancy and postpartum depression and general preventive health (6). See [page S29](#) for more details.

Newsletter and Social Media

In 2023, 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 2023, the quarterly newsletter had 6059 subscribers (e.g., PCPs, patient advocacy groups, regional health authorities). This represents a 10% increase in subscribers from the previous year. The French survey on useful cancer screening tools distributed in September was the most read item of the 2023 newsletters/alerts, with an open rate of 70% and a click through of 35%. Overall, there was also a low unsubscribe rate of 0.15%.

In 2023, social media activity was scaled back because of increased politicization around the topic of breast cancer screening and the changed culture on X (formerly Twitter), which has lost many users.

The number of Task Force X account followers increased slightly from 994 at the end of 2022 to 1139 at the end of 2023. However, impressions (number of people shown content) on X for Task Force have decreased over the last few years. The Task Force averaged around 16,000 impressions in 2023. The top tweet of 2023 was about the Task Force's relationship with expert and external stakeholders, and how they engage with those groups, generating 3664 impressions.

The Task Force also began posting on LinkedIn in 2023. The Task Force had 224 followers at the end of 2023, 15% of which reside in the GTA. The Task Force made 6 posts in 2023 and the top post was the announcement of the expedited breast cancer screening guideline update. That post generated 234 impressions and a 22% engagement rate



See [page S30 - S32](#) for 2022 newsletter and social media details.

Videos

The Task Force has released several videos in previous years to support a number of guideline topics, available in both French and English. See [page S18](#) for more details on the Task Force's most viewed videos in 2023, compared to 2022.

3.3 Implementation

The following section related to activities designed to enhance uptake of guidelines for use in practice by PCPs. In 2023, the Task Force continued to support guideline uptake through the Clinical Prevention Leaders (CPL) Network.

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 by training interested clinicians to deliver education on preventive health concepts and guidelines to their peers. The CPL network is a two-phase pilot project. Phase 1 and its evaluation were completed in 2020. The experience of this first pilot phase was disrupted by the COVID-19 pandemic.

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

In 2023, the CPL program included 8 webinars (see pages S34 - 36 for details). The program participants will attend a final webinar in 2024 and then trained CPLs will begin delivering a Continuing Professional Development program to PCPs within their networks that aims to enhance knowledge, awareness, and skills in understanding and applying Task Force recommendations in clinical practice while overcoming implementation barriers. This modular program will primarily involve small group-based learning activities conducted in-person or via webinar. It comprises 13 modules covering various CTFPHC guideline topics, and participants can choose to complete any number of modules. The CPD program is anticipated to span over 8 months and is currently under consideration for Mainpro+ credit certification.

Pending funding confirmation and modifications suggested by the KT Working Group, a new roster of CPLs will be recruited for the next iteration of the program.

See [pages S34 – S36](#) for more 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 findings¹¹. The



Task Force applied iKT principles by engaging patients and clinicians in the development of its guidelines and tools.

Task Force Public Advisors Network (TF-PAN)

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 – namely, over 80 members of the public who are not trained, but can participate in ad hoc projects.

TF-PAN completed 2 community juries in 2023 on child and adolescent depression and tobacco and smoking cessation. The purpose of both juries was to refine guideline key messages. Five juries are currently in the planning phases for 2024 and 2025 (breast cancer, hypertension, falls, hepatitis C, and prostate cancer). See [pages S37-S40](#) for more details.

Usability testing

No usability testing for KT tools was completed in 2023 (usability testing for fragility fractures tools was completed in 2022). The Task Force did conduct a survey to understand which tools Canadian clinicians and members of the public preferred for cancer screening guidelines.

The survey was hosted on the Qualtrics survey platform⁵. The survey included questions on overall tool preferences, visual message preferences and preferences for communication about tools. The survey was advertised through the an item in the Task Force newsletter, emails to the Task Force's breast cancer stakeholder list, emails to the TF-PAN core and extended networks and distribution by the Black Physicians of Canada. The survey was open from September 5th to 18th, 2024.

Two-hundred and forty-four (244) responses were eligible for analysis. The top 3 most useful tool types reported by participants were text based infographics, recommendation decision trees, and 1000-person tools. The top 3 most useful visual messages reported by participants were 1000-person tool diagrams, people pyramids, and harms and benefits diagrams. The top 3 dissemination avenue preferences were mailing lists, videos, and posters displayed in public settings.



The results from this survey were used to inform the development of tools for the current breast cancer guideline update and can be used to inform development of tools for future Task Force guidelines.

For more information see [pages S49 – S54](#).

3.5 Research projects

In 2023, 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) hosts Cancer Screening Networks (CSNs) continuously to 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 address that priority, in 2022 the Task Force and CPAC developed this pilot initiative 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 TF systematic review protocols, systematic reviews, and guidelines;

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

In 2023 the KT Team, along with the Task Force and CPAC carried out these activities for the tobacco guideline. For this guideline, 4 CSN members participated in activity 1. The KT Team and Task Force presented at 1 CSN meeting to CSN members from the Lung Screening Network and Smoking Cessation Network. This was an initial first step in increased engagement with the CSNs who, along with CPAC, expressed their appreciation for this engagement. Several lessons will be carried forward from this engagement opportunity to future engagement between the Task Force and CSNs including:

- Allow more time for discussion at the presentations (Activity 2)
- Send CSN members a recording in advance that includes an introduction to the TF and methods to allow the presentation to focus on the guideline (Activity 2)
- Provide more information to potential reviewers on what is involved in the external review process (e.g., type of feedback requested, format of feedback, how long does the process take) (Activity 1)

These activities are currently in the planning stages for lung cancer, cervical cancer, and breast cancer and will likely take place in 2024.

See [page S42-S44](#) for more details.

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, in contrast to traditional in-person methods, such as conferences. With this initiative, PCPs across Canada are able to complete a formal request form 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 include:

- Number and 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 April of 2021 to February of 2023, a total of 408 tool package requests were received. Of these 408 requests, 9% (n=38/408) were requests for French tool packages and 91% (n=370/408) were requests for English tool packages. Sixty-three percent (n=255/408) of tool requests were for both print and digital copies of the tools, 23% (n=95/408) were for print tools only and 14% (n=58/408) were for digital tools only. Overall, 663 tool packages were distributed with the following breakdown:

| Tool Type | Number Distributed (n=663) | % of Tools Distributed |
|------------------|----------------------------|------------------------|
| English, Print | 315 | 47% |
| English, Digital | 283 | 43% |
| French, Print | 35 | 5% |
| French Digital | 30 | 5% |

Approximately 49% of 408 providers requesting 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.

Of those who requested packages (n=408), 240 participants responded to the 6-month follow up survey. The most common reported uses of the tools by participants were: decision-making support (57%, 136/240) and patient discussion aids (41%, 98/240). Most participants were extremely (68%, 163/240) or somewhat (24%, 57/240) satisfied with the tools.

See [pages S45 – S48](#) for more information.

3.6 Uptake

Survey

Participant demographics

A total of 401 people accessed the 2023 annual evaluation survey. After screening for inclusion criteria (i.e., those not currently practicing primary care in Canada or had self-reported conflicts of interest were excluded) and consenting, a **total of 228 participants** were included in the analysis. Of the 228 included responses, 9 completed the survey French and 219 in English. In comparison, in 2022, a total of 163 included participants completed the annual evaluation survey; 154 completed the survey in English and 9 completed the survey in French.

Please note, in the following results some questions allowed participants to select more than one option, some participants may not have been shown to all questions due to branching logic and participants were not required to answer all questions; therefore, numbers may not add up to 228 within some categories.

Survey participants practiced in urban (55%, n = 126/205), suburban (18%, n = 41/205), and rural (25%, n = 57/205) settings. They represented eleven provinces and territories and a range of years of experience, from ≤5 to ≥41 years in practice. Approximately 68% (n = 140/205) of survey participants were women and 25% (n = 51/205) were men. Respondents included primary care physicians (79%; n = 180/228), nurse practitioners (10%; n = 22/228), primary care residents (9%; n = 20/228), and newly eligible this year, medical students (2%, n=6/228). A total of 30% (n = 62/205) of survey participants had 5 or fewer years of practice. See [pages S56–S58](#) for participant demographics.

Reported Use of Task Force Guidelines

Overall, almost all participants (94%, n=215/228) reported using at least 1 Task Force guideline included in the survey as part of their practice.

Cancer screening guidelines

Eighty-nine percent (n=203/228) of participants reported using at least one of the cancer guidelines in their practice. The most widely used Task Force cancer screening guideline was the prostate cancer (2014) guideline (76%, n=173/227) followed by the breast cancer update (2018) guideline (76%, n=170/225), cervical cancer (2013) guideline (72%, n=162/224), and lung cancer (2016) guideline (65%, n=149/228). The esophageal adenocarcinoma guideline was the least well known cancer screening guideline, with 59% (n=132/225) reporting they were unaware of a guideline on the topic (i.e., chose “I am not aware of a guideline on this topic” in the survey).

Some participants reported using guidelines other than those from the Task Force for cancer screening. These are summarized in the table below. See [page S59](#) for more information.

Table 1. Non-Task Force Cancer Guideline Sources by Topic

| Guideline Topic | Non-Task Force Guidelines Used |
|----------------------------------|---|
| Prostate Cancer | 10% (n=23/227) used a non-Task Force guideline. These included: <ul style="list-style-type: none"> • Canadian Urology Association guidelines • American Academy of Family Physicians guidelines • UpToDate guidelines • Provincial screening guidelines |
| Breast Cancer | 8% (n=17/225) used a non-Task Force guideline. These included: <ul style="list-style-type: none"> • Canadian Cancer Society guidelines • Provincial screening guidelines |
| Cervical Cancer | 14% (n=31/224) used a non-Task Force guideline. These included: <ul style="list-style-type: none"> • Provincial screening guidelines • Society of Obstetricians and Gynaecologists of Canada guidelines • American College of Obstetricians and Gynecologists guidelines • USPSTF |
| Lung Cancer | 8% (n=19/228) used a non-Task Force guideline. These included: <ul style="list-style-type: none"> • Canadian Thoracic Society • USPSTF • Provincial screening guidelines |
| Esophageal Adenocarcinoma | 1% (n=2/225) used a non-Task Force guideline. These participants did not specify the guideline they use. |

Non-cancer preventive health guidelines published in the last 5 years

Eighty-two percent (n=188/228) of participants reported using a least one non-cancer preventive health guideline published in the last five years in their practice. The most widely used non-cancer preventive health guideline published in the last 5 years was the asymptomatic bacteriuria in pregnancy (2018) guideline (64%, n=145/228), followed by chlamydia and gonorrhoea (2021) (51%, n=116/227), fragility fractures (2023) (49%, n=111/225), pregnancy and postpartum depression (2022) (46%, n=103/224) and asymptomatic thyroid dysfunction (2019) (46%, n=103/226). The least well known guideline was impaired vision (2018), with 65% (n=145/223) reporting they were unaware of a guideline on this topic.

Some participants reported using guidelines other than those from the Task Force for these topics. These are summarized in the table below. For more information see [page S60](#).

Table 2. Non-Task Force Guideline Sources by Topic

| Guideline Topic | Non-Task Force Guidelines Used |
|--|--|
| Asymptomatic Bacteriuria in Pregnancy | 3% (n=8/228) used a non-Task Force guideline. These included: <ul style="list-style-type: none"> • Society of Obstetricians and Gynaecologists of Canada guidelines • UpToDate guidelines • MumsHealth |
| Asymptomatic thyroid dysfunction | 3% (n=7/226) used a non-Task Force guideline. These included: <ul style="list-style-type: none"> • UpToDate guidelines • Choosing Wisely guidelines • the functional medicine world medical link approach |
| Chlamydia and Gonorrhoea | 13% (n=30/227) used a non-Task Force guideline. These included: <ul style="list-style-type: none"> • United States Centers for Disease Control guidelines • Public Health Agency of Canada guidelines • Health Canada STI guidelines • Provincial screening guidelines |
| Pregnancy and Postpartum Depression | 3% (n=6/224) used a non-Task Force guideline. These included: <ul style="list-style-type: none"> • UpToDate guidelines • Society of Obstetricians and Gynaecologists of Canada guidelines • Provincial screening guidelines |
| Fragility Fractures | 6% (n=14/225) used a non-Task Force guideline. These included: <ul style="list-style-type: none"> • Osteoporosis Canada guidelines • USPSTF guidelines |

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| Impaired Vision | 1% (n=2/223) used a non-Task Force guideline. These participants did not specify the guideline they use. |
|------------------------|--|

Guideline Dissemination

The majority of participants reported accessing Task Force guidelines through the Task Force Website (87%, n=193/221), CMAJ publications (27%, n=59/221), and the QxMD mobile app (5%, n=12/221). Some reported accessing the guidelines through handouts at conferences (9%, n=21/221). Participants could choose multiple response options.

When asked how they would prefer to access guidelines, the majority reported through the Task Force website (78%, n=172/221). A much larger number than currently uses the QxMD app reported wanting to use the app to access guidelines (31%, n=69/221). Other suggestions for guideline access included: direct email, direct mail, EMR integration, and a Task Force specific app with offline capability.

See [pages S61 and S62](#) for more information.

Task Force Tools

Awareness and Use

Among KT tool types, participants were most aware of and use Task Force infographics and 1000-person tools. Fifty-six percent (n=123/219) of participants had used a Task Force infographic and 52% (n=116/221) had used a 1000-person tool. The least well known tool types were the clinician and patient FAQs with 42% (n=92/221) and 47% (n=104/221) being unaware of these, respectively.

See [page S63](#) for more information.

Dissemination

Currently, participants access tools most often through the Task Force Website (82%, n=180/219) and conference handouts (35%, n=77/219). When asked about preferences for access, the Task Force website was still chosen by the majority of participants (74%, n=163/219); However, direct mailed copies were the second most commonly chosen option for preference (digital: 45%, n=98/219; print: 31%, n=68/219) and a mobile app also had greater interest (26%, n=57/219) than conference distributions (22%, n=48/219). Note that a greater proportion of survey participants indicated a desire for digital direct mailed tools; In the dissemination pilot there were slightly more print tools distributed than digital due to requests for print being slightly higher in those that requested only one format of tool; however, the largest proportion of requests (63% n=255/408) in the dissemination pilot was for both formats (print + digital).

See [pages S64 and S65](#) for more information.

Communications

Current Communications Reach

When asked how they currently hear about updates from the Task Force (e.g., new guidelines, participation opportunities), the majority of participants reported the Task Force's email newsletter (61%, n=124/203) and conferences (58%, n=117/203) as sources of information. Word of mouth/colleagues (45%, n=92/203) and webinars (11%, n=22/203) were also cited as sources of information. Very few participants reported receiving updates on social media (X: 2%, n=5/203; LinkedIn: 2%, n=4/203).

See [pages S66](#) for more information.

Preferred Communication Methods

When asked how they preferred to receive information, email newsletters (62%, n=135/217), conferences (48%, n=105/217), and news-specific email alerts (48%, n=105/217) were all preferred by a large portion of participants. Webinars (24%, n=52/217), hard copy mail (23%, n=50/217) and word of mouth/colleagues (21%, n=45/217) were preferred by smaller numbers of participants. Social media was not highly reported as a preferred source of information, but Instagram had the greatest interest of the social media platforms (8%, n=18/217).

See [page S67](#) for more information.

Sources for Primary Care Updates

When asked about where they looked for primary care updates, participants commonly reported the Task Force (71%, n=153/215), the College of Family Physicians of Canada (70%, n=151/215), peer-reviewed journals (55%, n=118/215), and conferences (50%, n=107/215) as sources of information.

When asked about sources they trusted, a similar pattern was noted with the greatest proportions of participants reporting trust in the Task Force (90%, n=194/215), the College of Family Physicians of Canada (87%, n=186/215), peer-reviewed journals (71%, n=152/215), and conferences (44%, n=94/215) as sources of information.

See [pages S68 and S69](#) for more information

Task Force resources

When asked about usefulness of a given list of Task Force resources, a large proportion of participants reported not being aware of most of the resources listed, including podcasts (68%, n=144/212), webinars (59%, n=126/212), e-learning modules (62%, n=131/211), the CFP Prevention in Practice Series (53%, n=111/211), the Prevention Plus Website (48%, n=100/210) and the ECRI Guideline Trust Website (76%, n=156/205).



Of those who were aware of resources, very few reported finding a resource “not very” or “not at all” useful. The guideline tools had the highest reported usefulness with 56% (n=119/212) of participants reporting them “very useful” and a further 26% reporting them “somewhat useful”.

For more information see [page S70](#).

Barriers and Facilitators to guideline use

We asked participants to report if barriers and facilitators generated from previous annual evaluations⁹ were currently a barrier/facilitator to their practice.

Overall, the barriers from previous evaluations were still reported as barriers in this annual evaluation, with the highest proportion agreeing with the barrier “patient understanding of the value of screening” (51%, n=105/207 agree; 16%, n=33/207 strongly agree).

Facilitator patterns were also similar. The least commonly reported facilitator was “financial incentives for screening” (27%, n=55/204 agree; 22%, n=45/204 strongly agree) and the most common facilitator was “awareness of updated guidelines/tools” (55%, n=113/204 agree; 30% n=57/204 strongly agree).

See [pages S71 and S72](#) for more information.

Interviews

We conducted 30 interviews with PCPs from across Canada: 29 in English and 1 in French. These interviews explored 3 main themes:

1. Awareness of the Task Force organization and guidelines,
2. Guideline implementation influences,
3. Suggestions for improved reach and impact of Task Force activities

Participants represented eight provinces and territories. Twenty participants identified as women (66%), eight identified as men (27%) and two (7%) identified as non-binary or preferred not to say. Participants ranged from trainees to having greater than 40 years of practice. We interviewed sixteen (53%) primary care physicians, seven (23%) nurse practitioners and seven (23%) residents. Three participants were interviewed in last year’s annual evaluation (10%). See [pages S74 –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.

How PCPs were first exposed to the Task Force

Table 3. First Exposure to Task Force Guidelines

| Exposure type | Number of participants (N = 30) | % of Participants |
|--|---------------------------------|-------------------|
| Medical School, Nurse Practitioner School or Residency | 21 | 70% |
| Conferences | 4 | 13% |
| Examination Preparation | 2 | 7% |
| Internet Searches | 2 | 7% |
| Email Newsletter | 1 | 3% |

Most interview participants first learned about the Task Force during their medical training, (i.e., medical school, nurse practitioner training or residency). A few participants first encountered the Task Force at a conference. Those who were able to recall a specific conference highlighted the Family Medicine Forum. A small number of other participants first heard about the Task Force through the website or through a colleague. Of note, a couple of participants mentioned encountering Task Force guidelines as a resource to study for exams needed to practice in Canada after training in another country.

“I would say that most of the Task Force knowledge that I've gotten is from my medical education. So often throughout lectures they would present evidence based data and recommendations about prevention. And so usually it came from there. So I would say my medical education primarily” – P06 (English)

“When I was first beginning my practice as an NP...I'm from the United States and my schooling was in the United States. I needed to really update myself on the Canadian guidelines for preventative health care. So that [the Task Force] was my go to place” – P25 (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

Table 4. Avenues Used for New Guideline Updates

| Method for hearing about new or updated guidelines | Number of participants (N = 30) | % of participants |
|--|---------------------------------|-------------------|
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| Email from Task Force | 21 | 70% |
| Journals (e.g., CMAJ, CFP) | 10 | 33% |
| Colleagues | 9 | 30% |
| Conferences | 9 | 30% |
| Task Force Website | 3 | 10% |
| Social Media | 2 | 7% |
| Personal Research | 1 | 3% |

Most participants heard about new or updated guidelines through emails from the Task Force or other email newsletters they subscribe to. Others received their updates via journals, from colleagues and at conferences. Very few reported other methods, such as searching the Task Force website, social media channels or conducting their own periodic searches for new guidelines.

About half of participants (n=16) had heard about the new fragility fractures guideline. Slightly more (n=18) had heard of the Task Force's effort to update the breast cancer guideline.

Theme 2: Guideline sources and implementation influences

We asked participants what sources other than the Task Force they used or referred to for screening and preventive health recommendations. Participants cited Canadian national specialist or disease-specific organizations, provincial organizations or government bodies, Canadian non-disease specific organizations and international organizations as trusted sources for guidelines.

Table 5. Trusted Non-Task Force Guideline Sources

| Trusted Sources for Guidelines | Number of participants (N = 30) | % of participants |
|--|---------------------------------|-------------------|
| Canadian disease specific or specialist organizations (e.g., Canadian Cardiovascular Society, Osteoporosis Canada) | 20 | 66% |

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| Provincial organizations or government bodies (e.g., BC Health, Public Health Ontario) | 9 | 30% |
| Canadian national organizations (non-disease specific) (e.g., CFPC, Choosing Wisely) | 6 | 20% |
| International (non-Canadian) organizations (e.g., US CDC, American College of Obstetrics and Gynecology) | 6 | 20% |

Participants were asked about which factors influence the guidelines they implement in their practice. They highlighted a variety of different factors that either facilitate guideline use or hinder it, as outlined in the table below.

Table 6. Factors the influence implementation of guidelines

| Factor | Number of participants (N = 30) | Description |
|---------------------|---------------------------------|---|
| Colleague Influence | 21 | <p>Colleagues were listed by 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.</p> <p><i>“...if a colleague I trust tells me to check something out, I’ll check it out so I can make up my own mind. But who influences me, for people, its individuals I trust, you know.” – P02 (French)</i></p> <p><i>“How do I make decisions on which guidelines to use and follow? Well. So I make decisions based on. Well, firstly, what the guidelines that I use, the guidelines that are commonly used by family physicians.” – P10 (English)</i></p> |

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| Evidence Strength and Quality | 14 | <p>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 well established.</p> <p><i>“I also look at the strength of the recommendation as well too. I think that's right in there as well. Strength and the amount of evidence behind it. Like how much certainty? Because obviously that's the strength of the recommendation or not. Right. Things with higher, higher recommendations and the certainty of the evidence really would influence me to incorporate it or not.” – P17 (English)</i></p> |
| Patient Preference | 14 | <p>Almost half of participants noted that patient preference is a large influence on their practice as it relates to guideline implementation. Many noted that they often recommend following a guideline to patients but often will follow patient preference to be screened or not.</p> <p><i>“I think usually it's a discussion and so it's going through pros and cons of exploring maybe their hesitancy with the guideline recommendation. At the end of the day, we're both compromising to keep up the patient-physician relationship. I might say if you really want us to check the PSA, we can. These are all the pros and the cons. Are you [they] willing to accept the risks of that test? If patients are informed and they're willing to make that decision, then I may proceed in ordering that test for them and then continue with that discussion. So if it's an ongoing, recurrent discussion that they have a concern, I would just try and explore it a bit more with them.”- P07 (English)</i></p> |
| Alignment with Specialists or Specialty Society Guidelines | 13 | <p>Many participants reported that how well a guideline aligns with the opinions of field specialists they work with, or with guidelines from trusted specialty</p> |

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| | | <p>organizations impacts their decision-making on whether or not to use a guideline.</p> <p><i>“So I guess this is a good thing because I, I know that the Canadian task force has like a hypertension guideline. Yeah. But that there is also a Canadian cardiovascular society guideline and they do differ in places. So that is one where I tend to - I would say tend to put the National Society guidelines before the Canadian task force ones, because a lot of the specialists we work with follow those same societal guidelines rather than the Canadian task force guidelines.” – P06 (English)</i></p> |
| Provincial Standards | 12 | <p>Quite a few participants noted that how a guideline aligns with provincial standards and programs plays a role in how they implement a guideline. This includes things such as alignment with provincial guidelines and how funding aligns with guideline recommendations</p> <p><i>“You know, you mentioned breast cancer, but, you know, certainly there are things around cervical cancer, colon cancer. Well, while I'm sure like it's a noble effort, I don't see myself using those guidelines. Right. Because we're so dependent on what the [provincial agency] recommends in terms of their screening program, what they're able to support. Whereas things like, uh, things that like lack strong national consensus guidelines, areas where there are more questions, you know, I could see there being bigger demand for that, You know, maybe directing resources accordingly would be helpful.” – P06 (English)</i></p> |
| Clear and concise guidelines | 12 | <p>Participants mentioned that a guideline being clear and concise was a factor that made it easier to choose to implement a guideline in their practice</p> <p><i>“Simplicity. If it's going to be complicated, it's going to be complicated to explain. I think if it [a guideline] has an infographic and if there's support of tools, that would make it easier – and if it's also easy to access. If I'm looking to various links, I'm not going to follow</i></p> |

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| | | <i>that guideline. I want something that's easy to access and refer to.”- P11 (English)</i> |
| Transparency and no conflicts of interest | 10 | <p>Participants expressed appreciation for guidelines that are transparent about their development team and any partnerships. In particular, participants chose to follow guidelines that do not have any conflicts of interest and bias such as industry sponsorship.</p> <p><i>“Well, I think what makes a guideline trustworthy is one that doesn't have a ton of influence from external factors like companies that manufacture a certain product or a pharmaceutical industry, for example. So free from bias, essentially. So, you know, it's important to look at the authors of the guideline. Do they have any ties to pharmaceutical companies? If so, how? How likely is it that that the guidelines are influenced by that tie that they have to the pharmaceutical companies? So that's an important thing to look at is the bias.” – P10 (English)</i></p> |
| Composition of development team, including specialist input | 10 | <p>Participants highlighted the importance of having a group of professionals across the medical field (researchers, pharmacists, physicians) involved in the guideline development process.</p> <p><i>“Hopefully they [guideline development teams] are unbiased and there's no secondary gain by the people who write the guidelines. Hopefully they represent the norm of the population of primary care givers, and that it's not only specialist- oriented, but there's also primary care physicians part of the guidelines committee.- P20 (English)</i></p> |
| Influence of professors or preceptors | 8 | <p>This factor was more specifically noted by medical students and practitioners who are still early in their careers. Both these groups expressed that guidelines taught to them by school faculty or used by their preceptors were often the ones they chose to use in their own practice</p> <p><i>“...a lot of what we use is specifically I guess, you know, when you're first in practice and still kind of new in practice, you kind of take on what your preceptors</i></p> |

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| | | <p><i>told you. And so I think that that's a big guiding factor. So I definitely think if, you know, guidelines want to be implemented, it sort of comes from, you know, our mentors there.” – P09 (English)</i></p> |
| <p>Lack of recommendations for marginalized groups</p> | <p>5</p> | <p>Several participants noted that a guideline not having recommendations for groups with significant differences from the population average impacted their ability to use guidelines</p> <p><i>“So if there's conflicting evidence, then I take all that evidence and then I look at my patient holistically and what meets their needs the best and kind of go from that angle of knowing, you know, what their family history is, what risk factors do they have, What insurance, you know, do they have what, you know, affordability, What can they have for food security if it's like a preventative nature? So I think sometimes it comes down to the patient that you have in front of you that helps guide guidelines” – P14 (English)</i></p> <p><i>“and it's a very difficult thing to do is the task force guidelines, a lot of guidelines really do not tackle the current issue that practices like me are doing when we're talking about new immigrants, new refugees into the country and the religious aspect or the cultural aspect that goes into that. Well, I have a lot of difficulty talking to my patients about these guidelines sometimes in a in a way in which they are able to understand, in a way in which I'm able to approach it in a safe mode. When I talk about when I use some of these guidelines sometimes. They are a bit not confused, but they don't want to approach it because they have these immigrant beliefs when they are when they are here where they don't know if these guidelines make, ah, a healthy choice or an unhealthy choice for them” – P29 (English)</i></p> |
| <p>Recent Patient Outcomes</p> | <p>5</p> | <p>Several participants noted that previous experiences with outcomes for patients may influence their choice to follow or not follow a guideline</p> |

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| | | <p><i>“I also think personal experiences and my experiences in practice when I've actually had patient encounters that influence me as well, do play a role too. So sometimes it's a form of bias actually, like what has happened recently in practice or that you've seen. But I do think it influences the choices that I make in terms of offering preventative health care to people” – P17 (English)</i></p> |
| <p>Availability of Tools</p> | <p>5</p> | <p>A number of participants noted that having useful tools and resources made it easier for them to implement a guideline in their practice</p> <p><i>“I think the thing that actually drew me to them most was how helpful the tools are that have been created to use with patients for them. So like I really, I love the infographics. I think talking about screening with patients can be conceptually very difficult in terms of discussing like risk and benefit, especially for things like prostate cancer screening or lung cancer screening I just - in particular those topics I feel are just a little bit more challenging, like there's more nuance to them. And so having the infographics that the task force has made I just find have made having that conversation really easily. So for that reason I've used the guidelines because I'm able to pull up those infographics and just kind of visually represent it for patients and show them where this guideline is coming from, why are we even talking about this?” – P01 (English)</i></p> |
| <p>Guideline Source</p> | <p>5</p> | <p>Some 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.</p> <p><i>“There are some of us who are directly influenced by the Task Force. So, the implementation of a new guideline from the Task Force will immediately change the way we look at things in the way we react to our screening.”- P28 (English)</i></p> |

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| | | <p><i>“Often its recommendations that come from either the Task Force or from one of the discipline-specific guidelines organizations. But if I'm offered the choice of the two, I'd rather go with the Task Force recommendations.” – P28 (English)</i></p> |
| <p>Consistently reviewed/ updated recommendations</p> | <p>4</p> | <p>Participants stressed the importance of using guidelines, which were up to date with the most current evidence, even if this meant minimal change between guideline updates. This provided participants with assurance that the guideline recommendations have been reviewed and either confirmed or changed according to the most recent data available.</p> <p><i>“I mean, we reach out to those guidelines, and when we sit on guideline committees for the province, we do turn to the Task Force to, you know, help provide us with information. And I guess my only concern is some of the guidelines that are there are quite old. So when you work in an institution like a university academic center, we always are telling our students, if a guideline, you know, if you're looking at research and data, don't go past five years. And a lot of the guidelines on right now, we're past the five year mark.” – P14 (English)</i></p> |
| <p>Resource Limitations</p> | <p>3</p> | <p>A few participants noted that lack of available resources can limit their ability to implement a guideline, even if they would like to follow it.</p> <p><i>“If there's multiple steps involved or if the existing facilities can't or won't provide the service...For example, like the lung cancer screening, there's no low dose available in [location of practice].” – P21 (English)</i></p> <p><i>“If you don't have good access to the things the guideline has recommended for resources, it's really difficult to implement them in a guideline based manner. Like you may, you really may not have access to CT yearly, for example.” – P01 (English)</i></p> |

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| <p>Time constraints (e.g., in patient interactions or for exploring new guidelines)</p> | <p>3</p> | <p>Participants described time constraints in patient interactions and a lack of time to stay up to date on new data as things that could hinder implementation of guidelines in their practice</p> <p><i>“...I think I don't always have the time to arrive at a decision properly. So usually, it would be a conversation with the patient and trying to make sure that they are informed of the other side of whatever they are - because they are often leaning towards one thing. I just want to try to make sure that they have a balanced view of potential outcomes so that they don't feel caught off guard if they were to proceed with that. Sometimes they may change their mind. So usually, I try to do that rather than dive deeply into the literature because I just can't keep up. There's so much and I'm trying to stay up to date with, you know, conferences and reading articles and listening to what my colleagues are learning and things like that.”- P29 (English)</i></p> <p><i>“And so whatever is going to make the task ... easier is what we implement. As you know, we have 15 to 20 minute consultations with our patients. And so we have we use guidelines that are able to fit within that.” –P19 (English)</i></p> |
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Theme 3: 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 ways to enhance communication about new guidelines with users. They suggested leveraging multiple avenues of communication with primary care providers including the Canadian and provincial colleges of family physicians and nurse practitioners. They also suggested using an email notification that only covers the release of the guideline, with a PDF attachment of the new guideline.

“I think sending out emails to all physicians about new Task Force recommendations is a good idea. A plus would be that the report is attached as a PDF as well. They [Task Force guidelines] are published in the Canadian Medical Association Journal, which is a

good source of information. Each province has its own college and you might want to send them [new guidelines and recommendations] out to them.”- P20 (English)

“I think just overall, promoting the guidelines, maybe through the CMAJ or different medical associations like the CFPC- trying to spread the information through as many avenues as possible. So everyone's kind of aware of the new guidelines.” – P23 (English)

- 2) *App development:* Some participants also suggested that an app that could provide quick and portable access to all the Task Force guidelines and tools would be very helpful in their practice. Alternately, some suggested that integrating the screening guidelines into primary care electronic medical records to populate reminders and allow easy access to tools for patient discussions within the system could be helpful for PCPs.

“The only thing I don't know if it's an option, maybe it is and I'm just not aware of it, is if there was like an app that could be used on your phone, just for portability and so that when you're on the go and kind of like looking through guidelines quickly, I find the app can be a lot easier to use than logging into like a website or a browser for sure.” – P15 (English)

“An app would be handy especially for like the Frax calculator or the cardiac calculator. Or even to just pull it out for me to quickly look at without having to log into the computer or like go type in a whole other website and search for things. If it was right there, I can open it up and just open that specific guideline. That would be an excellent thing.”- P30 (English)

“I think if there was a way to integrate the screening guidelines within the different electronic medical records that we have in our practice- If there was a way to bring up a reminder to discuss something or easily have a way to pull up different patient handouts or infographics. That would be like an easy way to remind you to talk about things [with patients].” – P23 (English)

- 3) *Website Optimization:* A few participants noted the website can be difficult to use, and in particular it is difficult to navigate for patients, which made them more likely to direct patients somewhere else for guideline information. They also noted that the functionality of the website on mobile devices such as phones and iPads could be improved

“I do find the website easy to navigate for me. I do find that it is a bit overwhelming or not quite friendly enough for me to direct a patient to. I won't just send them the link and say that, but thinking of some of the other guidelines like osteoporosis.ca, they do a very good job of catering directly to patients there. So I think maybe that's an area that could be improved. But, you know, I do understand all of this costs a lot of money and it might not be the highest yield place to invest that.” – P06 (English)

- 4) *Other Suggestions:* Other suggestions made by individual participants include: providing recommendations for integrating guidelines into tricky practice scenarios, (e.g., publishing a case study of how a guideline could be used in an under-resourced area),

integrating QR codes onto Task Force tools for direct linkage to the Task Force website, 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 TF 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 = 219), and only 1 participant completed an interview in French compared to 29 in English. Although this is similar to the number of French-speaking participants interviewed in past years French interviews have been offered (0, 3, 1 and 4 were completed in the 2019, 2020, 2021 and 2022 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 five 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 disseminating Task Force guidelines and resources to a range of PCP populations, such as:**
 - **Conferences** – These were an often cited method for PCPs to learn about new and existing Task Force guidelines and receive Task Force products, such as tools. In particular, the Family Medicine Forum was mentioned by several participants. Good engagement was seen at conferences in 2023 and it was an excellent opportunity to distribute Task Force tools.

- **Email distribution lists** – These was another commonly cited source for learning of Task Force materials. In addition to the Task Force newsletter, short email alerts about specific items, such as a guideline release were often suggested as a communication avenue. Participants also suggested that attaching the guideline and tools as PDFs to these communications could be helpful.
- **Scenario case studies** - These were suggested as potential beneficial resource to support guideline uptake by some participants. Participants outlined that published case studies on how a guideline might be implemented in a particular scenario, such as in an under-resourced area, could be developed help them better understand how to use a guideline in their context. The Task Force could explore publishing articles (e.g., as part of the CFP Prevention in Practice Series) or tools with cases to help promote additional uptake of currently published guidelines as well as developing them for new guidelines.
- **Hard copy tools** - Task Force tools were considered quite useful by survey participants and dissemination pilot participants were satisfied with the tools they received through the program. Direct mail (email and print) were also the second and third most requested method for tool access after the Task Force website. If funds allow, continuing to print and mail tools may be a good way to disseminate these resources to PCPs, especially those in remote areas.

2. Expand direct communications with members of the public

Many participants noted that patient awareness and screening preference were a large factor in screening recommendation uptake. Some participants in the interviews noted that information patients received from channels such as social media (e.g., Instagram) can influence their views on their needs, values and preferences related to screening. The Task Force can consider increasing their public-facing dissemination activities to increase public awareness of guideline recommendations. The Task Force may also wish to consider updating their public-facing website and usability testing it with patients, as some participants highlighted that patients have found the website confusing and they were therefore hesitant to consider sending their patients to explore it.

In line with an integrated knowledge translation approach¹¹, the Task Force could further employ the TF-PAN to help support communication efforts with the public. For example, they could provide their perspective on social media posts or other initiatives that involve direct communication with the public. Where possible, use of patient partners on guideline working groups can also increase the inclusion of public voices in Task Force work, thereby increasing the relevancy of Task Force products (e.g., KT tools) to the public.

3. Promote the use of the QxMD app for accessing Task Force materials

As in previous years, accessing Task Force guidelines and tools through an app, for easy reference remains a requested option that greatly outpaces the use of the QxMD app, which remains low.

The Task Force can consider increasing promotion of the QxMD app as an option for those looking to access Task Force guidelines and resources through an app. The Task Force could work with QxMD to assess whether increased promotion results in increased use of QxMD.

If budget allows, the Task Force can also consider evaluating if a different option for app access is available to them. When asked, participants often request a Task Force specific app or highlight that they dislike and won't use QxMD. Previously, app development was not an optimal avenue for the Task Force, but an alternate option may be preferred for users. For example, the USPSTF provides a web-based tool for searching their recommendations and also has an API for integrating their recommendations into third-party applications in addition to a mobile app.

4. Consider promoting previous guidelines and available TF resources during extended periods between guideline releases

When longer periods between guideline releases occur, the Task Force can consider re-promoting published guidelines. There are guidelines that are still not well known, particularly in the category of non-cancer guidelines (e.g., Impaired Vision) and awareness of many Task Force resources was low. With lack of awareness of guidelines and KT tools still a commonly reported barrier these promotions could be useful for greater uptake of guidelines among PCPs.

5. Explore opportunities to involve additional bodies in guideline dissemination and implementation activities.

- **Partner with specialty organizations** - Many participants in this year's evaluation noted that they often look to specialists or specialty organizations for guidance on screening practice (e.g., Society of Obstetricians and Gynaecologists of Canada, Canadian Urology Association). Exploring opportunities to partner with these organizations, for example through seeking typical endorsements of the guideline, with the added activity of enhanced dissemination (e.g., inclusion of Task Force recommendations in specialty organizations' newsletters).
- **Disseminate with provincial partnerships** - To enhance uptake of Task Force guidelines, the Task Force can consider exploring opportunities to involve provincial bodies (e.g., Cancer Care Ontario, INESSS, B.C. Cancer) 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 and exploring opportunities to involve provincial groups such as the provincial colleges in dissemination efforts
- **Target Medical school and residency training** - 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 continuing 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.

6.0 References

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Canadian Task Force on Preventive Healthcare

2023 Annual Evaluation



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2023 Guideline Publications

Fragility Fractures

Pre-release: Stakeholder engagement

Released
May
2023



- Engaged 54 stakeholders
 - 14 generalist organizations
 - 26 disease-specific organizations
 - 2 clinical experts
 - 4 peer reviewers
 - 8 usability testing participants
- Hosted 2 guideline preview webinars on May 3rd and May 4th, 2023
 - Presented by Dr. Guylene Theriault
 - Attendance: 12 stakeholders

Endorsements and Statements of Support

Fragility Fractures

Post-release: Dissemination & media

| Dissemination | Fragility Fractures | Pregnancy and Postpartum Depression Total** |
|---|---------------------------|---|
| CMAJ journal subscribers (received guideline) | 67, 788 | 61,043 |
| CMAJ guideline downloads* | 15,926 (EN) 3,834 (FR) | 10,539 (EN) 1,842 (FR) |
| Task Force website English page visits | 9,055 | 2,190 |
| Task Force website French page visits | 2,190 | 273 |
| Podcast plays | 10,721 | 6036 |
| Media | | |
| Media Mentions | 45 | 75 |
| Interview requests with Task Force members | 5 | 5 |
| Altmetric score | 119 | 107 |
| Citations | 6 | 4 |

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

**Metrics included from 2022 annual evaluation for comparison purposes

Note: Numbers are based on data from January 1, 2023 to December 31, 2023. Media data are based on media reports from the Task Force communications team

Fragility Fractures Post – release: Dissemination & media

Highlights:

- **CMAJ's May 8th eTOC highlighted the fragility fractures guidelines as the editors pick**
 - Sent to 60 654 CMA members and 7134 non-members
 - It was the most clicked article by members (60% open rate; 46% open rate for non-members)
- **It was the 3rd most read article in CMAJ for May 2023**
- **The guideline was featured on the CMAJ webpage the week of May 8th and on the September print cover of the journal**
- **The English podcast is the 6th most downloaded episode of all time (top 5 of those out <1 year)**



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Guideline Dissemination

Guideline dissemination Virtual Conferences & Engagement

| Conference | Dates | Location | Delegates attended | Task Force booth attendees | Tools Distributed |
|--|-----------------|----------|--------------------|----------------------------|-------------------|
| 30 th Annual Rural and Remote Medicine Course | Apr 20-22, 2023 | Niagara | 727 | 152 | 2572 |
| Choosing Wisely National Meeting 2023 | May 11-12, 2023 | Toronto | 230 | 73 | 872 |
| Congrès annuel de médecine 2023 | Oct 24-27, 2023 | Montreal | 650 | 73 | 1152 |
| Family Medicine Forum (FMF) 2023 | Nov 8-10, 2022 | Montreal | 2822 | 237 | 4015 |

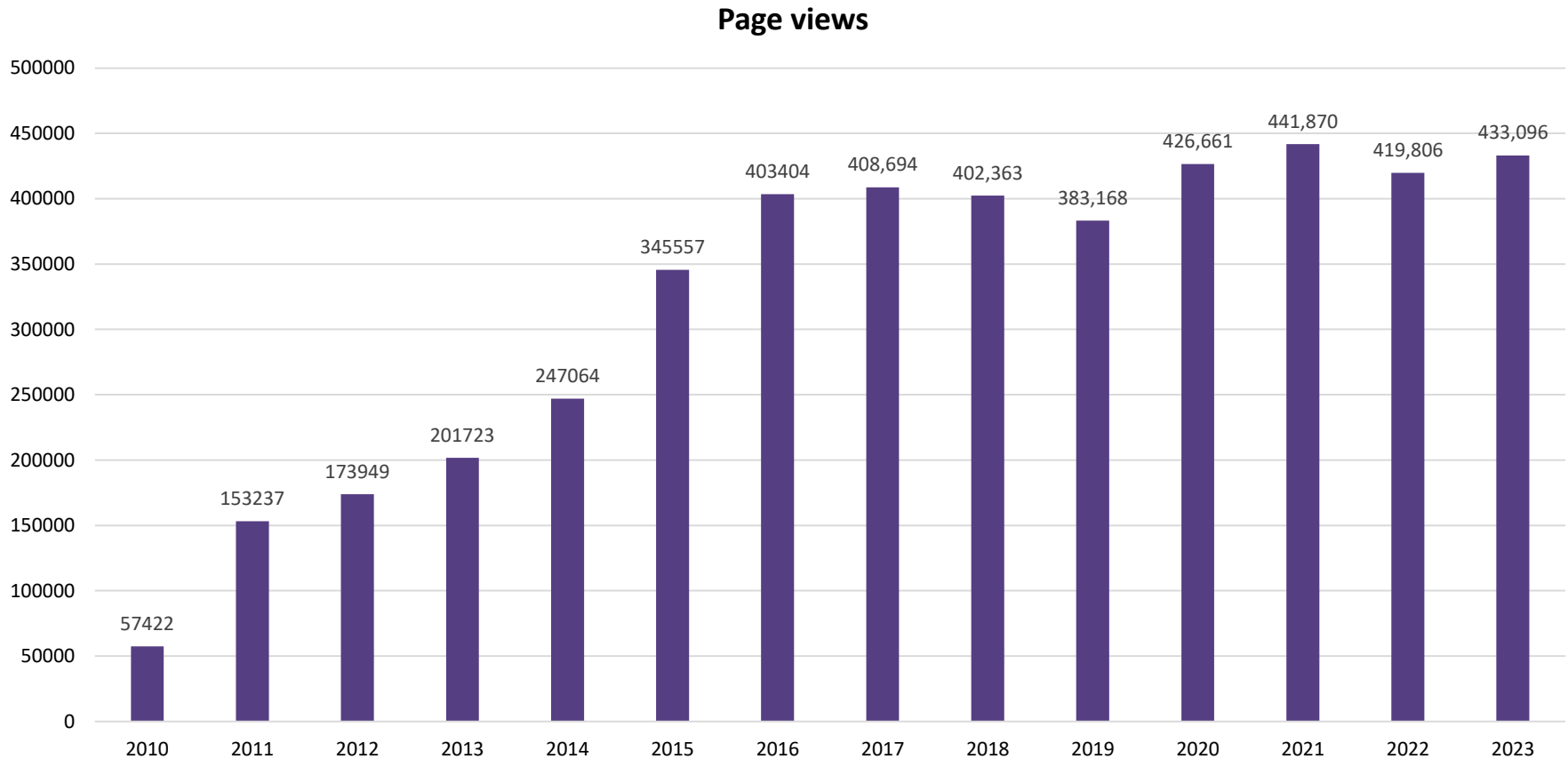
Guideline dissemination Task Force website annual users

Overall 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

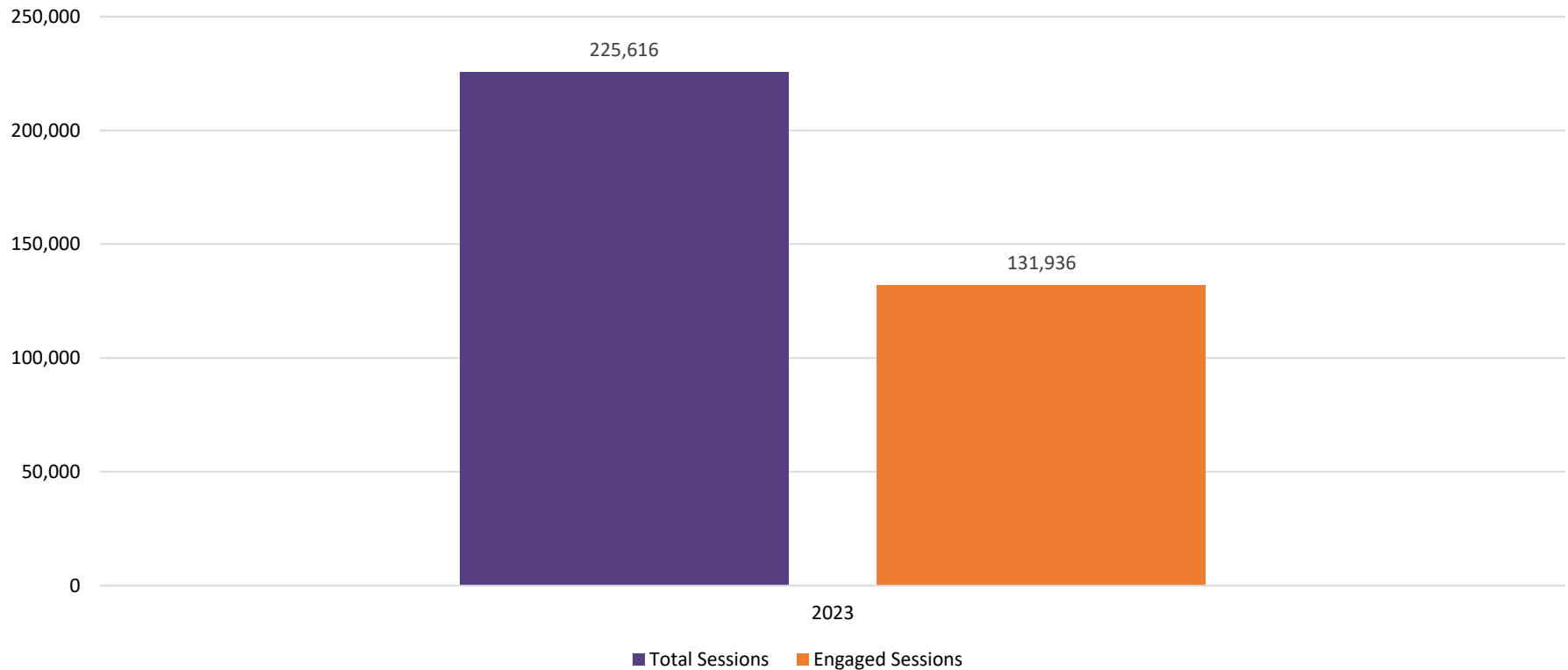
Guideline dissemination Task Force website annual page views



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 – Total and Engaged

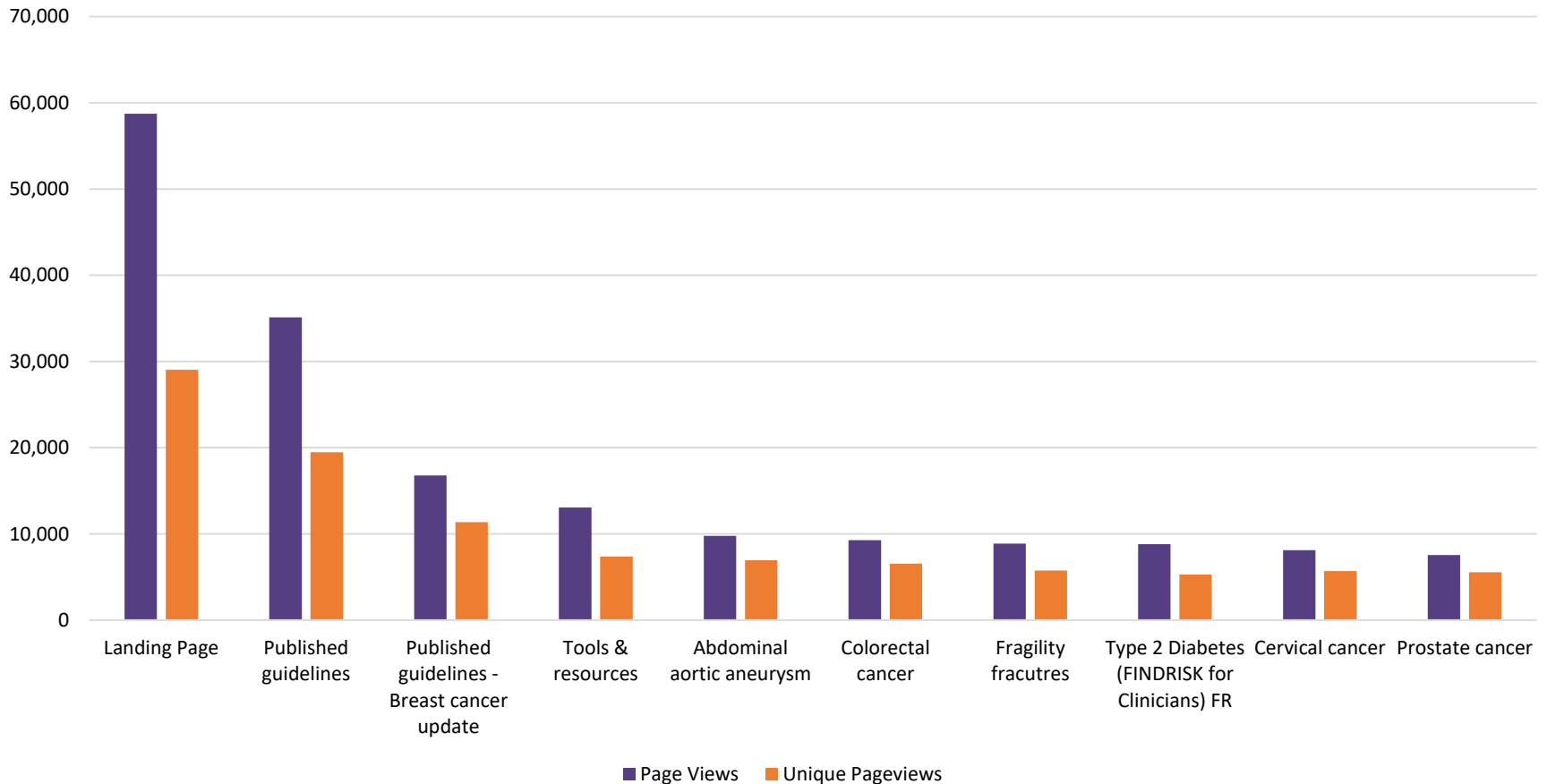
Total and Engaged Task Force Website Sessions



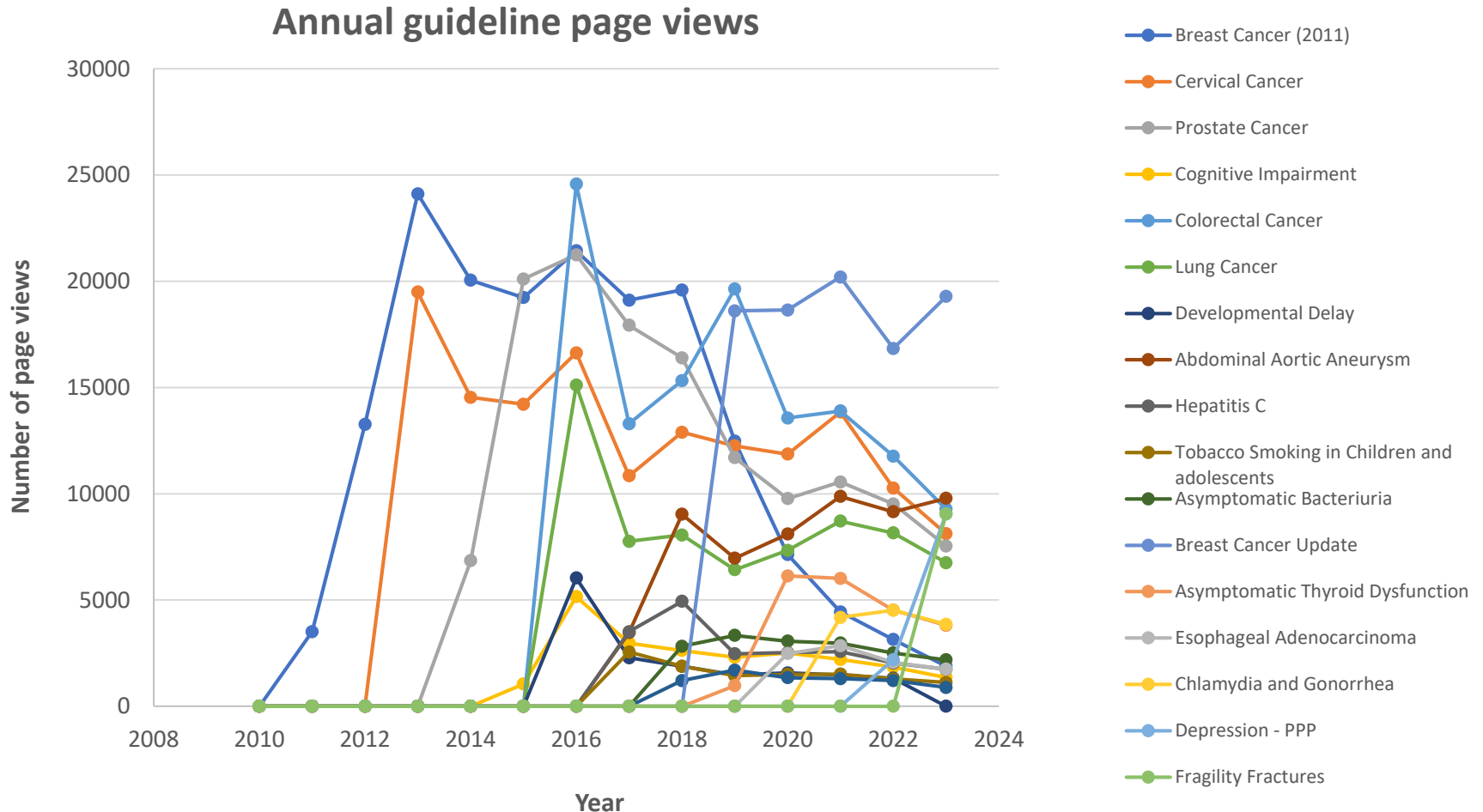
Note: The data reported is combined for both the English and French website platforms. Previously Google Analytics reported different data (new and returning user sessions) due to changes in 2023. sessions are now reported as Total and Engaged

Top 10 most viewed Task Force website pages

Top 10 Pages Viewed in 2023



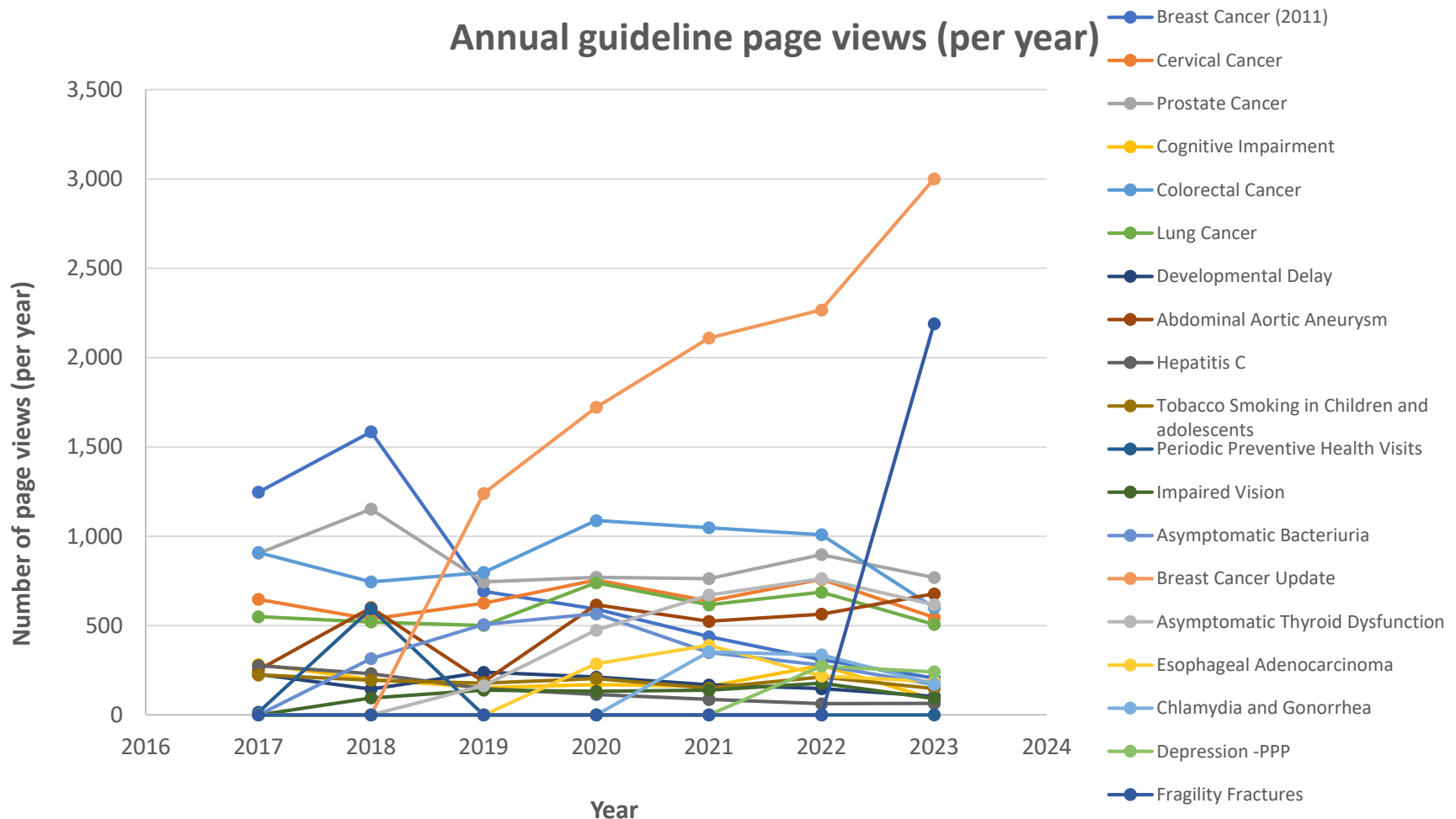
Annual guideline page views - English



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

Average guideline page views (Task Force French website)

Annual guideline page views (per year)



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

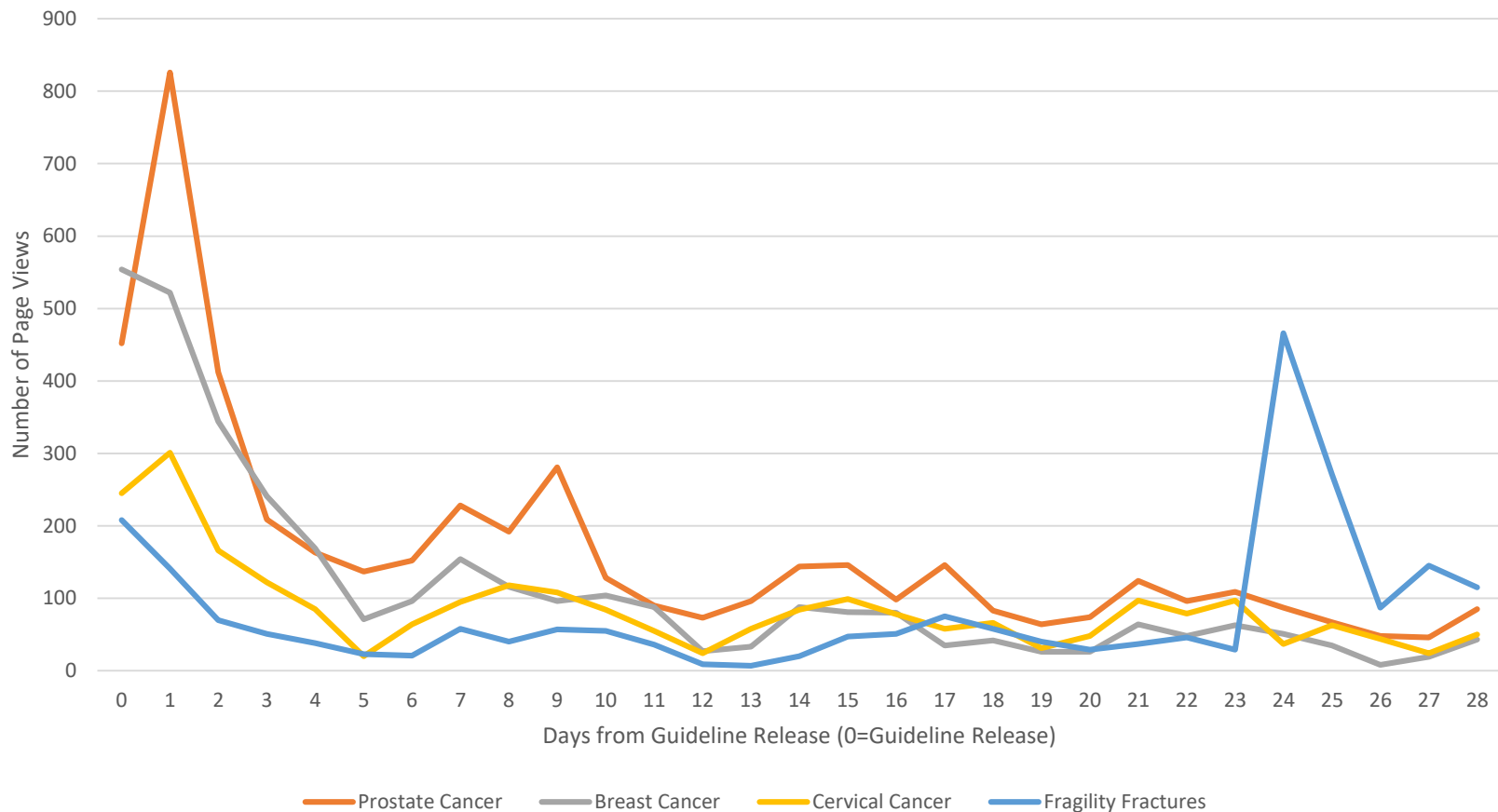
Top 5 Task Force website user locations

| Top 5 cities | Sessions |
|--------------|----------|
| Montreal | 14,403 |
| Toronto | 13,974 |
| Ottawa | 4,442 |
| Calgary | 4,008 |
| Quebec City | 3,819 |

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

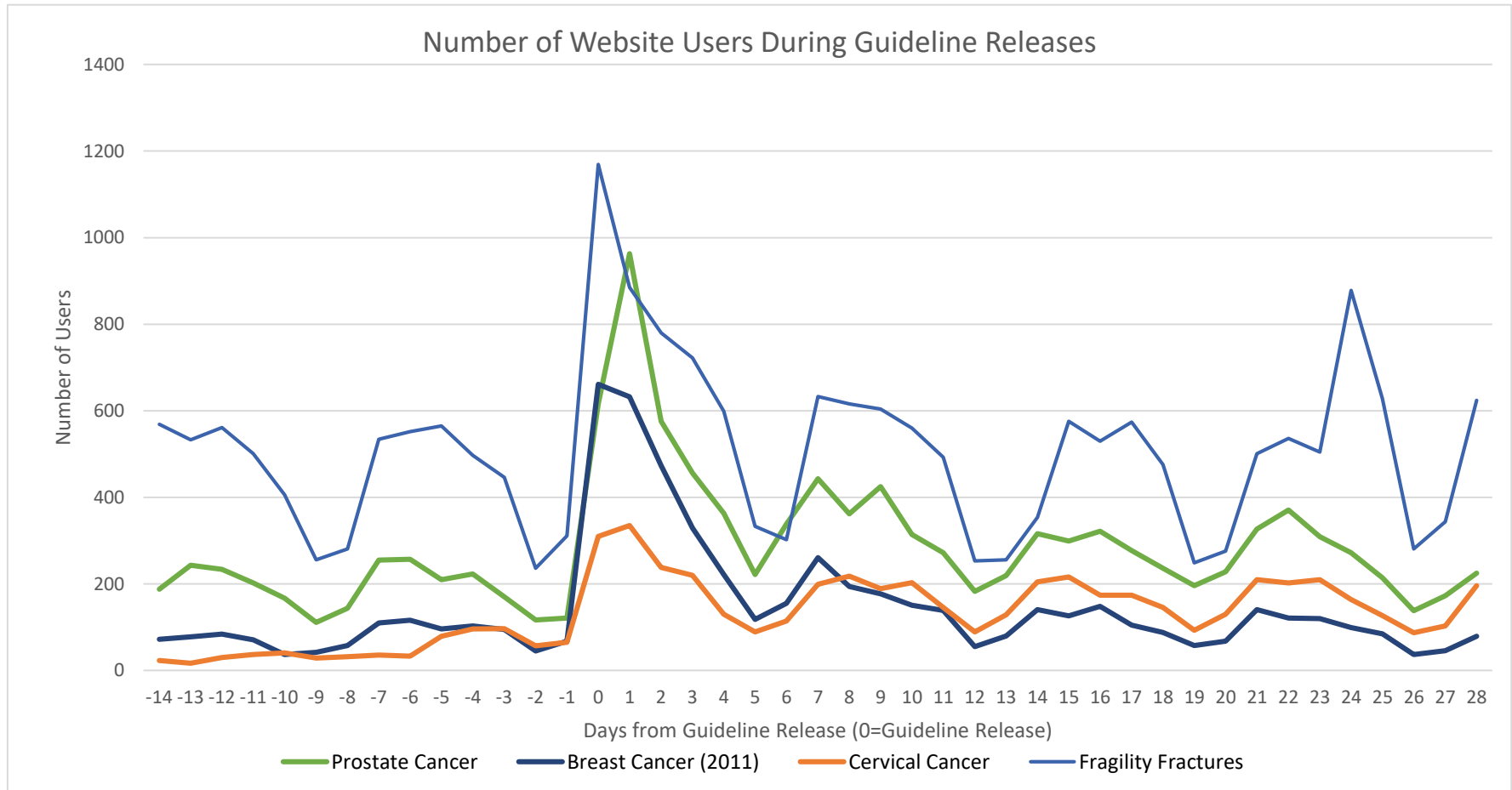
Task Force English website guideline page views after release

English Guideline Page Views from 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 2023: **74,452** (61 % English; 39% French)

| Top 10 Most Viewed KT Tool Pages in 2023 | | | | | |
|--|--------------------------------|---------|--------|-----------------------|------|
| Guideline | Tool | English | French | Total tool page views | Rank |
| Fragility Fractures (2023) | Decision Aid | 14730 | 2555 | 17285 | 1 |
| | Clinician Infographic | 2118 | 515 | 2633 | 8 |
| Diabetes, Type 2 (2012) | Clinician FINDRISK | 4531 | 8803 | 13334 | 2 |
| | CANRISK | 4784 | 443 | 5227 | 4 |
| | Patient FAQ | 359 | 4615 | 4974 | 5 |
| Prostate Cancer (2014) | Harms & Benefits | 6748 | 670 | 7418 | 3 |
| Breast Cancer (2018) | 1000-person | 3116 | 651 | 3767 | 6 |
| Hypertension (2012) | Clinician Algorithm | 1976 | 970 | 2946 | 7 |
| Breast Cancer (2011) | Harms & Benefits – 70 to 74 | 1214 | 1136 | 2350 | 9 |
| Colorectal Cancer (2016) | Clinician Recommendation Table | 1872 | 255 | 2127 | 10 |

2022 YouTube Video Views

| Top 10 Most Viewed Videos (2022) | YouTube Views 2022 | YouTube Views 2023 |
|--|-----------------------|-----------------------|
| Chlamydia and Gonorrhea | 495 | 3,066 |
| La chlamydia et la gonorrhée | 439 | 1,837 |
| Cancer Screening | 715 | 655 |
| Cancer du poumon - Vue d'ensemble, facteurs de risque et dépistage - Vidéo 1 | 203 | 279 |
| Dépistage du cancer | 230 | 230 |
| Lung Cancer - Overview, risk factors & screening - (Part 1 of 3) | 238 | 206 |
| Prostate Cancer—Video for Physicians (2014) | 265 | 180 |
| Peut-on avoir un faux positif au test? | 345 | 175 |
| Breast Cancer—Screening Guideline Video (2011) | 151 | 133 |
| Cancer de la prostate—Vidéo pour les médecins | 37 | 68 |

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 2023 | 5,377 |
| <i>New users</i> | 91.7% |
| <i>Returning users</i> | 8.3% |
| Total sessions 2023 | 9,809 |

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 2023 account | | |
|-------------------------|-----|---------------------------------------|
| Total impressions | 167 | 87% email 13% feed |
| Total views | 0 | 0% abstract views 0% paper views |
| Total shares | 0 | 0% email 0% Twitter 0% Facebook |

CMAJ –Task Force guideline downloads

| Guideline topics (Release Year) | 2023 CMAJ downloads* | Citations |
|--|----------------------|-----------|
| Fragility Fractures (2023)** | 19760 | 6 |
| Pregnancy and Postpartum Depression (2022) | 6967 | 15 |
| Chlamydia & Gonorrhoea (2021) | 4908 | 13 |
| Esophageal Adenocarcinoma (2020) | 3353 | 9 |
| Thyroid Dysfunction (2019) | 2828 | 22 |
| Asymptomatic Bacteriuria (2018) | 2834 | 51 |
| Breast cancer (2018) | 6899 | 143 |
| Impaired Vision (2018) | 958 | 10 |
| Abdominal Aortic Aneurysm (2017) | 2859 | 36 |
| Hepatitis C (2017) | 2509 | 60 |
| Tobacco in children (2017) | 1116 | 17 |
| Colorectal cancer (2016) | 5248 | 201 |
| Developmental delay (2016) | 2682 | 58 |
| Lung cancer (2016) | 3680 | 137 |
| Cognitive impairment (2015) | 3205 | 72 |
| Prostate Cancer (2014) | 4440 | 164 |
| Adult Depression (2013) | 2229 | 181 |
| Cervical Cancer (2013) | 4188 | 183 |
| Type 2 Diabetes (2012) | 2133 | 104 |

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

**Fragility Fractures guideline was released in May 2023, therefore the total downloads represents eight months of downloads

Prevention Plus: 2023 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

| 2023 Quarter | # of registrants | Number of Logins | Number of Page clicks | Total Website Searches | Article Accesses | Clicks on External links |
|--------------|------------------|------------------|-----------------------|------------------------|------------------|--------------------------|
| Q1 | 86 | 76 | 1983 | 0 | 861 | 2029 |
| Q2 | 90 | 122 | 1799 | 0 | 782 | 1674 |
| Q3 | 93 | 199 | 2066 | 10 | 809 | 2561 |
| Q4 | 96 | 157 | 2171 | 6 | 921 | 2494 |



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Dissemination



Publications: Guidelines

| Publication | Dates | Source | Type |
|---|--------------|-------------|---------------|
| Recommendations on screening for primary prevention of fragility fractures | May 8, 2023 | <i>CMAJ</i> | Peer Reviewed |
| Recommandations sur le dépistage pour la prévention primaire des fractures de fragilisation | May 29, 2023 | <i>CMAJ</i> | Peer Reviewed |

Publications: Protocols and Systematic Reviews

| Publication | Type | Dates | Source | Accesses |
|---|-------------------|----------------|---------------------------|----------|
| Screening for the primary prevention of fragility fractures among adults aged 40 years and older in primary care: systematic reviews of the effects and acceptability of screening and treatment, and the accuracy of risk prediction tools | Systematic Review | March 21, 2023 | <i>Systematic Reviews</i> | 3718 |

Publications: "Prevention in Practice" article series

- 2023 *Canadian Family Physician* print subscribers:
 - Canadian: 34112 (30772 English; 3340 French)
 - United States: 595 (585 English; 10 French)
 - Foreign: 775 (740 English; 4 French)

| Article topics | Published |
|--|---------------|
| <u>Beware of overdiagnosis harms from screening, lower diagnostic thresholds, and incidentalomas</u> | February 2023 |
| <u>Screening for primary prevention of fragility fractures</u> | August 2023 |
| <u>Debunking myths about screening</u> | November 2023 |

2023 Conference Presentations by Task Force members:

| Month | Title | Location | Presenters |
|-----------|--|---|----------------------------------|
| August | How a guideline recommendation can reduce the overdiagnosis of osteoporosis: an example from the Canadian task force on preventive health care | <i>Preventing Overdiagnosis Conference 2023</i> | Roland Grad Guylène Thériault |
| September | Addressing the “time needed to screen and treat” in a Canadian guideline for primary prevention of fragility fractures. | <i>GIN 2023</i> | Donna Reynolds |

2023 Invited Speaker Presentations by Task Force members:

| Date | Title | Location | Presenters |
|-----------|--|------------|-------------|
| September | Update On Preventive Health Care With A Spotlight On The Primary Prevention Of Fragility Fractures | CFPC Learn | Roland Grad |

Media: 2023 Highlights

- Media coverage of the Task Force was much higher in 2023 than in 2022 due to the increased interest surrounding breast cancer screening (**1690 mentions** vs. 187 mentions)
- The Fragility Fractures guideline generated **45 mentions** in Canadian, international and medical media
- The breast cancer guideline generated the most mentions (1150), starting in May 2023 with the release of the USPSTF draft recommendations and continuing through the year
- Additional media mentions were related to cervical cancer screening, anxiety, lung cancer and postpartum depression
- 45 requests for interviews or information were received (vs. 17 in 2022)
 - Breast cancer received the most (34, 13 directly related to the USPSTF release), followed by fragility fractures (5) and prostate cancer, lung cancer, pregnancy and postpartum depression and general preventive healthcare (6 total)

Task Force Newsletter

- **10% increase** in newsletter subscribers from 5485 (December 31, 2022) to 6059 (December 31, 2023)
- The overall open rate was 57% (20% increase from 2022), and the click through rate was 8.3% (45% decrease from 2022)
- The **French survey on useful cancer screening tools** distributed in September was the **most read item in the 2023 newsletters/alerts**, with an open rate of **70%** and a click through rate of 35%
- The average unsubscribe rate was very low at 0.15%

Task Force Social Media

- In 2023, social media activity was scaled back because of increased toxicity around breast cancer screening, and the changed culture on X (formerly Twitter) which contains more rhetoric and criticism and has consequently lost many users.
- X (formerly Twitter) followers increased to 1139 in 2023 from 994 in 2022.
- In the last few years, there has been a decrease in impressions for the Task Force and other organizations, most likely due to the change in ownership, name and editorial policies. Overall impressions (number of people who were shown Task Force content) averaged around 16K in 2023.
- The top tweet in 2023 was the tweet about the Task Force's relationship with expert and external stakeholders, and how they engage with those groups, generating 3664 impressions

Task Force Social Media

- In 2023, Task Force began posting on LinkedIn. There were a total of 6 posts in 2023
- There are 224 followers of the Task Force on LinkedIn. 15% reside in the GTA
- The top post on LinkedIn was on the announcement of an expedited update of the breast cancer screening guideline. There were 234 impressions and a 22% engagement rate



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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, which continued through 2023.

Clinical Prevention Leaders Network - Demographics

- 11 participants
 - Professions include:
 - Primary Care Physician
 - Nurse Practitioner
 - Clinical Pharmacist
 - Chiropractor
 - Registered 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 |
| Overdiagnosis – Part 2 | January 18, 2023 | ? |
| Shared Decision Making | March 8, 2023 | 8 |
| CTFPHC Recommendation in the Context of Chronic Illness | April 26, 2023 | 5 |
| Patient Preferences: TF – PAN | May 3, 2023 | 4 |
| CPL Networking Event | June 7, 2023 | 6 |
| “Talk the Talk”: KT Tools Dissemination and Communication Strategies | July 12, 2023 | 5 |
| Lessons Learned From a Trained CPL | October 19, 2023 | 5 |
| Preventive Health & Equity | December 6, 2023 | 6 |

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 this year | | |
|--|---------------------------------|------------------------|
| Date | Working Group | Number of Participants |
| June 2023 | Child and Adolescent Depression | 8 |
| November 2023 | Tobacco and Smoking Cessation | 8 |
| Community Juries – Planning Stages | | |
| Breast Cancer | | |
| Hypertension | | |
| Falls Prevention | | |
| Hepatitis C | | |
| Prostate Cancer | | |



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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

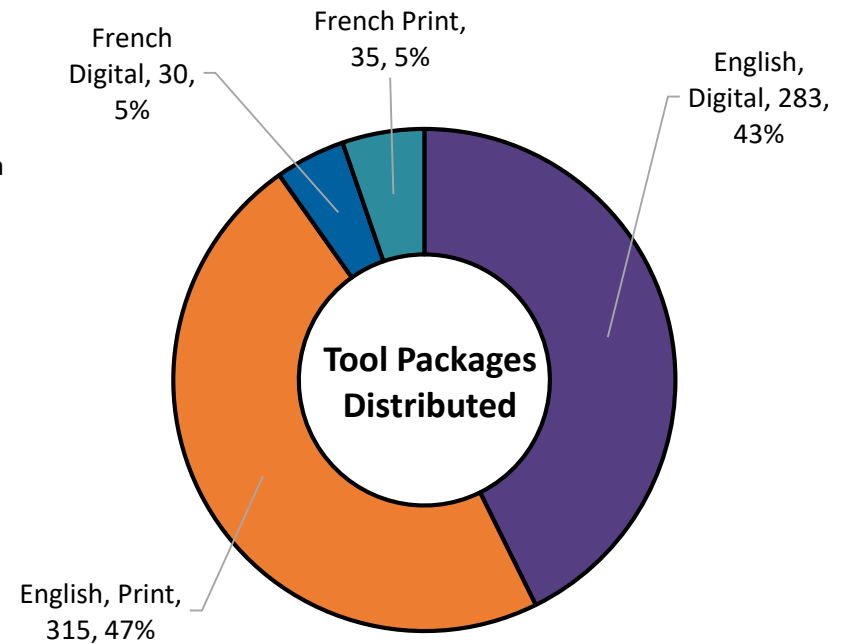
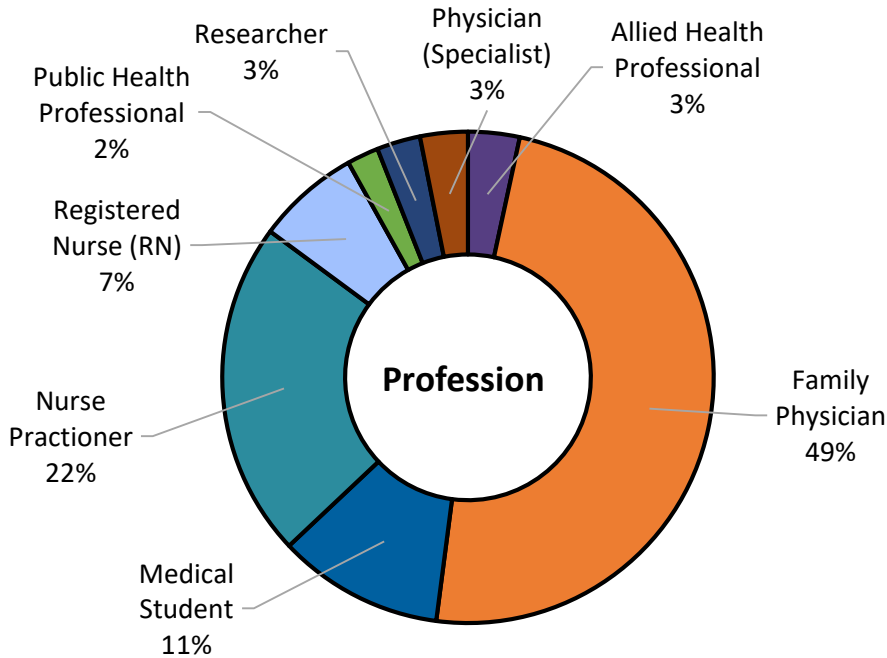
- Task Force tobacco guideline: these activities took place early 2023.
- Task Force lung cancer guideline: these activities will likely take place in 2024.
- Task Force cervical cancer guideline: these activities will likely take place in 2024.
- Task Force breast cancer guideline: these activities will likely take place in 2024.

KT Tools Dissemination Pilot Project

Summary

- Pilot launched April 2021 and concluded February 2023
- Advertised via our social media channels, Task Force newsletter, and has an allocated landing page on Task Force website (with link to survey)
- 6 month follow up surveys were sent to participants to assess tool use, changes to preventive healthcare delivery and overall satisfaction with Task Force's KT tools

KT Tools Dissemination Pilot Project - Results



KT Tools Dissemination Pilot Project - Results

- 240 participants answered the 6-month follow up survey
- Most common reported planned uses for KT tools were
 - Decision-making support (57%, n=136)
 - Discussion aid (41%, n=98)
- Tools were used during:
 - Periodic health exams (47%, n=113)
 - Chronic health management consults (36%, n=86)
 - Episodic care interventions (13%, n=32)
- 68% (n=163) were extremely satisfied with the tools and a further 24% (n=57) were somewhat satisfied

KT Tools Dissemination Pilot Project - Results

- Participants highlighted the importance of the following for tools:
 - Clear and logical colour use
 - Short length (e.g. 1 page)
 - Use of plain language
 - Use of illustrative diagrams
- Participants indicated an interested in having an app to use with patients
- Suggestions to improve future iterations of the tool dissemination program included:
 - Increased advertisement of program
 - Tracked shipping options
 - Option to request multiple packages in 1 shipment
 - Option for "a-la-carte" shipping of tools
 - Automatic shipping of newly released tools
 - Tools in other non-official languages

Tool Preferences Survey - Purpose

- Ask Canadians to rank and rate types of tools they would find most useful for cancer screening.
- Determine what tools the public and clinicians want to see most.
- Use these results to determine which tools to prioritize for the Breast Cancer Guideline.



Tool Preferences Survey – Data

Total responses received: 339

Excluded responses:

- Do not live in Canada: 37
- Incomplete: 58

Total responses included in analysis: 244

- French: 9
- English: 235

Tool Preferences Survey - Top 3 most useful types of tools cancer screening

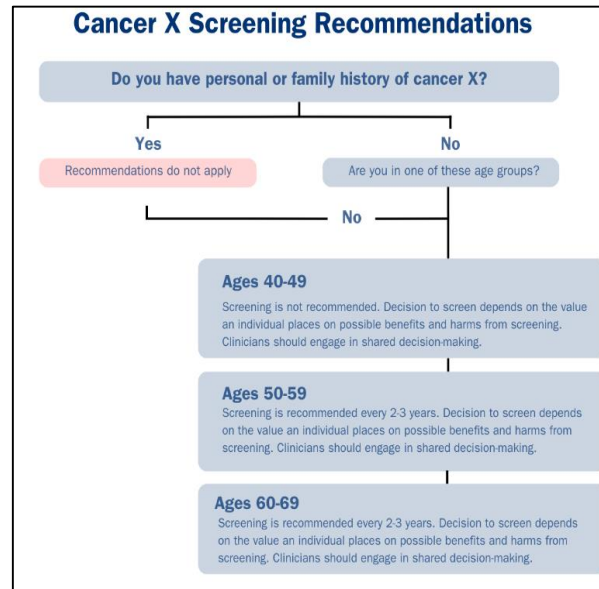
1

Text-based infographics



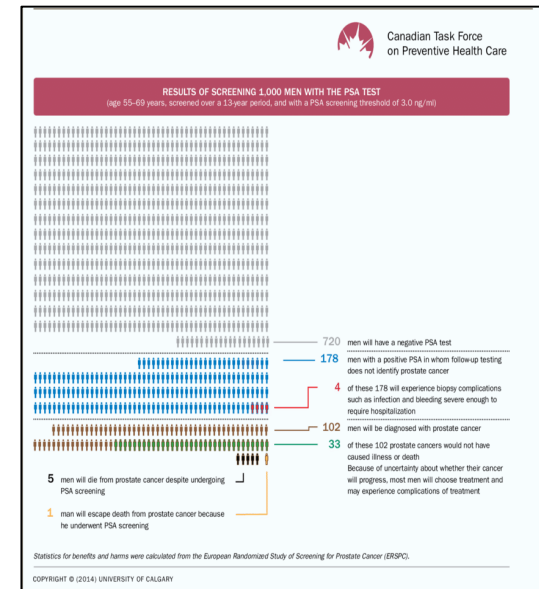
2

Recommendations Decision Tree



3

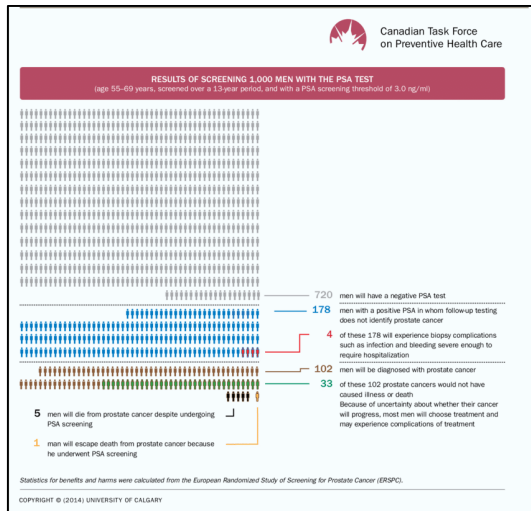
1000 Person Tool



Tool Preferences Survey - Top 3 most useful visual messages

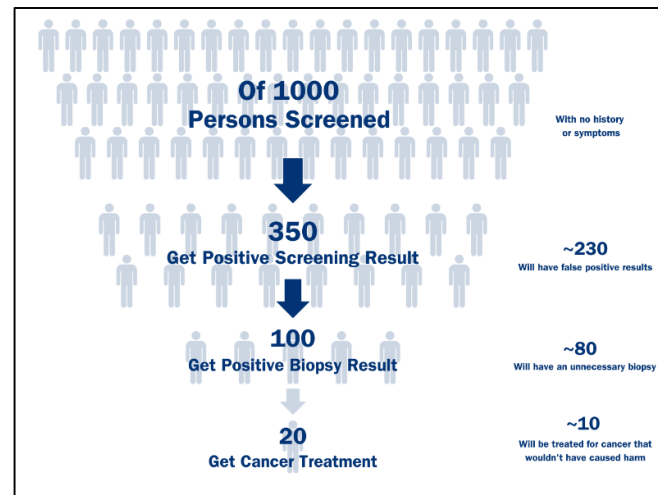
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1000 Person Tool



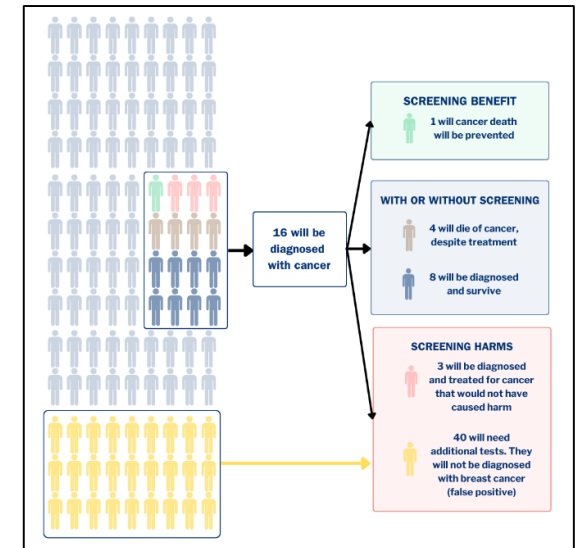
2

People Pyramid



3

Harms and Benefits



Tool Preferences Survey – Dissemination Preferences

1. Mailing list
2. Video
3. Posters displayed in public settings
4. Social Media (Facebook, twitter)
5. Podcast
6. Newspapers
7. Livestream
8. Blog
9. Radio

Note: across all survey questions, there was no major difference between public and clinician responses. The only difference was in preference for podcasts for clinicians vs. videos for the public.

Tool Preferences Survey - Key takeaways

- Top 3 formats to receive information about cancer screening recommendations: FAQ, text-based infographic, recommendations decision tree
- Top 3 types of tools most useful for cancer screening: text-based infographic, recommendations decision tree, 1000 person tool
- Top 3 visual messages: 1000 person tool, people pyramid, harms and benefits
- Top 3 communication channels: mailing list, video, posters displayed in public settings

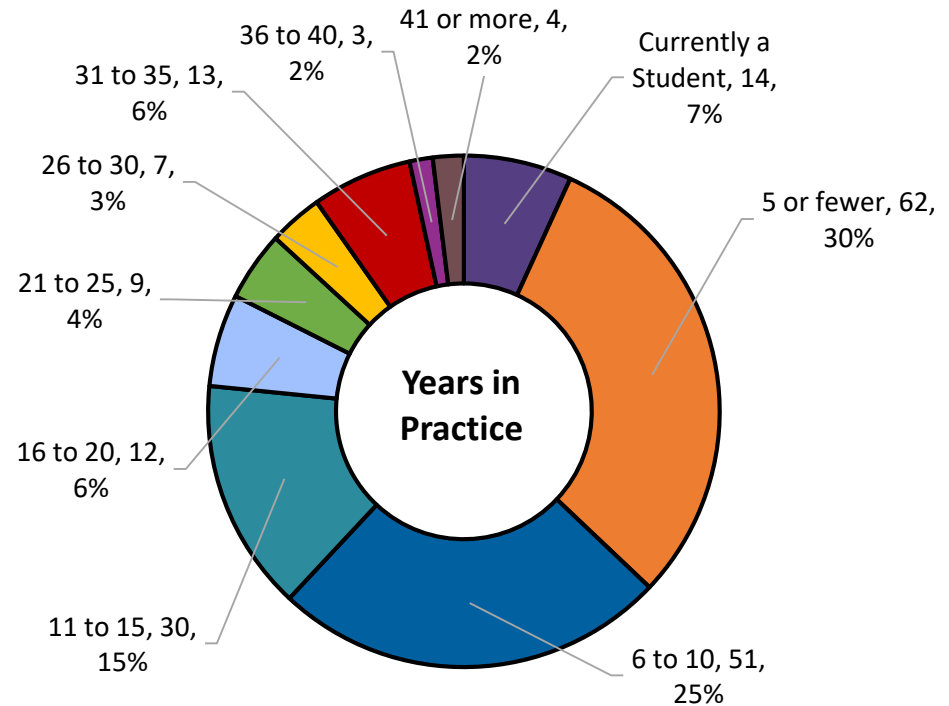
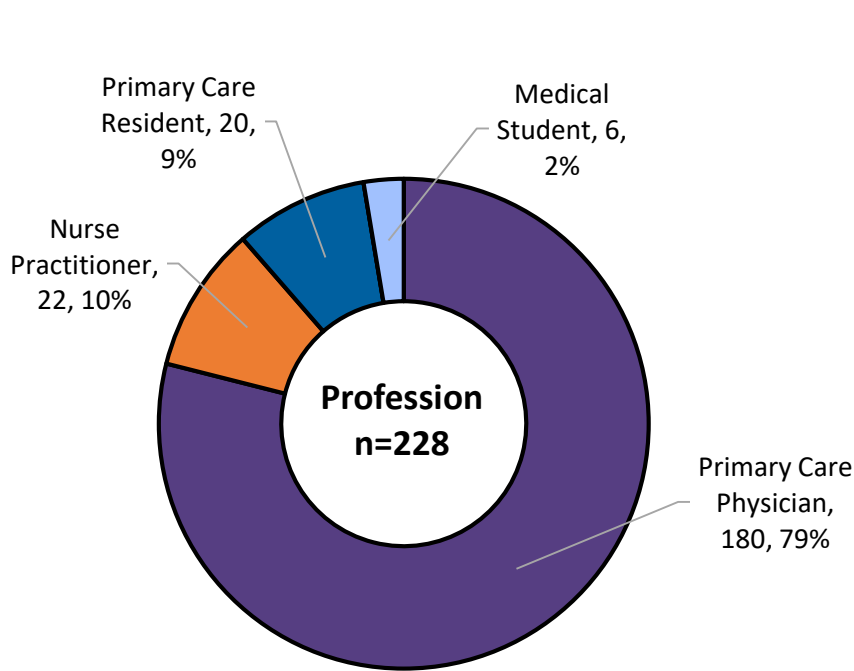


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Survey Results



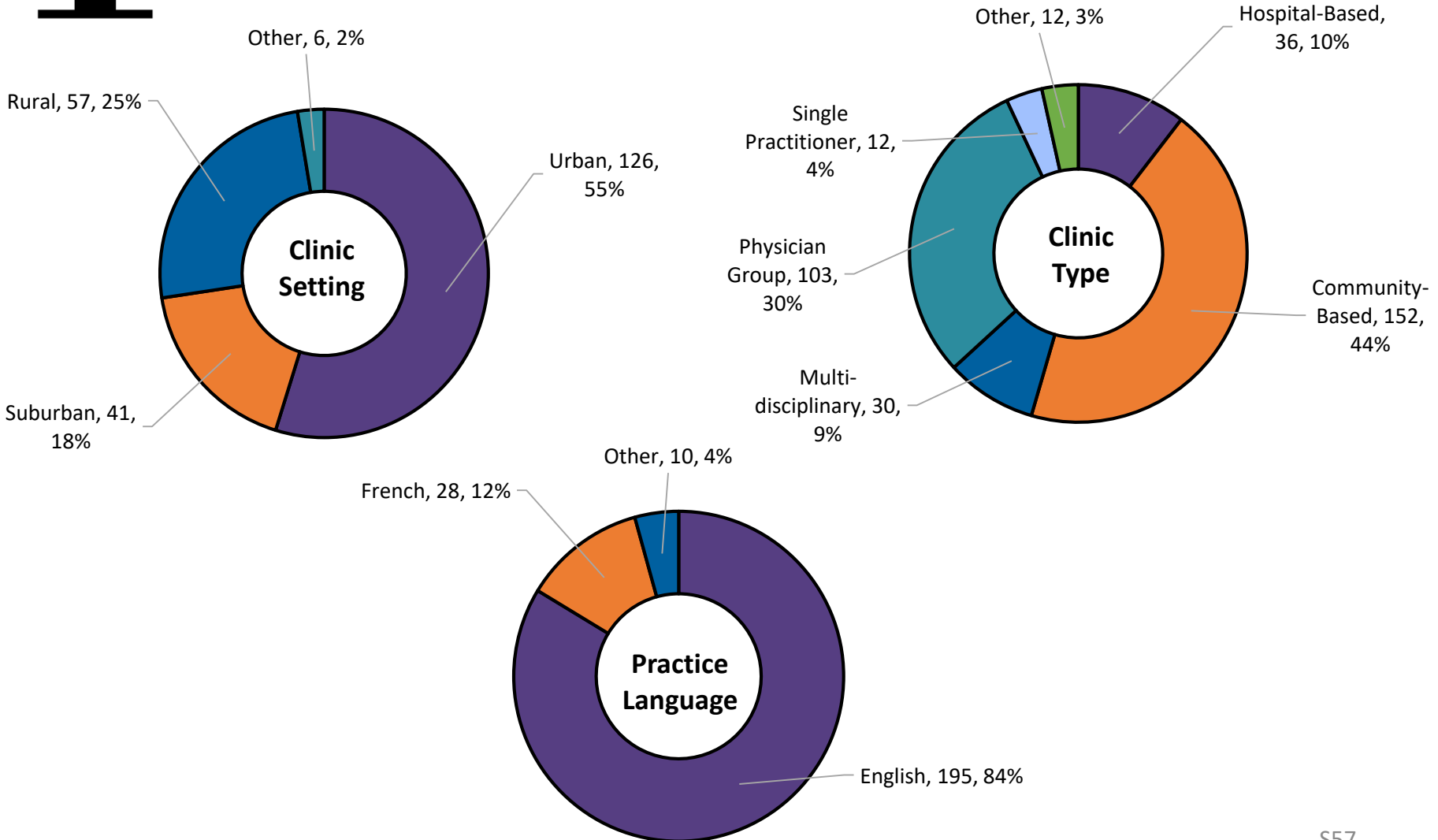
Participant demographics (N = 205)



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.

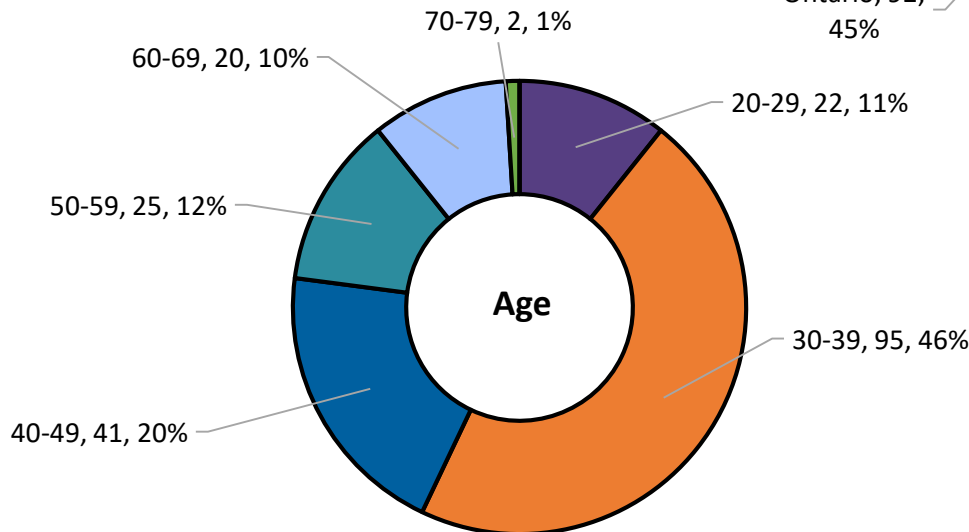
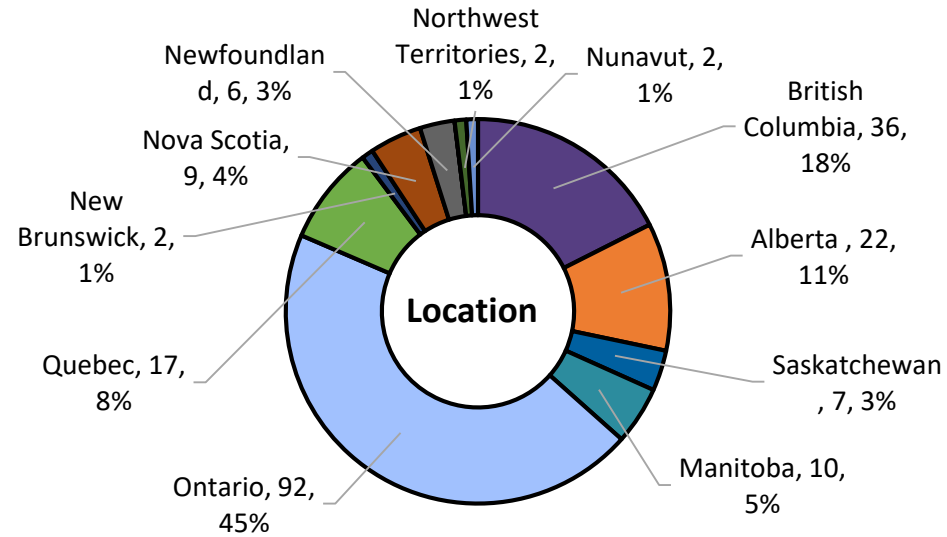
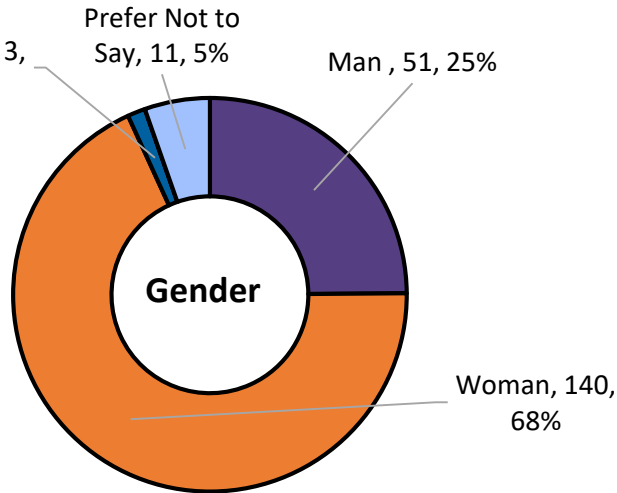


Participant demographics (N = 205)



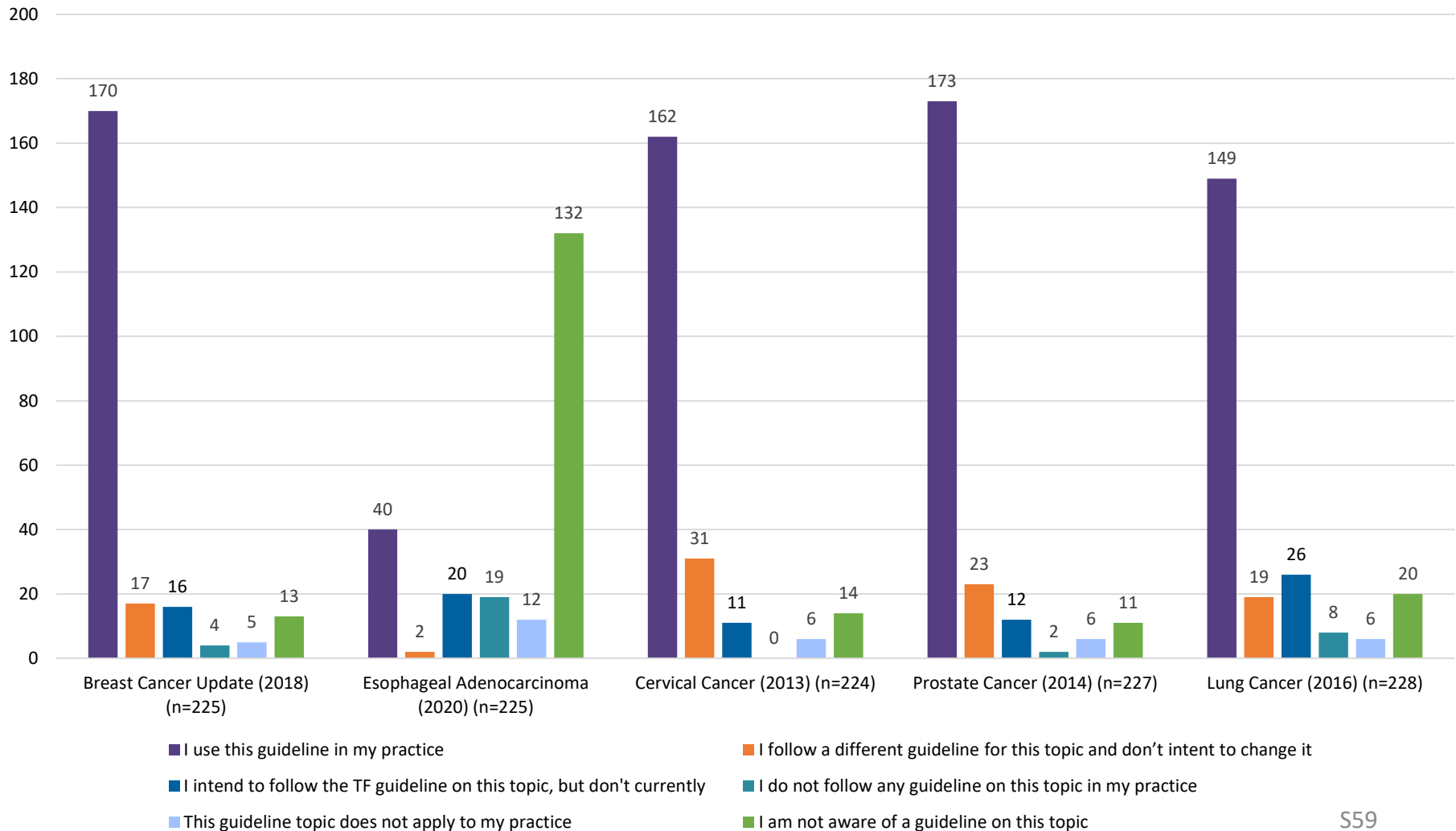


Participant demographics (N = 205)



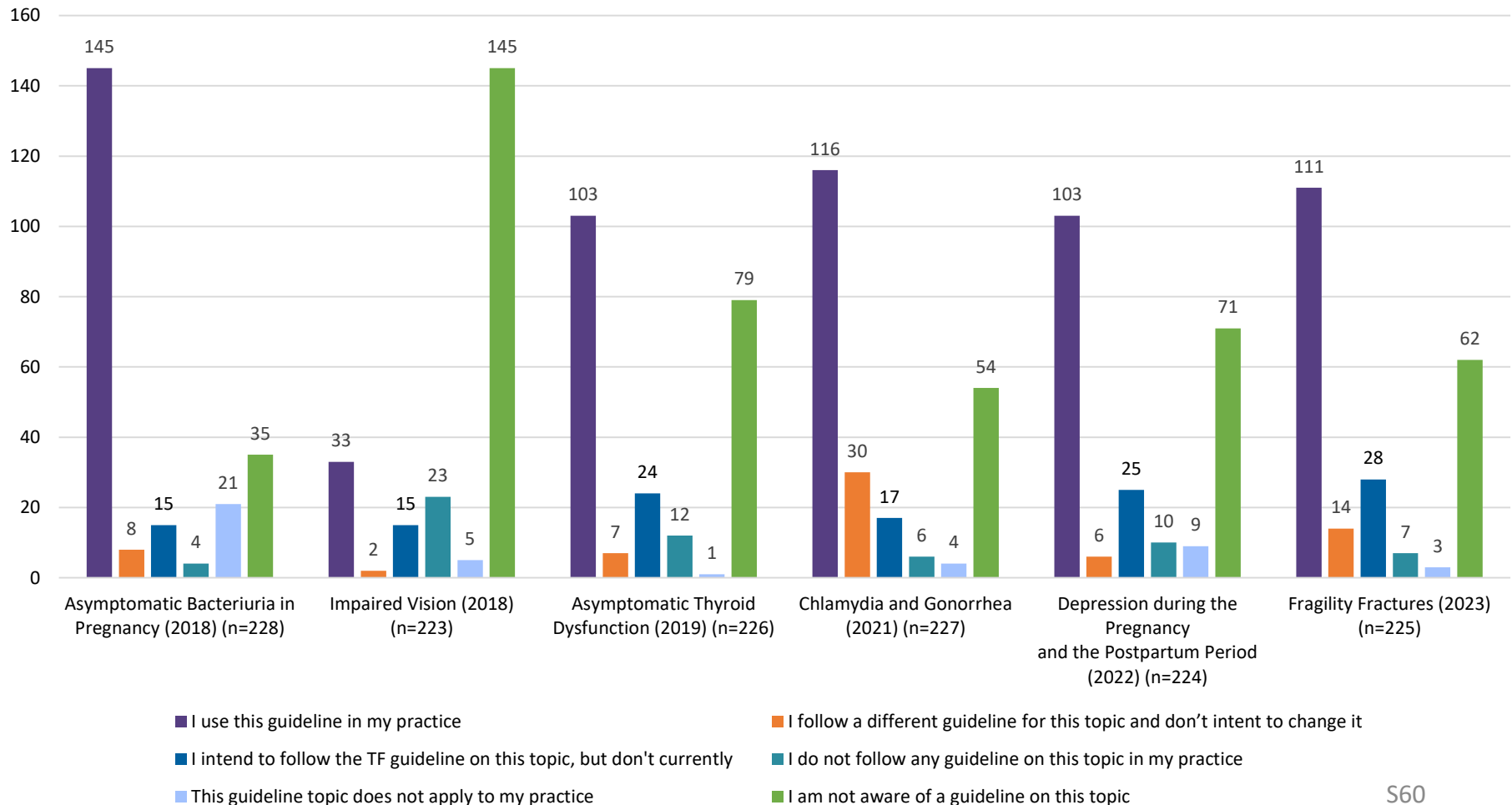
Use of Task Force Guidelines – Cancer Guidelines

Reported Use of Cancer Guidelines



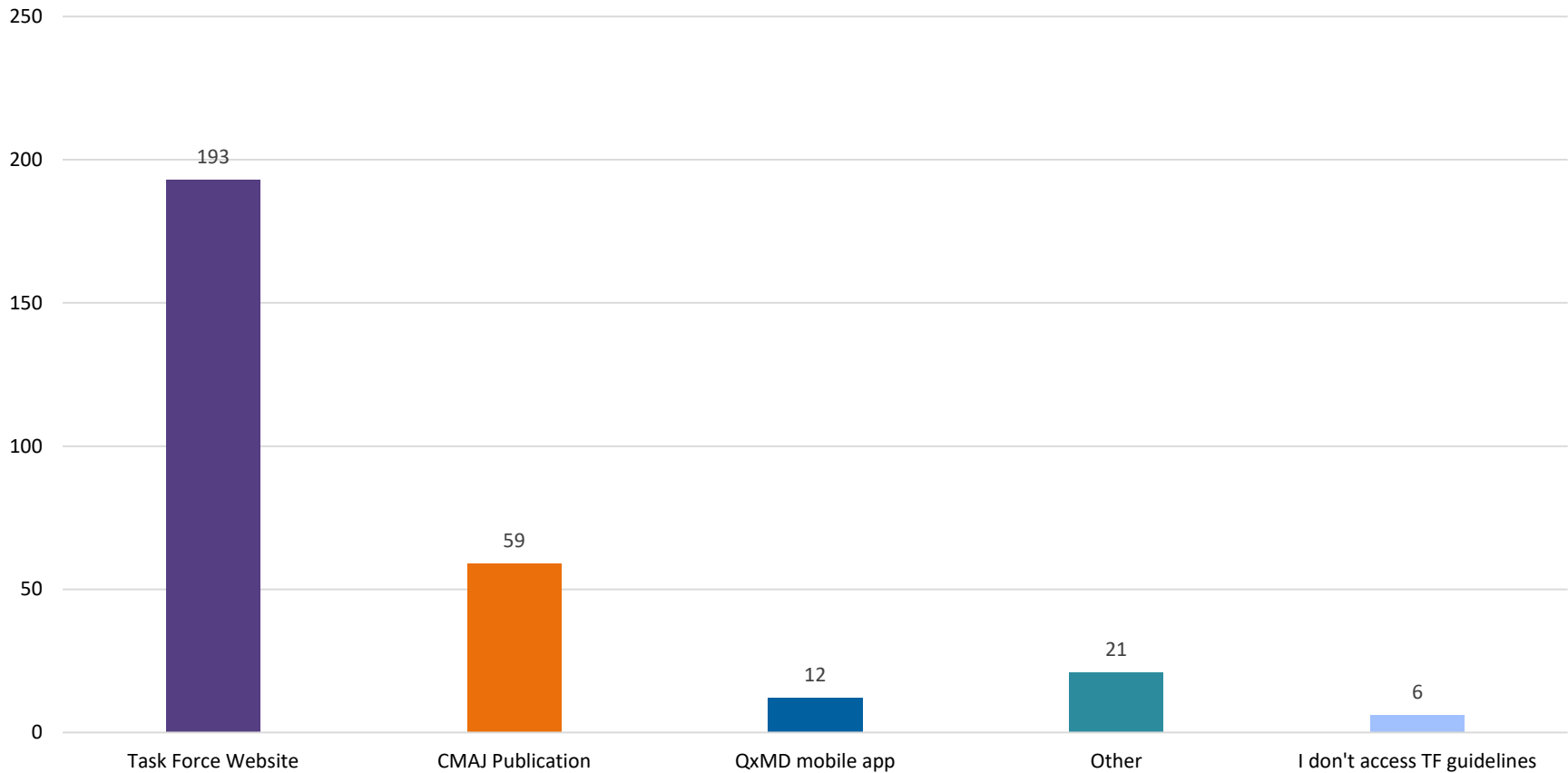
Use of Task Force Guidelines – Other Guidelines Published in the Last 5 Years

Reported Use of Recently Published Non-Cancer Guidelines



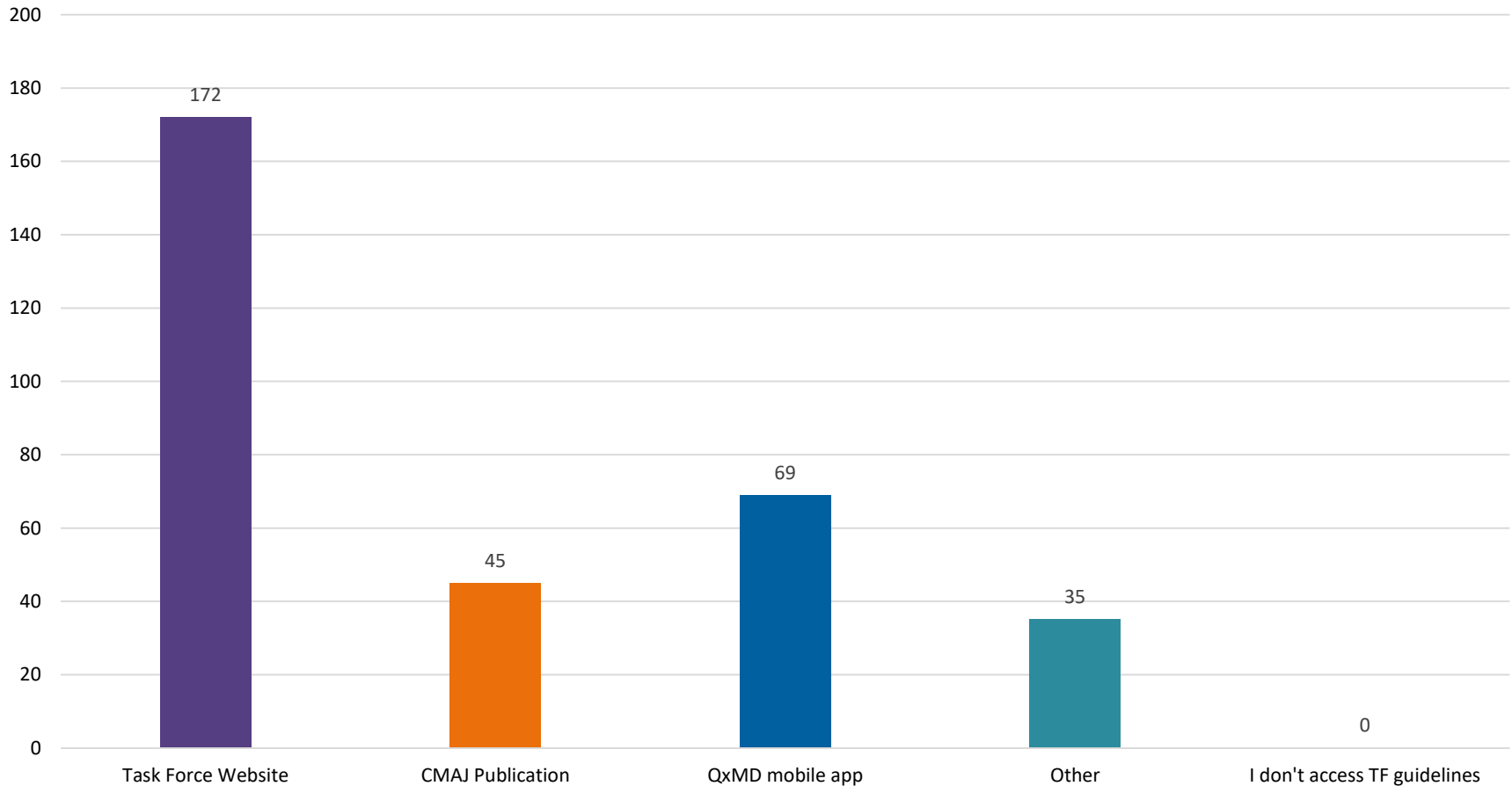
Guideline Dissemination

Current Reported Guideline Access Methods (n=221)



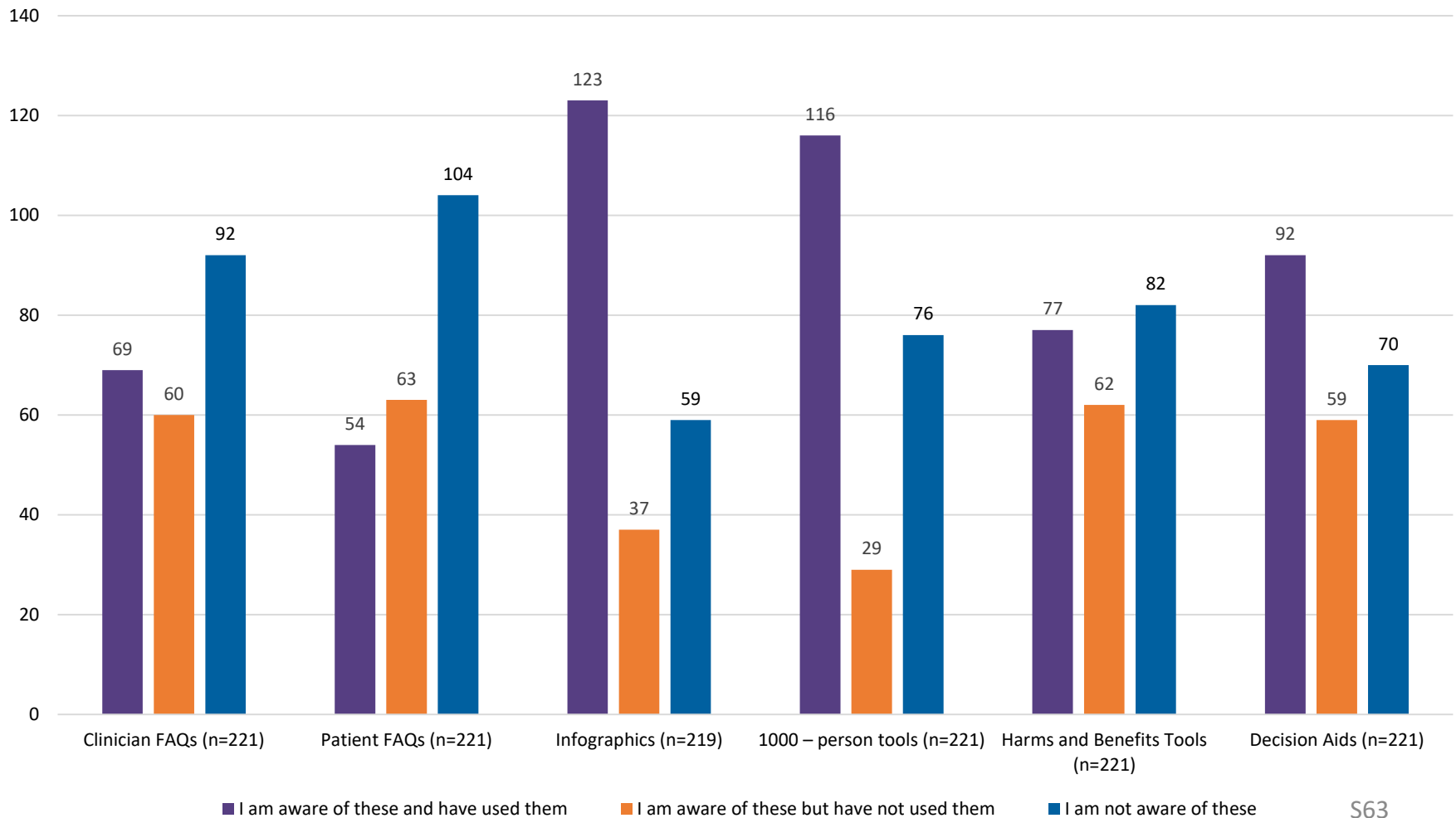
Guideline Dissemination

Preferred Guideline Access Methods (n=221)



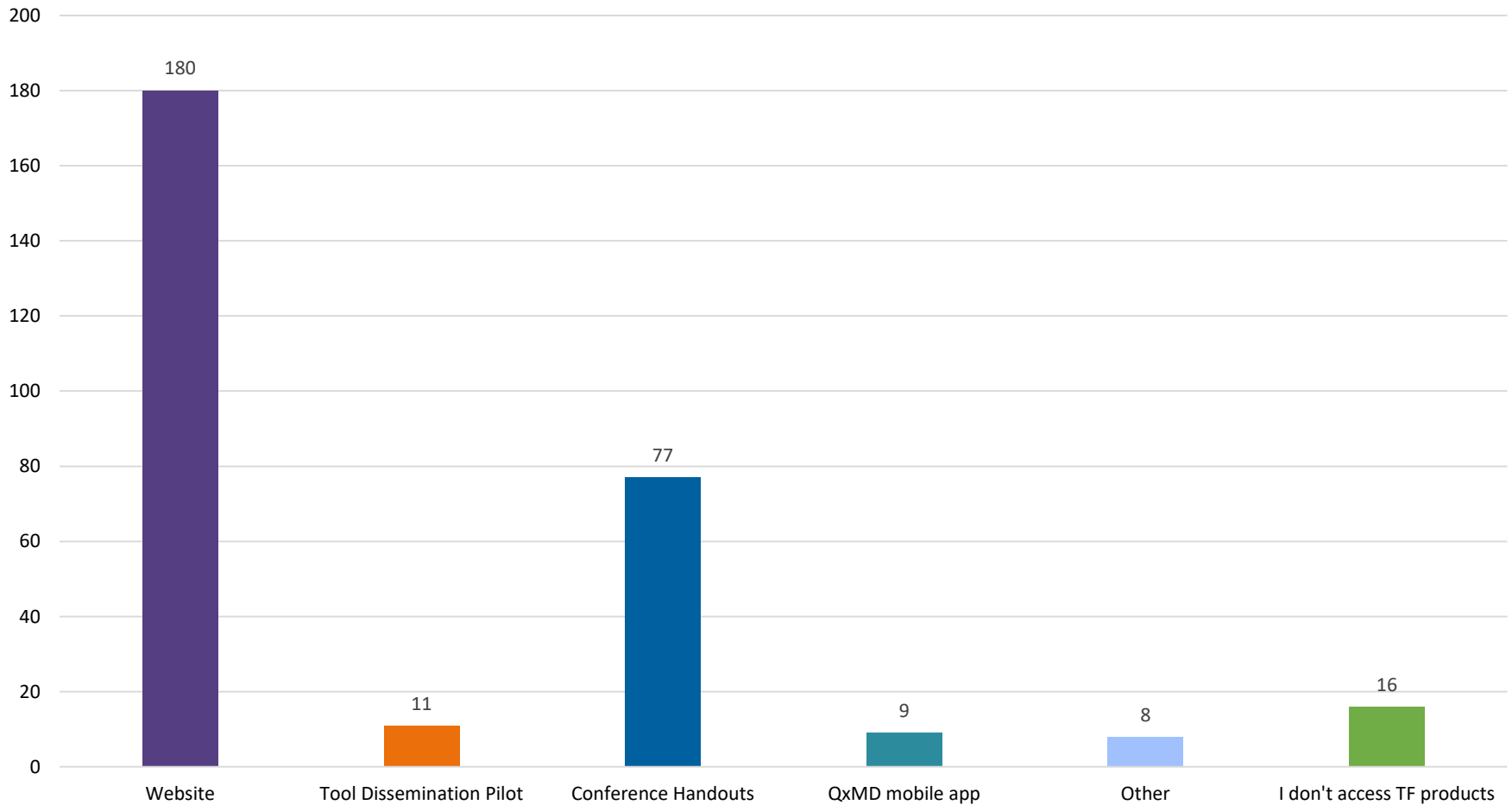
Tool Dissemination

Reported Awareness and Use of Tools



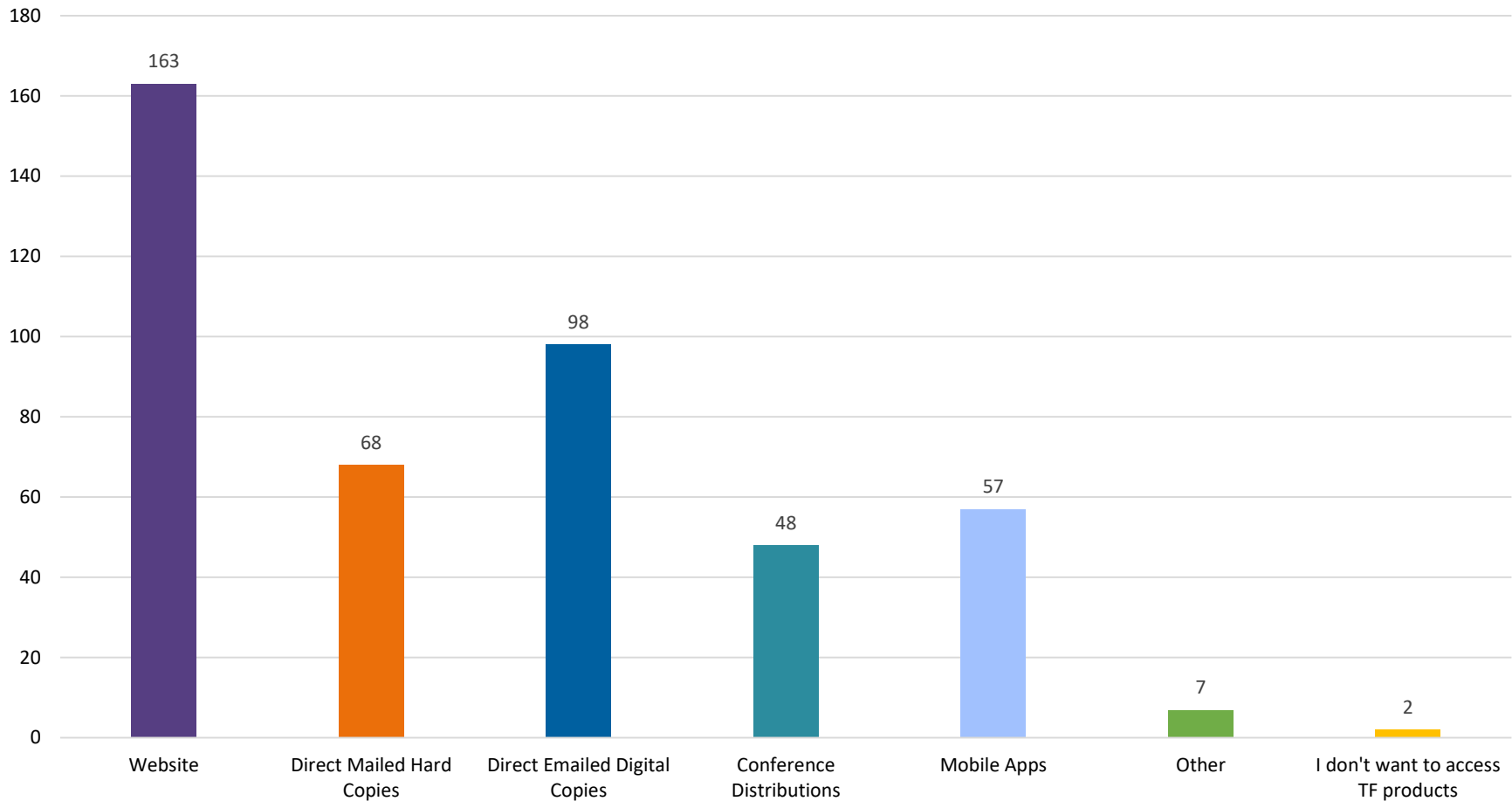
Tool Dissemination

Current Reported Tool Access Methods (n=219)



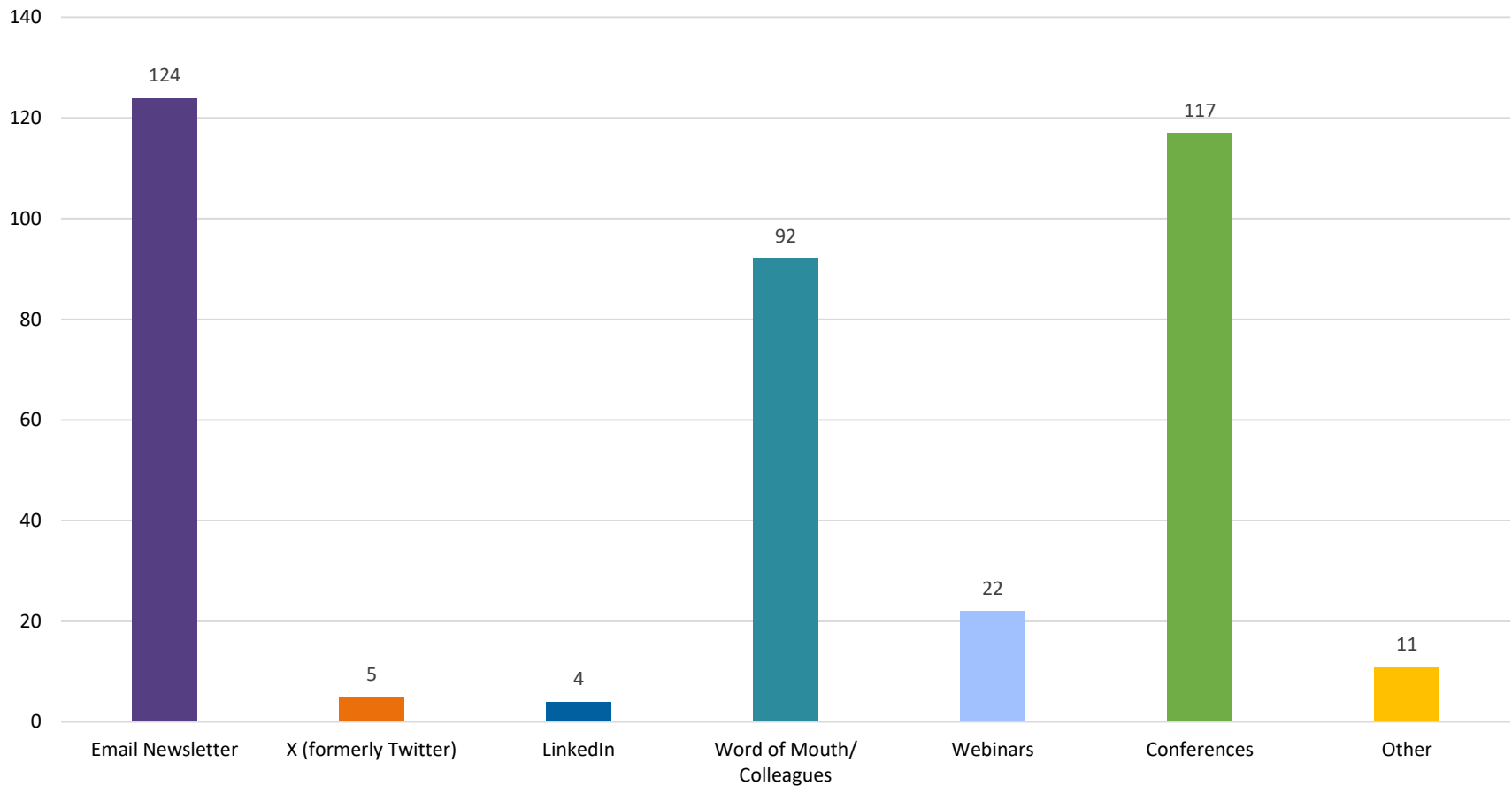
Tool Dissemination

Preferred Tool Access Methods (n=219)



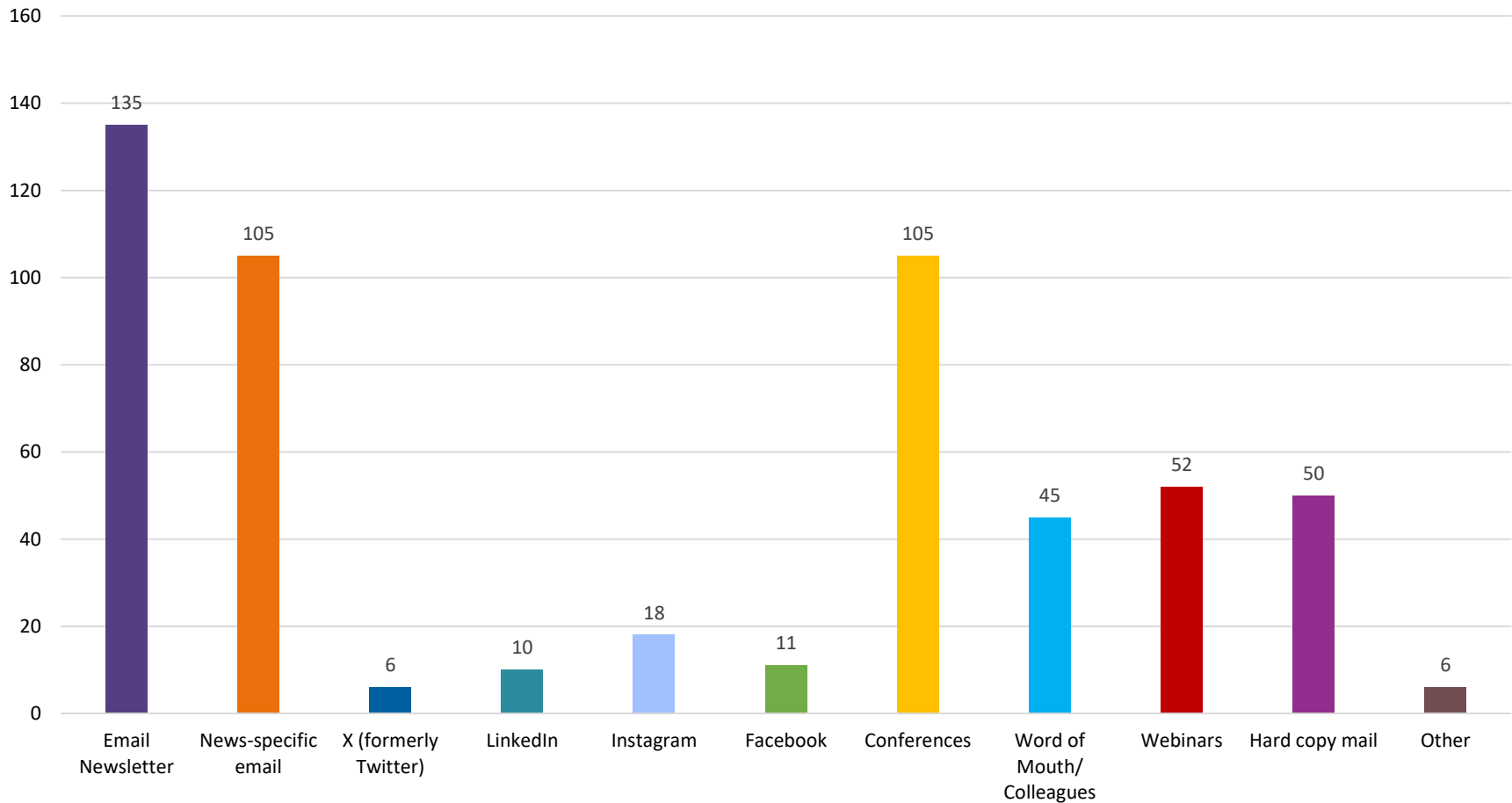
Communication Preferences

Current Reported Use of TF Communication Methods (n=203)



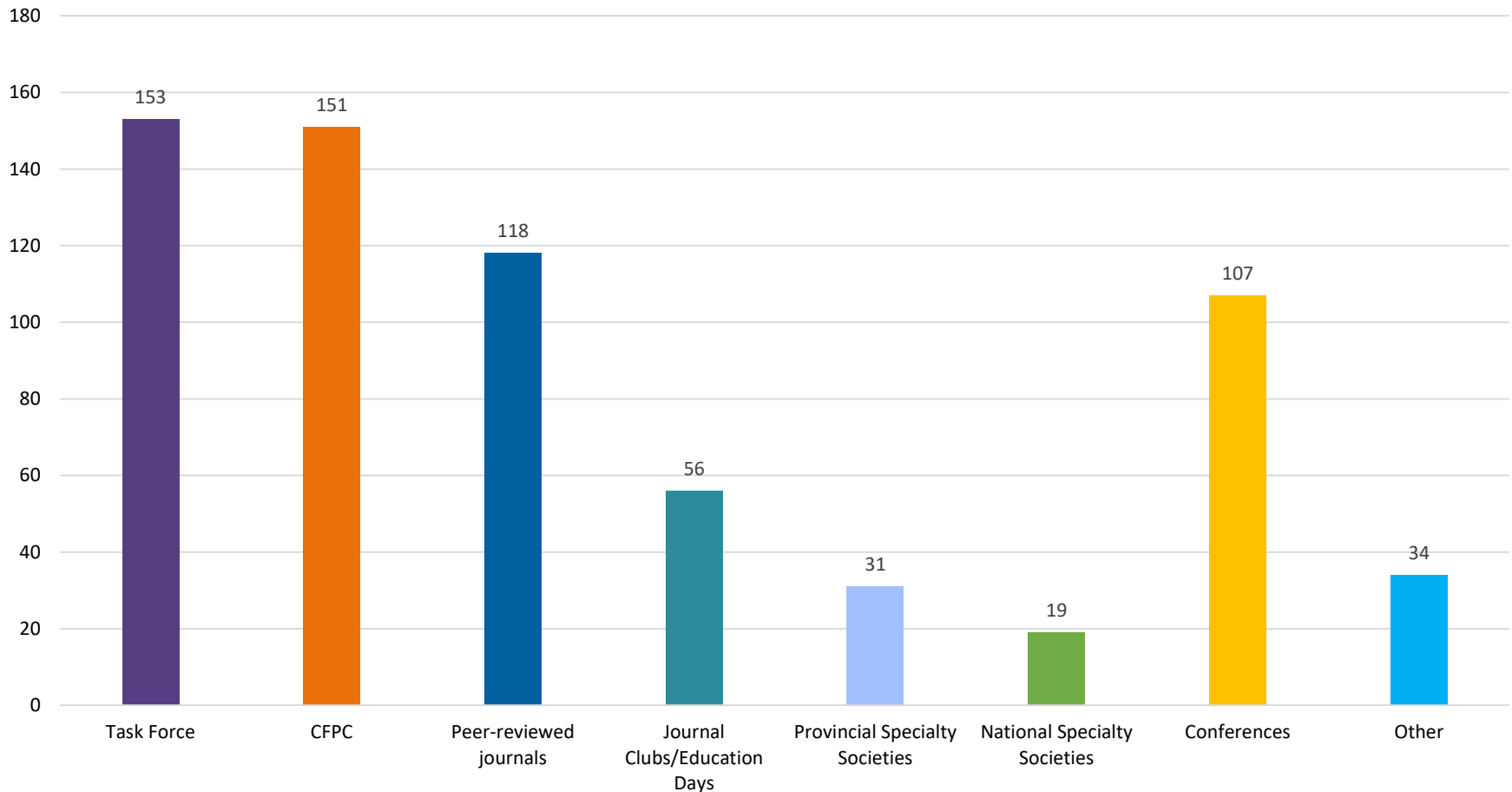
Communication Preferences

Preferred Methods for TF Communications (n=217)



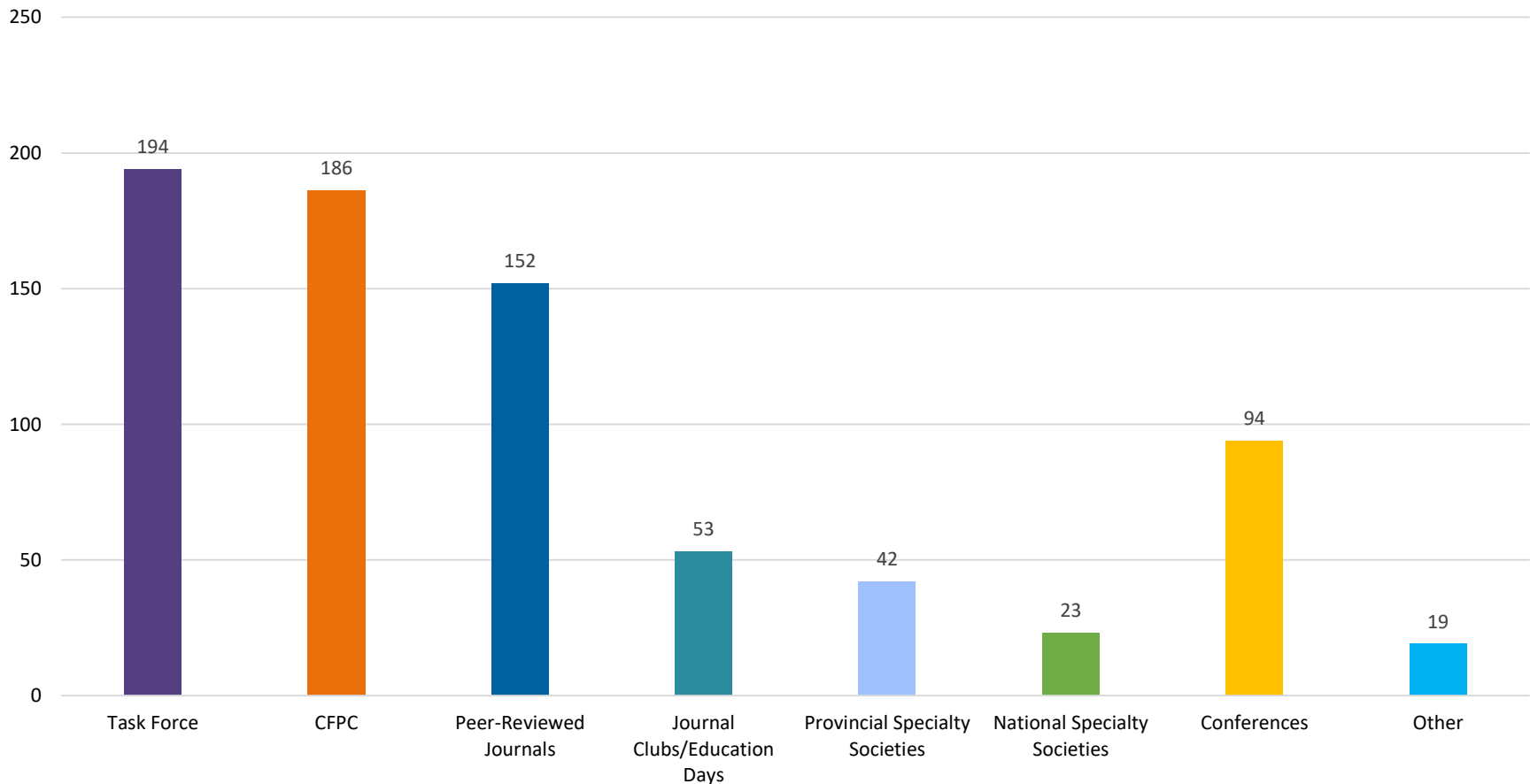
Information Seeking Preferences

Reported Sources of Information for Primary Care Updates (n=215)



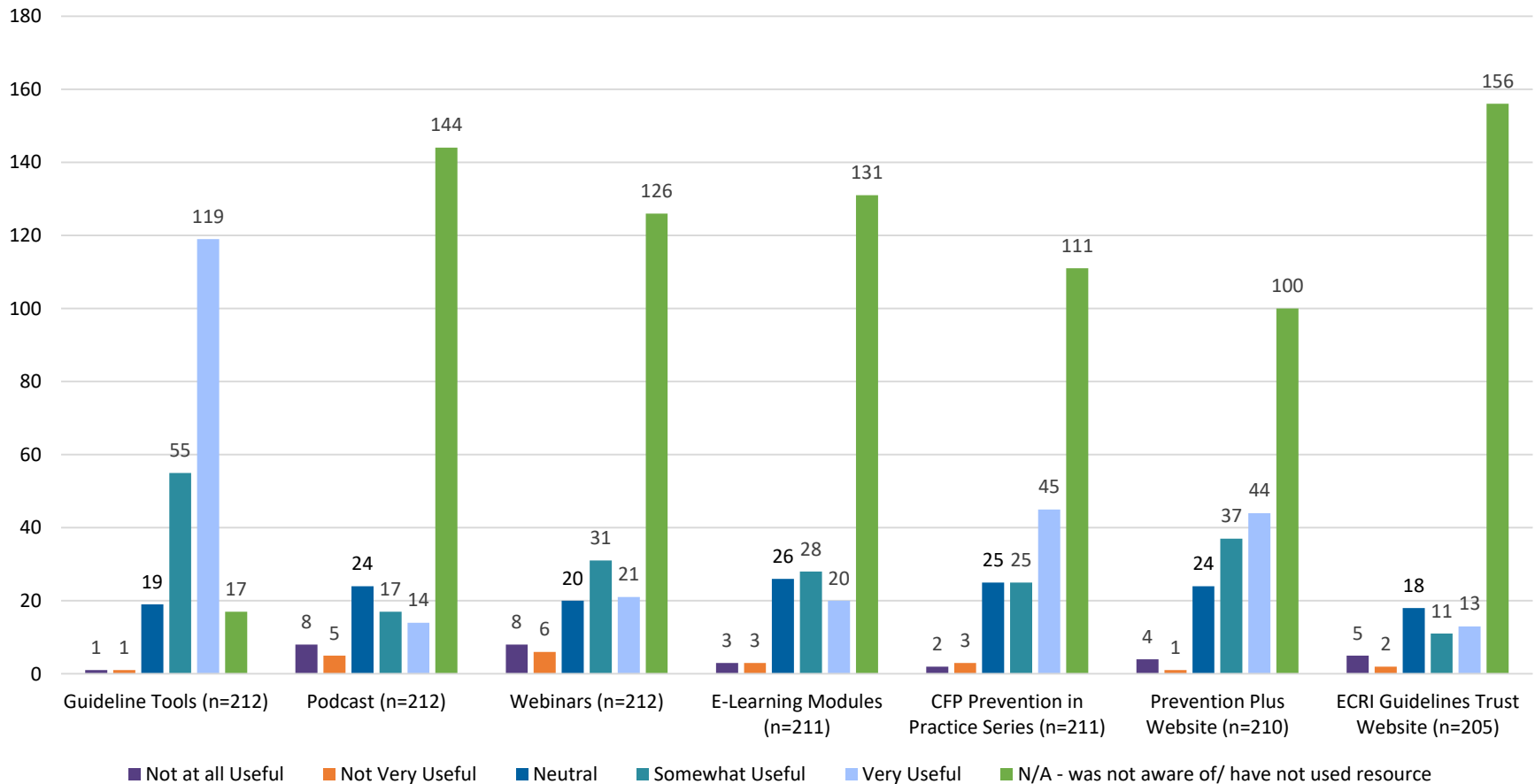
Information Seeking Preferences

Trusted Sources of Information about Primary Care Practice (n=215)



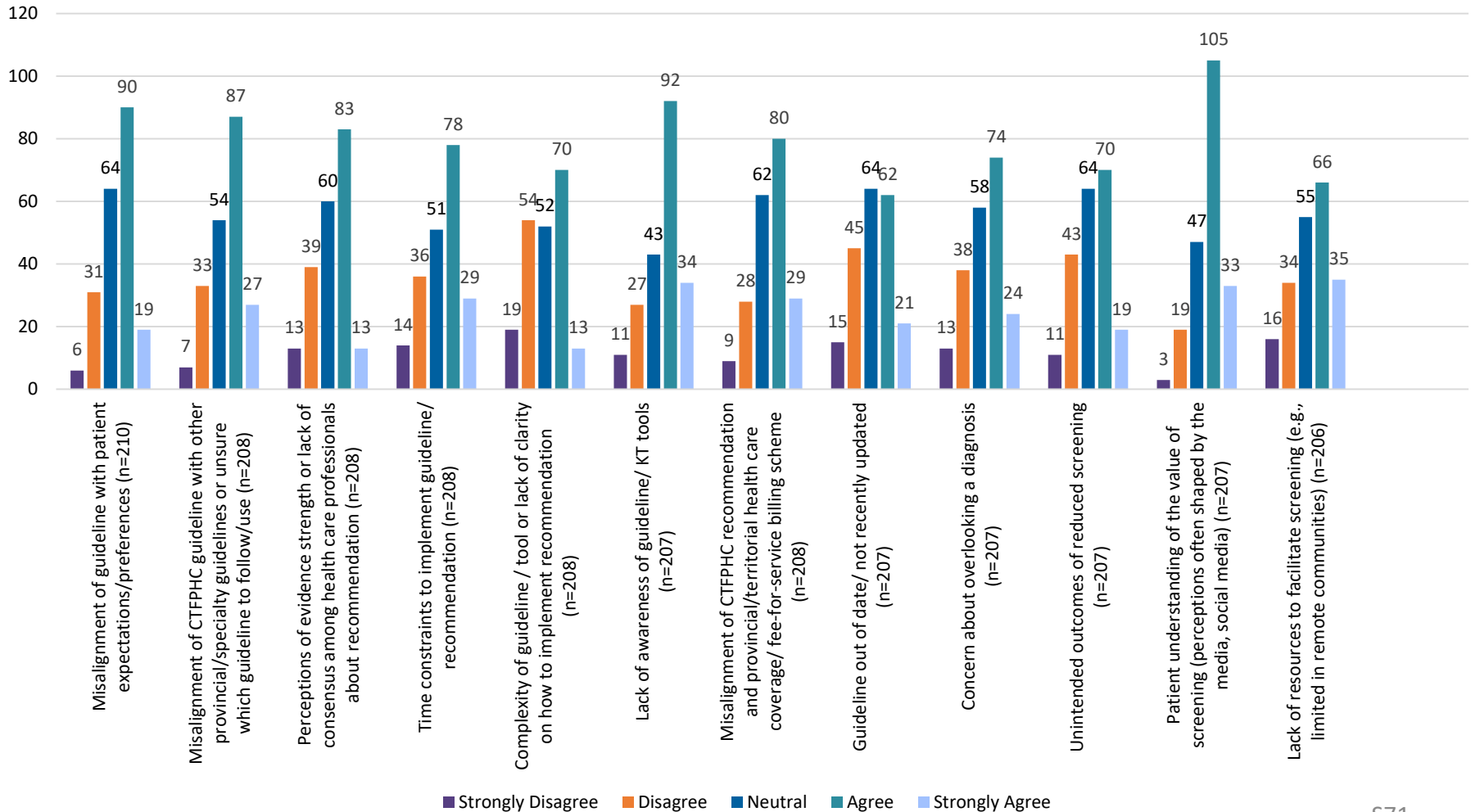
Resource Usefulness

Reported Usefulness of Task Force Resources



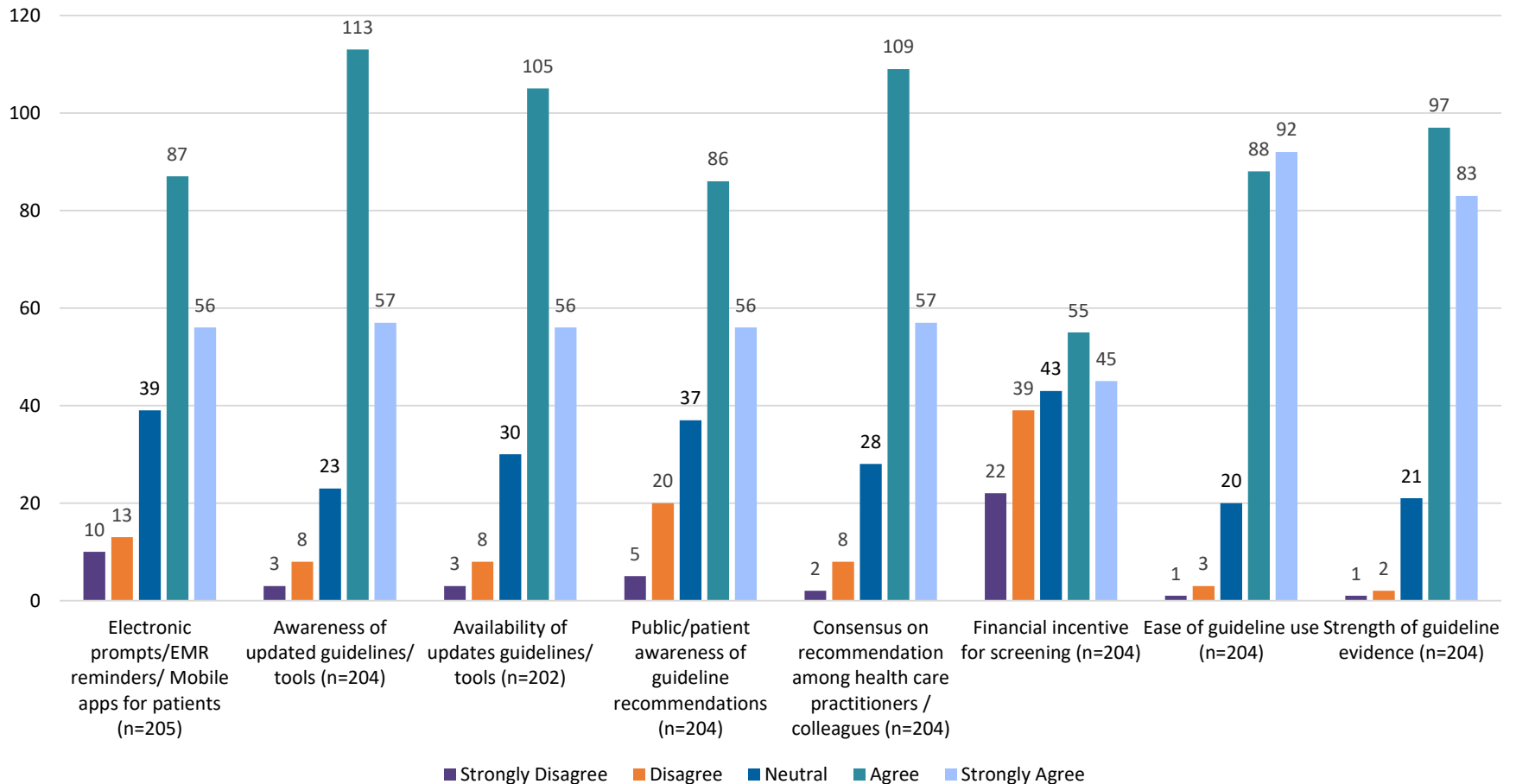
Barriers to Guideline Use

Barriers to Use of Task Force Guidelines



Facilitators to Guideline Use

Facilitators to Guideline Use



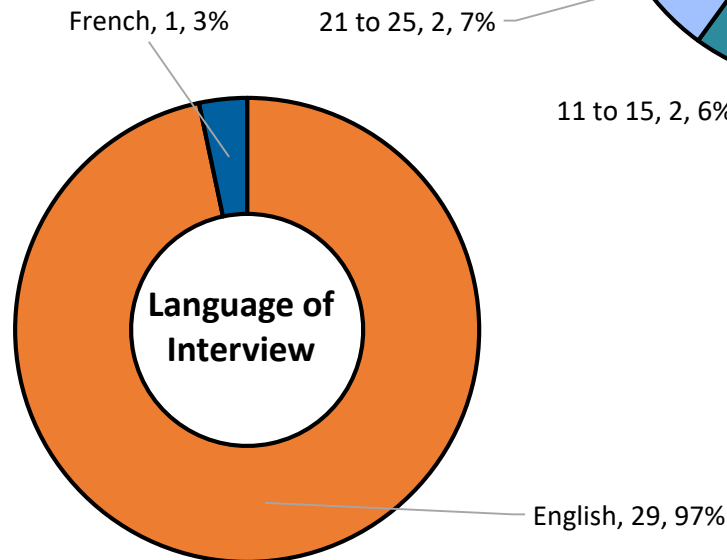
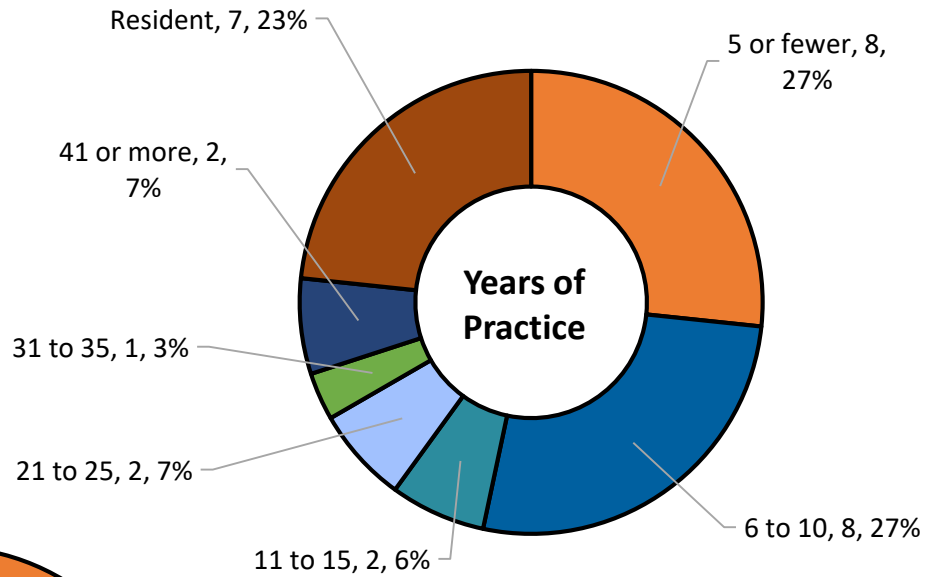
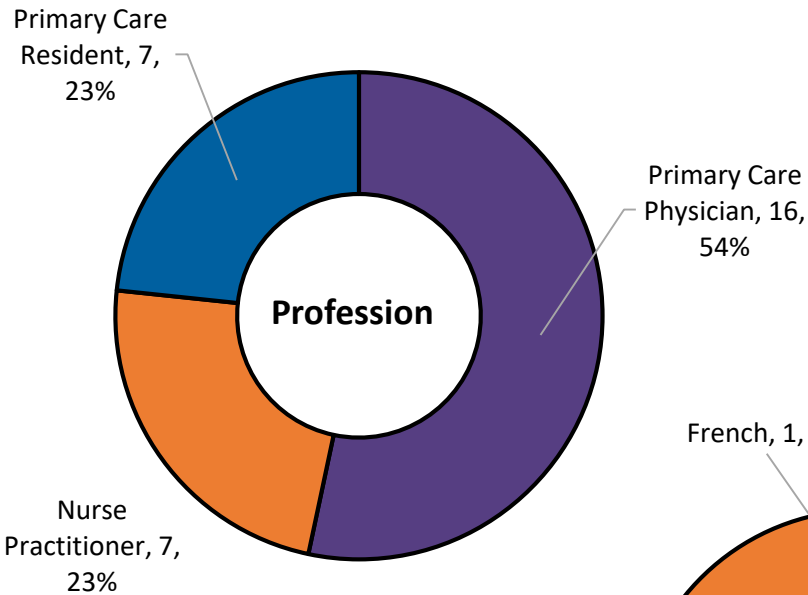


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Interview Demographics

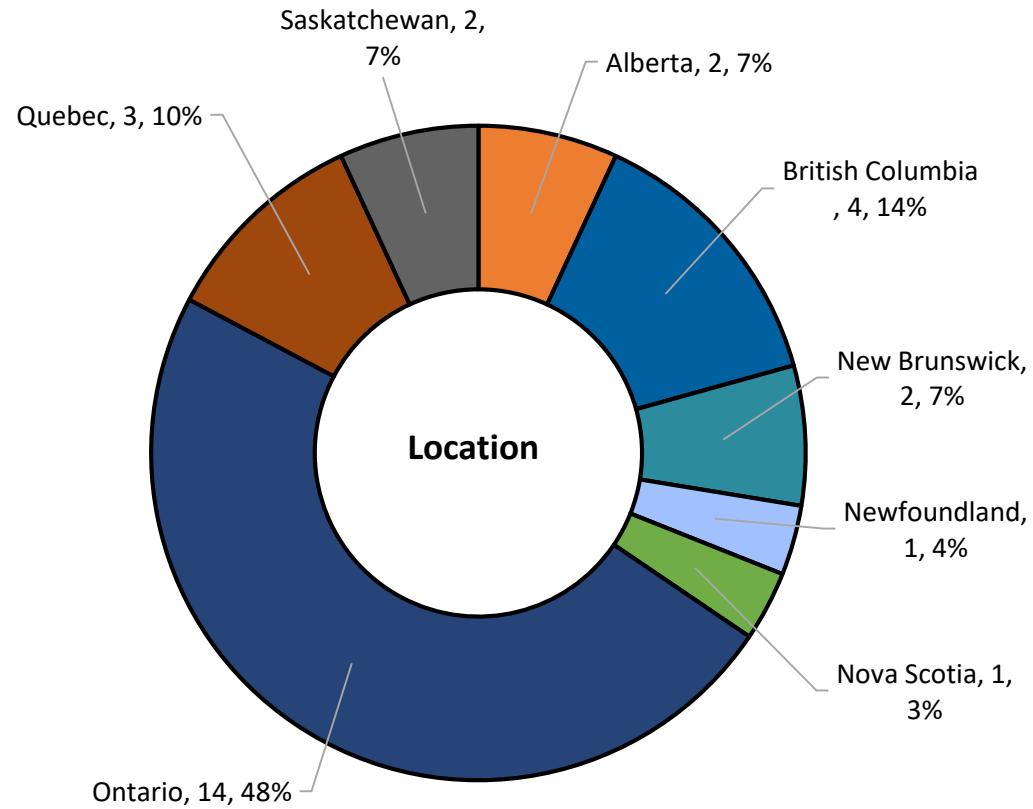
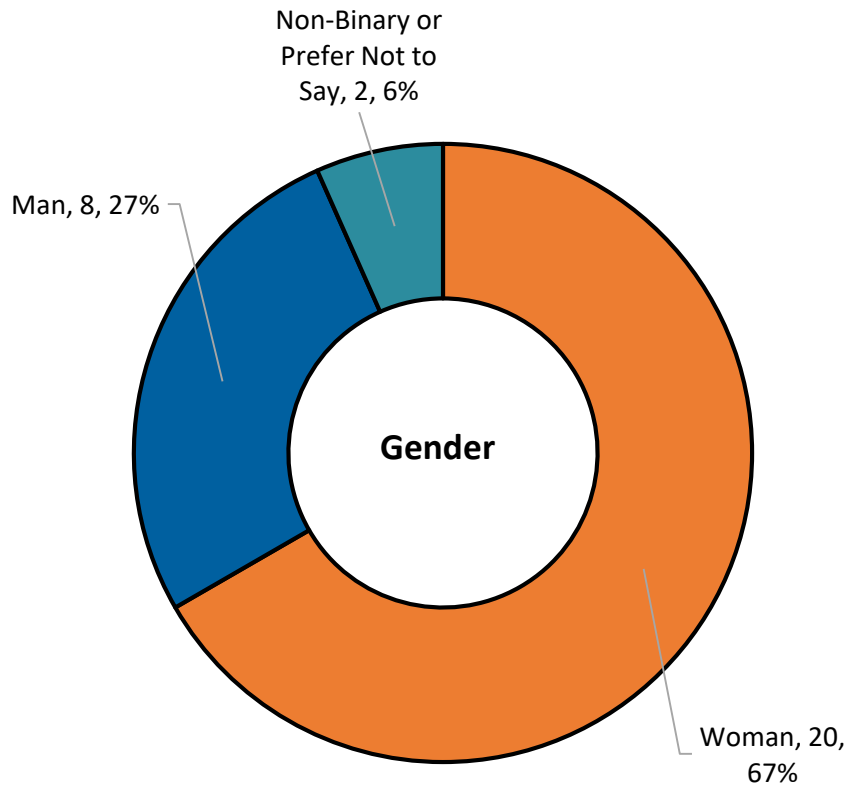


Participant demographics (N = 30)





Participant demographics (N = 30)





Appendices

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 primary profession/ role?

- Primary care physician (1)
 - Nurse practitioner (2)
 - Primary care resident (4)
 - Nurse practitioner student (6)
 - Medical student (5)
 - Other, please specify: (8)
-

Skip To: Q5 If What is your primary profession/ role? = Other, please specify:

Page Break

Q3 Please review the Task Force [conflict of interest policy](#). Do you 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 Please review the Task Force conflict of interest policy. Do you have conflicts of interest relat... = Yes



Page Break

Q4 Are you practicing primary care or training in Canada?

- Yes (1)
- No (2)

Skip To: Q5 If Are you practicing primary care or training in Canada? = No

Skip To: End of Block If Are you practicing primary care or training 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... 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 2023 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 or trainee 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.

Q7 Do you consent to participate in the Task Force 2023 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 2023 annual evaluation survey? = I do not consent to participate in the annual evaluation survey

End of Block: Letter of Information

Start of Block: Guidelines

Q8 Please select the phrase that best reflects your use of Task Force Guidelines.



| | I use this guideline in my practice (1) | I follow a different guideline for this topic and don't intend to change it (2) | I intend to follow the TF guideline on this topic, but don't currently (3) | I do not follow any guideline on this topic in my practice (4) | This guideline topic does not apply to my practice (5) | I am not aware of a guideline on this topic (6) |
|---|---|---|--|--|--|---|
| Asymptomatic Bacteriuria in Pregnancy (2018) (15) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Breast Cancer Update (2018) (16) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Impaired Vision (2018) (17) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Asymptomatic Thyroid Dysfunction (2019) (18) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Esophageal Adenocarcinoma (2020) (19) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chlamydia and Gonorrhea (2021) (20) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Depression During the Pregnancy and the Postpartum Period (2022) (21) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fragility Fractures (2023) (22) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cervical Cancer (2013) (23) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prostate Cancer (2014) (24) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Lung Cancer
(2016) (25)

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Asymptomatic Bacteriuria in Pregnancy (2018) [I follow a different guideline for this topic and don't intend to change it]

Q8A Please specify the guideline you use for asymptomatic bacteriuria in pregnancy:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Breast Cancer Update (2018) [I follow a different guideline for this topic and don't intend to change it]

Q8B Please specify the guideline you use for breast cancer:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Impaired Vision (2018) [I follow a different guideline for this topic and don't intend to change it]



Q214 Please specify the guideline you use for impaired vision:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Asymptomatic Thyroid Dysfunction (2019) [I follow a different guideline for this topic and don't intend to change it]

Q8C Please specify the guideline you use for asymptomatic thyroid dysfunction:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Esophageal Adenocarcinoma (2020) [I follow a different guideline for this topic and don't intend to change it]

Q8D Please specify the guideline you use for esophageal adenocarcinoma:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Chlamydia and Gonorrhoea (2021) [I follow a different guideline for this topic and don't intend to change it]



Q8E Please specify the guideline you use for chlamydia and gonorrhea:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Depression During the Pregnancy and the Postpartum Period (2022) [I follow a different guideline for this topic and don't intend to change it]

Q8F Please specify the guideline you use for depression during the pregnancy and the postpartum period:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Fragility Fractures (2023) [I follow a different guideline for this topic and don't intend to change it]

Q8G Please specify the guideline you use for fragility fractures:

Page Break



Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Cervical Cancer (2013) [I follow a different guideline for this topic and don't intend to change it]

Q8H Please specify the guideline you use for cervical cancer:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Prostate Cancer (2014) [I follow a different guideline for this topic and don't intend to change it]

Q8I Please specify the guideline you use for prostate cancer:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Lung Cancer (2016) [I follow a different guideline for this topic and don't intend to change it]

Q8J Please specify the guideline you use for lung cancer:

Page Break



End of Block: Guidelines

Start of Block: Tools

Q9 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.

| | I am not aware of these (1) | I am aware of these but have not used them (2) | I am aware of these and have used them (4) |
|------------------------------|-----------------------------|--|--|
| Clinician FAQs (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient FAQs (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Infographics (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1000-Person tools (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Harms and Benefits tools (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Decision Aids (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



Q10 How do you currently access the Task Force guidelines?

Task Force website (1)

CMAJ Publication (2)

QxMD mobile app (3)

Other (please specify): (4)

do not access the Task Force guidelines (5)

Page Break

Q11 How would you prefer to access the Task Force guidelines?

Task Force website (1)

CMAJ Publication (2)

QxMD mobile app (3)

Other (please specify): (4)

do not want to access the Task Force guidelines (5)

Page Break



Q12 How do you currently access Task Force products (e.g., guideline tools)? Select all that apply.

- Task Force website (1)
 - Task Force Tool Dissemination Pilot (2)
 - Conference handouts (3)
 - QxMD mobile app (4)
 - Other (please specify): (5)
-
- do not access Task Force products (6)

Page Break

Q13 How would you prefer to access Task Force products in the future?

- Task Force website (1)
 - Direct mailed hard copies (2)
 - Direct emailed digital copies (3)
 - Conference distributions (4)
 - Mobile app(s) (please specify): (5)
-
- Other (please specify): (6)
-
- do not want to access Task Force tools and resources (7)



End of Block: Tools

Start of Block: Communication

Q14 How do you currently hear about new Task Force guidelines, resources and participation opportunities?

- Email newsletter (1)
 - X (formerly Twitter) (2)
 - LinkedIn (3)
 - Word of mouth/ colleague (4)
 - Webinars (5)
 - Conferences (6)
 - None of the above (7)
 - Other (please specify): (8)
-

Page Break



Q15 How would you prefer to hear about new Task Force guidelines, resources and participation opportunities?

- Email newsletter (1)
 - News-specific email (e.g., to announce a new guideline release) (2)
 - X (formerly Twitter) (3)
 - LinkedIn (4)
 - Instagram (5)
 - Facebook (6)
 - Conferences (7)
 - Word of mouth/ colleague (8)
 - Webinars (9)
 - Hard copy mail (10)
 - Other (please specify): (11)
-

Page Break



Q16 Where do you usually look for information and updates about current primary care practice?

- Canadian Task Force on Preventive Healthcare (1)
- College of Family Physicians of Canada (2)
- Peer-reviewed journals (e.g., Canadian Medical Association Journal) (3)
- Journal Clubs / Education Days (4)
- Provincial specialty societies (please specify): (5)

- National specialty societies (please specify): (6)

- Conferences (7)
- Other (please specify): (8)

- None of the above (9)

Page Break



Q17 Which organizations do you trust to provide you with information about current primary care research and practice?

- Canadian Task Force on Preventive Healthcare (1)
- College of Family Physicians of Canada (2)
- Peer-reviewed journals (e.g., Canadian Medical Association Journal) (3)
- Journal Clubs / Education Days (4)
- Provincial specialty societies (please specify): (5)

- National specialty societies (please specify): (6)

- Conferences (7)
- Other (please specify): (8)

- None of the above (9)

End of Block: Communication

Start of Block: Barriers and Facilitators



Q18 How useful do you find currently available Task Force resources for supporting you in implementing Task Force guidelines?

| | 1 - Not at all useful (1) | 2 - Not very useful (2) | 3 - Neutral (3) | 4 - Somewhat useful (4) | 5 - Very useful (5) | N/A - I was not aware of/ have not used this resource (6) |
|---------------------------------------|---------------------------|-------------------------|-----------------------|-------------------------|-----------------------|---|
| Guideline tools (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Podcast (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Webinars (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E-learning modules (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| CFP Prevention in Practice Series (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prevention+ website (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ECRI Guidelines Trust website (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

Q19 15. What other factors or resources would be helpful to you when implementing Task Force guidelines in your practice?





Q20 Please indicate your level of agreement with the following statements.

Q21 The [statement] is a barrier to following Task Force recommendations in my practice:



| | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
|---|---------------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Misalignment of guideline with patient expectations/preferences (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Misalignment of Task Force guideline with other provincial/specialty guidelines or unsure which guideline to follow/use (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Perceptions of evidence strength or lack of consensus among health care professionals about recommendation (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Time constraints to implement guideline/ recommendation (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Complexity of guideline / tool or lack of clarity on how to implement recommendation (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of awareness of guideline/ KT tools (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Misalignment of Task Force recommendation and provincial/territorial health care coverage/ fee-for-service billing scheme (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Guideline out of date/ not recently updated (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Concern about overlooking a diagnosis (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Unintended outcomes of reduced screening (11) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Patient understanding of the value of screening (perceptions often shaped by the media, social media) (13)

Lack of resources to facilitate screening (e.g., limited in remote communities) (14)

Q22 Please specify if you experienced other barriers to following Task Force recommendations in your practice.

Page Break

Q23 Please indicate your level of agreement with the following statements.



Q24 The [statement] is a facilitator to following Task Force recommendations in my practice:

| | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
|--|---------------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Electronic prompts/EMR reminders/ Mobile apps for patients (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Awareness of updated guidelines/ KT tools (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability of updates guidelines/ KT tools (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public/patient awareness of guideline recommendations (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Consensus on recommendation among health care practitioners / colleagues (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial incentive for screening (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ease of guideline use (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Strength of guideline evidence (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Q25 Please specify if you experienced other facilitators to following Task Force recommendations in your practice.

Page Break

End of Block: Barriers and Facilitators

Start of Block: Demographics

Q26 Did you take part in any Task Force activities in 2023? Select all that apply.

- Feedback session on a draft tool (e.g., usability testing) (1)
- 2022 Annual Evaluation Survey (2)
- 2022 Annual Evaluation Interview (3)
- Guideline Webinar - Fragility Fractures (4)
- Clinical Prevention Leaders Network Sessions (5)
- Breast Cancer public evidence submissions (6)



Q27 What is your gender?

- Man (1)
 - Woman (2)
 - Non-binary (3)
 - Prefer to self-describe: (4)
-

- Prefer not to say (5)
-



Q28 In which province or territory do you practice the majority of the time?

- 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)
-



Q29 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)
-



Q30 How many years have you been practicing?

- Currently a student (10)
 - 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)
-

Q31 What is your clinical setting? Select all that apply.

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



Q32 What language do you primarily practice in (select all that apply)?

- English (4)
 - French (5)
 - Other (please specify): (10)
-

Q33 What is your clinic type?

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



Q34 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)
 - Email (2)
 - Friend/colleague (6)
 - Other (please describe): (4)
-

End of Block: Demographics

Start of Block: Next Steps

Q35 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 still 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



Q36 Would you like to be entered into the draw to win an iPad (9th generation)? The winner will be drawn randomly in Spring 2024. Your contact information will be kept confidential and will not be linked to your survey answers.

- Yes (1)
- No (2)

Page Break

Q37 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 about... = Yes, I will participate in an interview

Q38 Thank you for completing the survey and agreeing to a follow-up interview! Please [click here](#) to provide your contact information so that we can contact you to schedule an interview. Your contact information will be kept confidential.



Page Break

Display This Question:

*If Would you like to be entered into the draw to win an iPad (9th generation)? The winner will be dr...
= Yes*

Q39 Thank you for completing the survey. Please [click here](#) to enter a draw to win an iPad. The draw will happen in Spring 2024. Your contact information will be kept confidential.

Page Break

Display This Question:

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

Q40 Thank you for completing the survey. Please [click here](#) to be added to our email list. Your contact information will be kept confidential.

Page Break

Q41 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



Q42 Thank you! If you have any questions, please contact Jeanette Cooper, Research Coordinator, at jeanette.cooper@unityhealth.to

End of Block: Next Steps



Interview Guide

Introduction

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 [year] 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.

Did you have a chance to review the project information sheet we sent?

The 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 [year] activities, and the feedback you provide will help 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.

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

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

Do you agree to participate in this recorded interview?

Introduction to the Task Force (Factors affecting Reach)

- 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 guidelines? If so, which ones?
 - Have you heard about the Fragility Fractures guideline that was released in 2023? If so, how did you hear about this guideline?
 - Are you aware of the Task Force's efforts to update the 2018 breast cancer guideline?

Experiences with Task Force over time (Effectiveness, factors affecting Adoption)

- Do you routinely use the Task Force guidelines? If so, why? If not, why not?
- 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)

- Could you describe how you make decisions on which guidelines 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?
- 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)

- What do you do if a patient's preferences do not align with a Task Force or another guideline recommendation (e.g. the Task Force recommends you do not screen for prostate/breast cancer, but the patient is asking for screening)?
- Are there any resources that would support you or your team members to have discussion about guideline recommendations in your practice?

Accessing Task Force materials (Suggestions for improving Reach and Implementation)

- How can the Task Force improve your access to our guidelines, 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?
- Is there anything the Task Force can do to further support uptake of its guidelines and 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, you can contact [name] at [email]



2023 ANNUAL EVALUATION HIGHLIGHTS

1

Guideline
published

MAY
Fragility Fractures



Most downloaded
guideline on CMAJ



19,760

Guideline downloads

10%

Increase in newsletter
subscribers



535

conference booth
visits

Fragility Fractures
Decision Aid (EN)

Diabetes type 2
Clinician
FINDRISK (FR)

Most visited tools
on TF website



Breast cancer
(2018)

Most visited guideline
on TF website

433, 096



Website
visits

141,330

Website users



10,721

Fragility Fracture
podcast plays



82,796

CMAJ guideline
downloads

45 

media interview
requests

>1690

Media mentions
of TF

8,611

Tools distributed at
conferences



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Canadian Task Force on Preventive Healthcare

2023 Annual Evaluation



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2023 Guideline Publications

Fragility Fractures

Pre-release: Stakeholder engagement

Released
May
2023



- Engaged 54 stakeholders
 - 14 generalist organizations
 - 26 disease-specific organizations
 - 2 clinical experts
 - 4 peer reviewers
 - 8 usability testing participants
- Hosted 2 guideline preview webinars on May 3rd and May 4th, 2023
 - Presented by Dr. Guylene Theriault
 - Attendance: 12 stakeholders

Endorsements and Statements of Support

Fragility Fractures

Post-release: Dissemination & media

| Dissemination | Fragility Fractures | Pregnancy and Postpartum Depression Total** |
|--|---------------------------|---|
| CMAJ journal subscribers (received guideline) | 67, 788 | 61,043 |
| CMAJ guideline downloads* | 15,926 (EN) 3,834 (FR) | 10,539 (EN) 1,842 (FR) |
| Task Force website English page visits | 9,055 | 2,190 |
| Task Force website French page visits | 2,190 | 273 |
| Podcast plays | 10,721 | 6036 |
| Media | | |
| Media Mentions | 45 | 75 |
| Interview requests with Task Force members | 5 | 5 |
| Altmetric score | 119 | 107 |
| Citations | 6 | 4 |

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

**Metrics included from 2022 annual evaluation for comparison purposes

Note: Numbers are based on data from January 1, 2023 to December 31, 2023. Media data are based on media reports from the Task Force communications team

Fragility Fractures Post – release: Dissemination & media

Highlights:

- **CMAJ's May 8th eTOC highlighted the fragility fractures guidelines as the editors pick**
 - Sent to 60 654 CMA members and 7134 non-members
 - It was the most clicked article by members (60% open rate; 46% open rate for non-members)
- **It was the 3rd most read article in CMAJ for May 2023**
- **The guideline was featured on the CMAJ webpage the week of May 8th and on the September print cover of the journal**
- **The English podcast is the 6th most downloaded episode of all time (top 5 of those out <1 year)**



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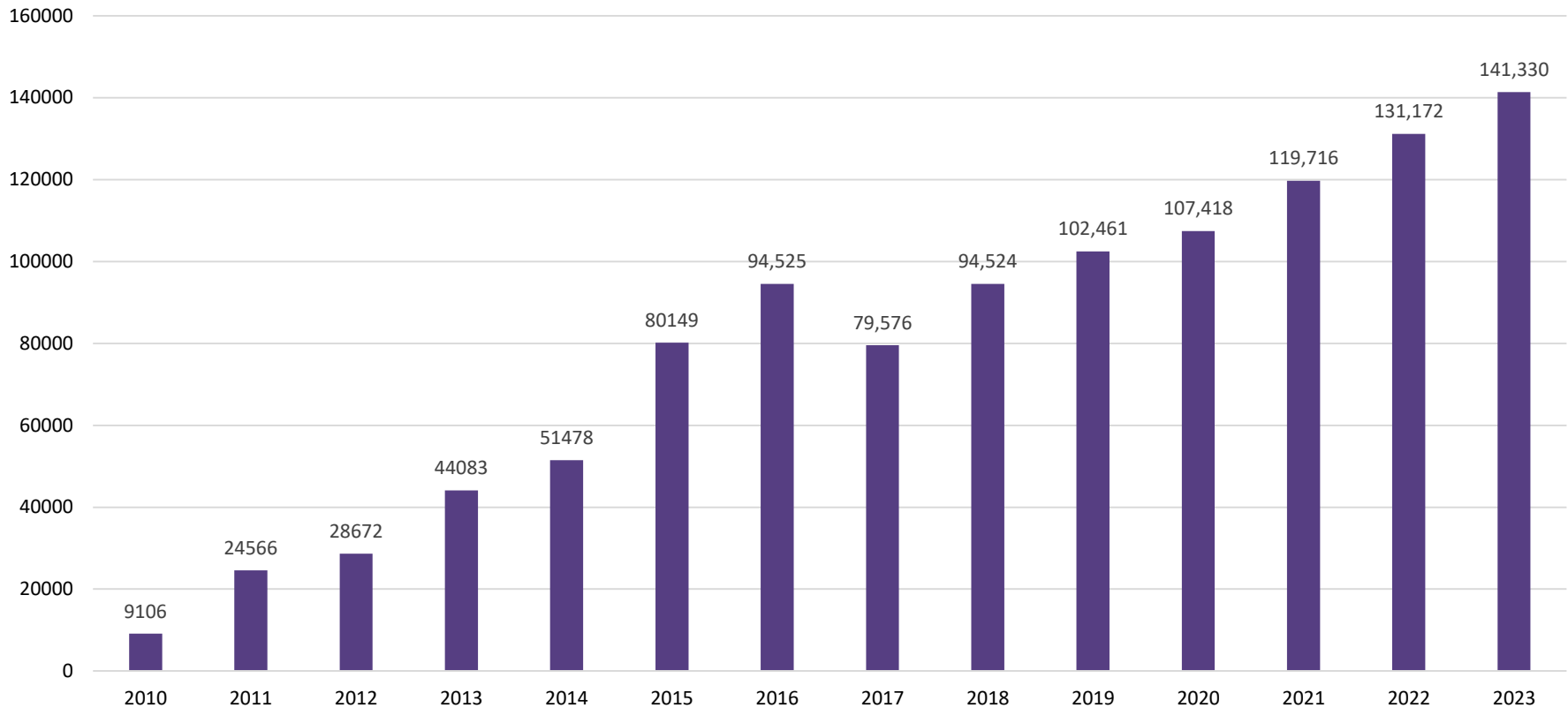
Guideline Dissemination

Guideline dissemination Virtual Conferences & Engagement

| Conference | Dates | Location | Delegates attended | Task Force booth attendees | Tools Distributed |
|--|-----------------|----------|--------------------|----------------------------|-------------------|
| 30 th Annual Rural and Remote Medicine Course | Apr 20-22, 2023 | Niagara | 727 | 152 | 2572 |
| Choosing Wisely National Meeting 2023 | May 11-12, 2023 | Toronto | 230 | 73 | 872 |
| Congrès annuel de médecine 2023 | Oct 24-27, 2023 | Montreal | 650 | 73 | 1152 |
| Family Medicine Forum (FMF) 2023 | Nov 8-10, 2022 | Montreal | 2822 | 237 | 4015 |

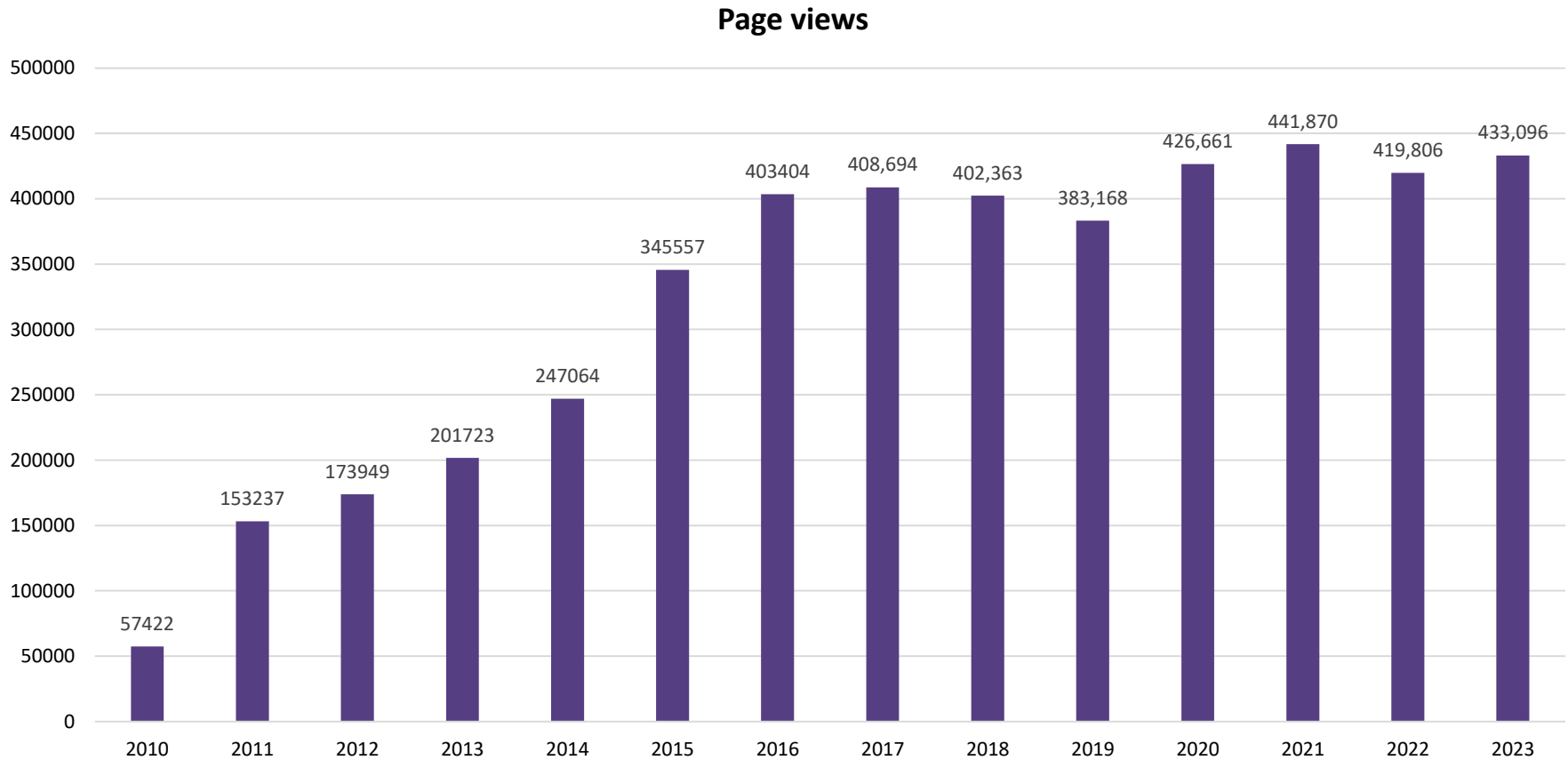
Guideline dissemination Task Force website annual users

Overall 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

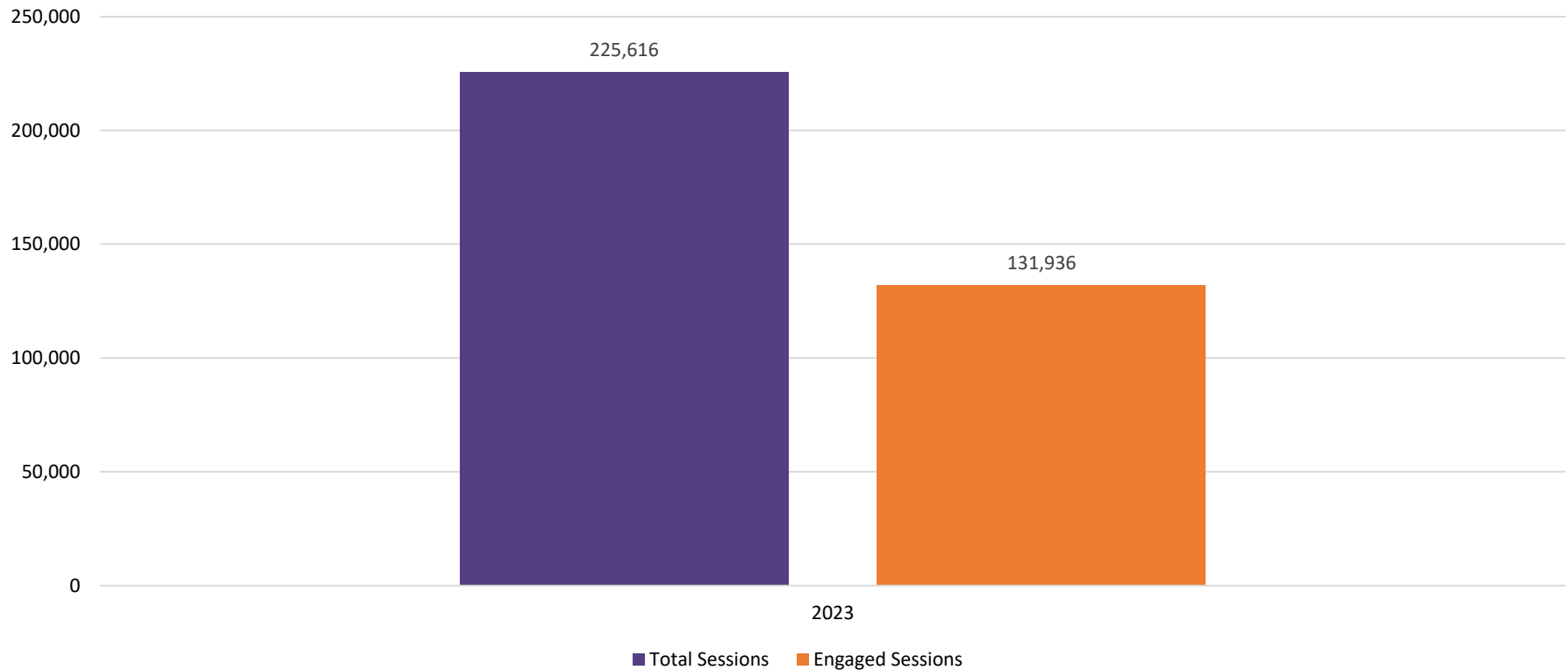
Guideline dissemination Task Force website annual page views



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 – Total and Engaged

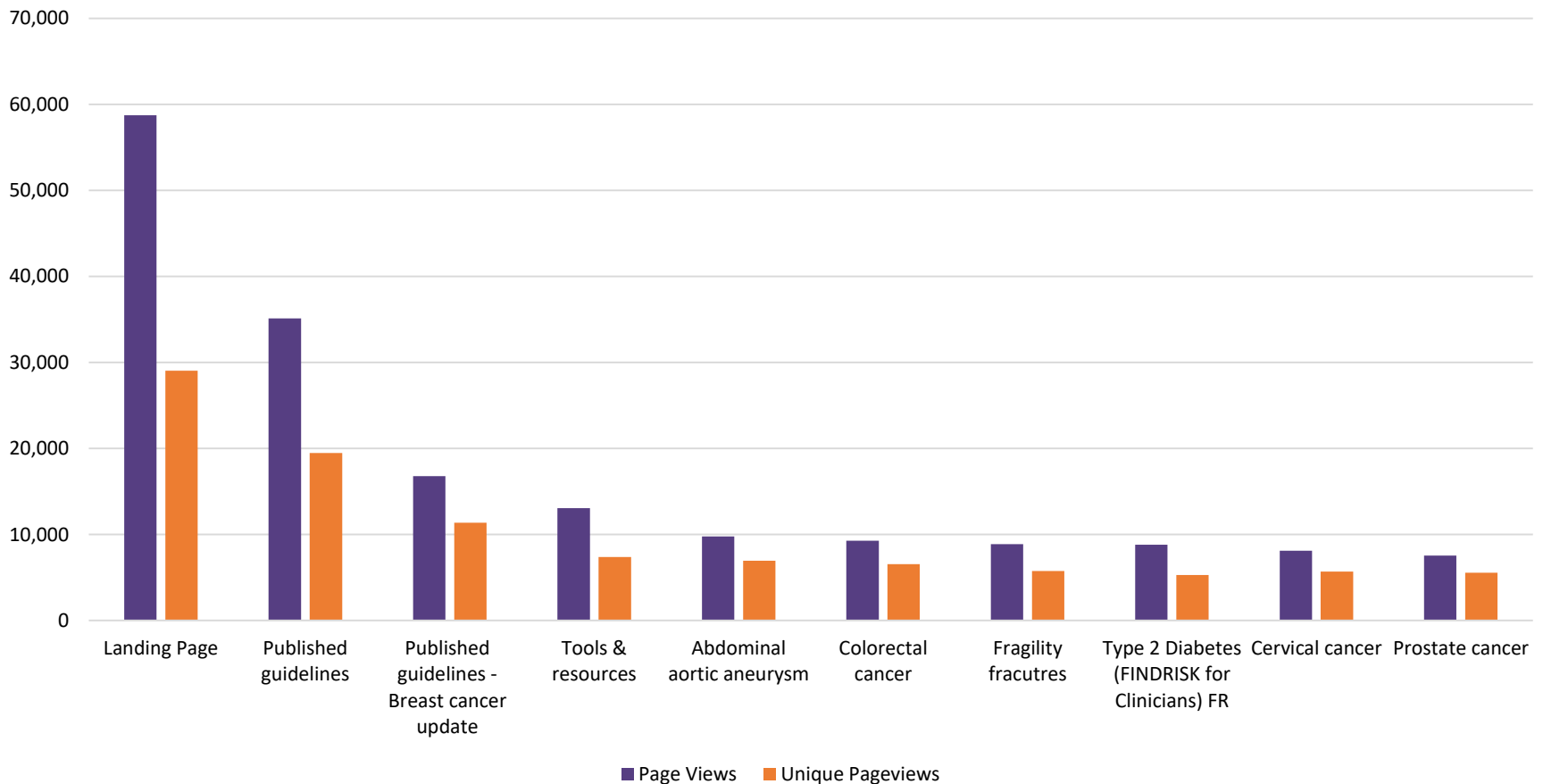
Total and Engaged Task Force Website Sessions



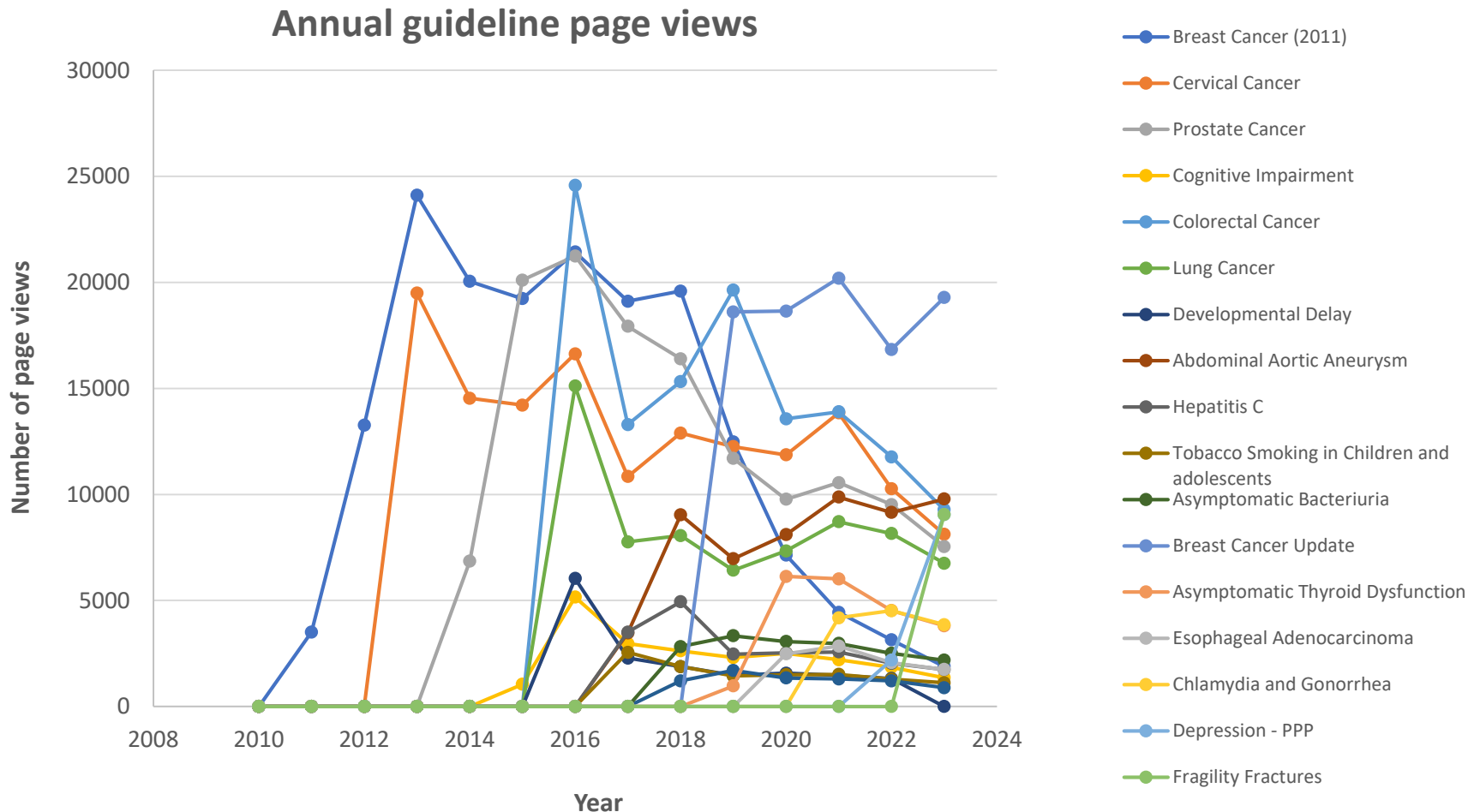
Note: The data reported is combined for both the English and French website platforms. Previously Google Analytics reported different data (new and returning user sessions) due to changes in 2023. sessions are now reported as Total and Engaged

Top 10 most viewed Task Force website pages

Top 10 Pages Viewed in 2023



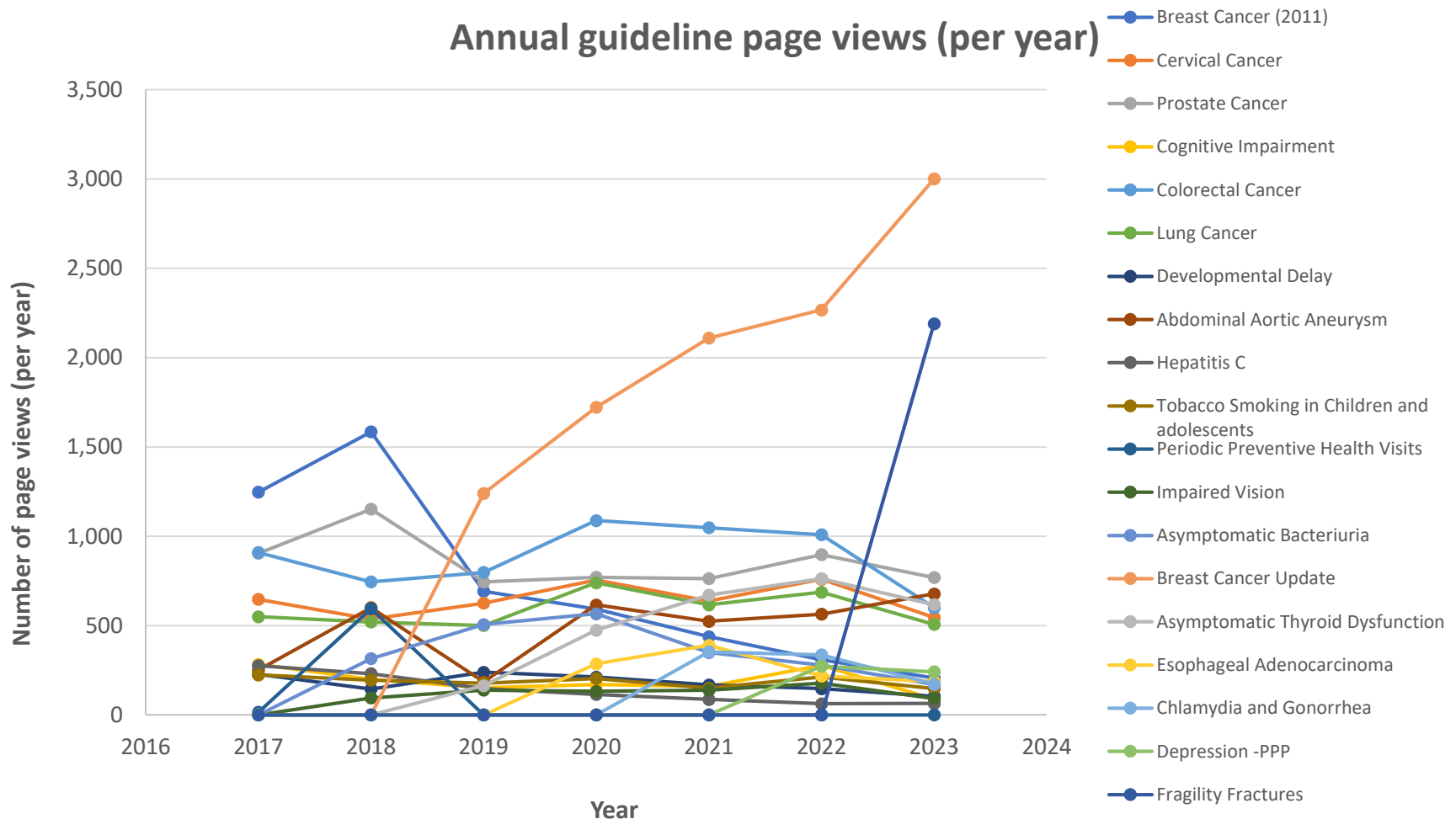
Annual guideline page views - English



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

Average guideline page views (Task Force French website)

Annual guideline page views (per year)



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

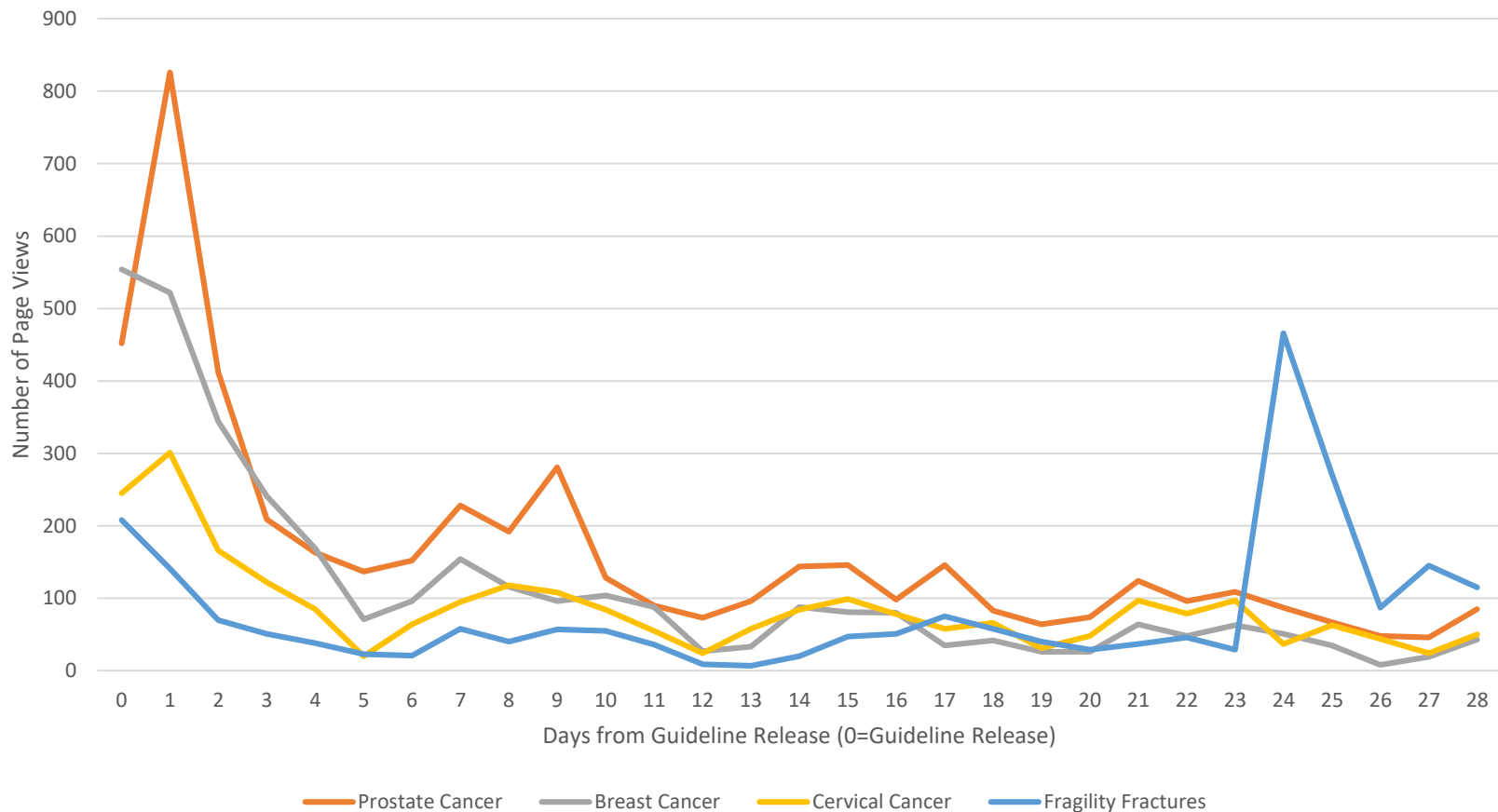
Top 5 Task Force website user locations

| Top 5 cities | Sessions |
|--------------|----------|
| Montreal | 14,403 |
| Toronto | 13,974 |
| Ottawa | 4,442 |
| Calgary | 4,008 |
| Quebec City | 3,819 |

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

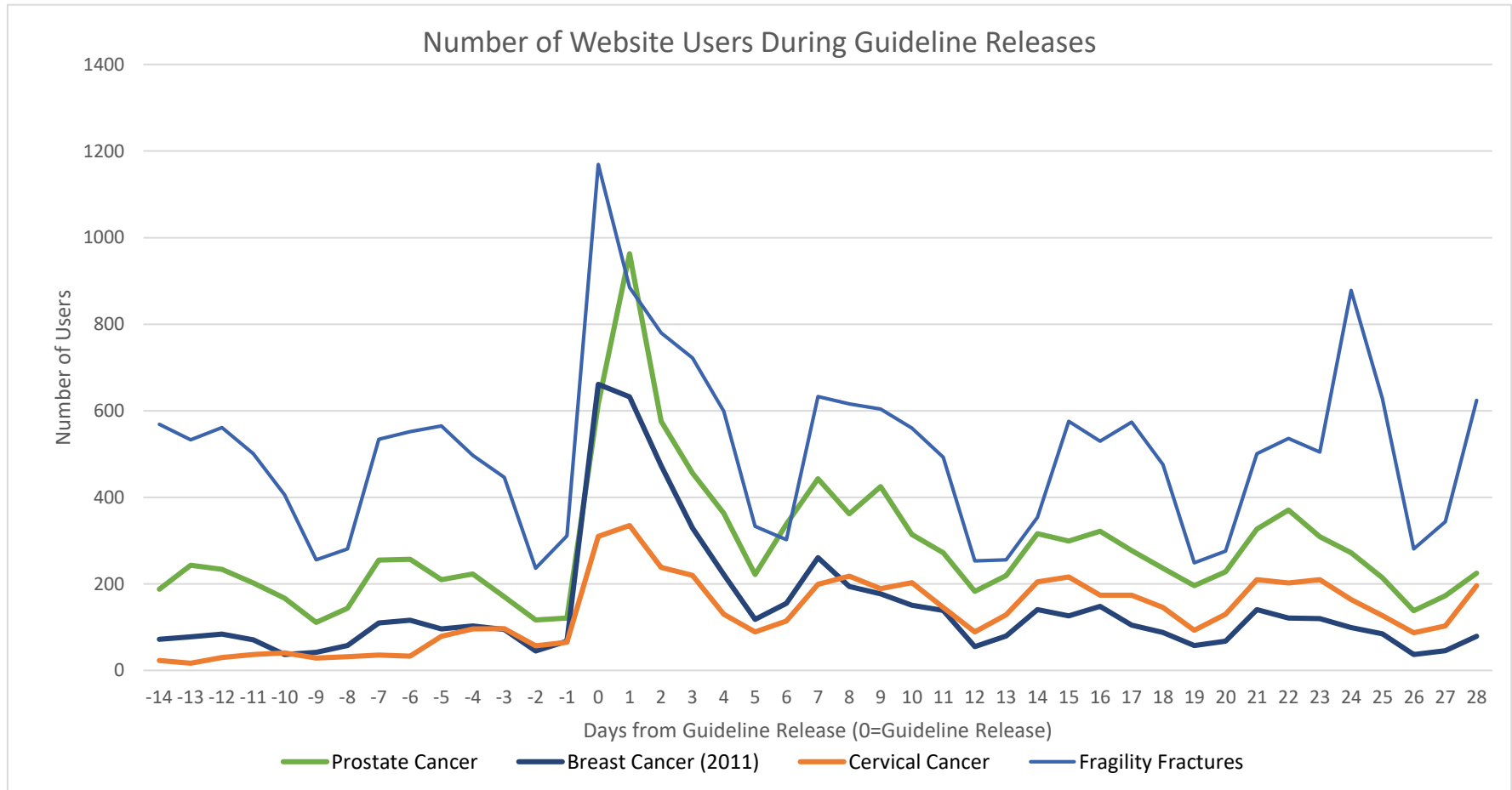
Task Force English website guideline page views after release

English Guideline Page Views from 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 2023: **74,452** (61 % English; 39% French)

| Top 10 Most Viewed KT Tool Pages in 2023 | | | | | |
|--|--------------------------------|---------|--------|-----------------------|------|
| Guideline | Tool | English | French | Total tool page views | Rank |
| Fragility Fractures (2023) | Decision Aid | 14730 | 2555 | 17285 | 1 |
| | Clinician Infographic | 2118 | 515 | 2633 | 8 |
| Diabetes, Type 2 (2012) | Clinician FINDRISK | 4531 | 8803 | 13334 | 2 |
| | CANRISK | 4784 | 443 | 5227 | 4 |
| | Patient FAQ | 359 | 4615 | 4974 | 5 |
| Prostate Cancer (2014) | Harms & Benefits | 6748 | 670 | 7418 | 3 |
| Breast Cancer (2018) | 1000-person | 3116 | 651 | 3767 | 6 |
| Hypertension (2012) | Clinician Algorithm | 1976 | 970 | 2946 | 7 |
| Breast Cancer (2011) | Harms & Benefits – 70 to 74 | 1214 | 1136 | 2350 | 9 |
| Colorectal Cancer (2016) | Clinician Recommendation Table | 1872 | 255 | 2127 | 10 |

2022 YouTube Video Views

| Top 10 Most Viewed Videos (2022) | YouTube Views 2022 | YouTube Views 2023 |
|--|-----------------------|-----------------------|
| Chlamydia and Gonorrhea | 495 | 3,066 |
| La chlamydia et la gonorrhée | 439 | 1,837 |
| Cancer Screening | 715 | 655 |
| Cancer du poumon - Vue d'ensemble, facteurs de risque et dépistage - Vidéo 1 | 203 | 279 |
| Dépistage du cancer | 230 | 230 |
| Lung Cancer - Overview, risk factors & screening - (Part 1 of 3) | 238 | 206 |
| Prostate Cancer—Video for Physicians (2014) | 265 | 180 |
| Peut-on avoir un faux positif au test? | 345 | 175 |
| Breast Cancer—Screening Guideline Video (2011) | 151 | 133 |
| Cancer de la prostate—Vidéo pour les médecins | 37 | 68 |

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 2023 | 5,377 |
| <i>New users</i> | 91.7% |
| <i>Returning users</i> | 8.3% |
| Total sessions 2023 | 9,809 |

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 2023 account | | |
|-------------------------|-----|---------------------------------------|
| Total impressions | 167 | 87% email 13% feed |
| Total views | 0 | 0% abstract views 0% paper views |
| Total shares | 0 | 0% email 0% Twitter 0% Facebook |

CMAJ –Task Force guideline downloads

| Guideline topics (Release Year) | 2023 CMAJ downloads* | Citations |
|--|----------------------|-----------|
| Fragility Fractures (2023)** | 19760 | 6 |
| Pregnancy and Postpartum Depression (2022) | 6967 | 15 |
| Chlamydia & Gonorrhoea (2021) | 4908 | 13 |
| Esophageal Adenocarcinoma (2020) | 3353 | 9 |
| Thyroid Dysfunction (2019) | 2828 | 22 |
| Asymptomatic Bacteriuria (2018) | 2834 | 51 |
| Breast cancer (2018) | 6899 | 143 |
| Impaired Vision (2018) | 958 | 10 |
| Abdominal Aortic Aneurysm (2017) | 2859 | 36 |
| Hepatitis C (2017) | 2509 | 60 |
| Tobacco in children (2017) | 1116 | 17 |
| Colorectal cancer (2016) | 5248 | 201 |
| Developmental delay (2016) | 2682 | 58 |
| Lung cancer (2016) | 3680 | 137 |
| Cognitive impairment (2015) | 3205 | 72 |
| Prostate Cancer (2014) | 4440 | 164 |
| Adult Depression (2013) | 2229 | 181 |
| Cervical Cancer (2013) | 4188 | 183 |
| Type 2 Diabetes (2012) | 2133 | 104 |

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

**Fragility Fractures guideline was released in May 2023, therefore the total downloads represents eight months of downloads

Prevention Plus: 2023 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

| 2023 Quarter | # of registrants | Number of Logins | Number of Page clicks | Total Website Searches | Article Accesses | Clicks on External links |
|--------------|------------------|------------------|-----------------------|------------------------|------------------|--------------------------|
| Q1 | 86 | 76 | 1983 | 0 | 861 | 2029 |
| Q2 | 90 | 122 | 1799 | 0 | 782 | 1674 |
| Q3 | 93 | 199 | 2066 | 10 | 809 | 2561 |
| Q4 | 96 | 157 | 2171 | 6 | 921 | 2494 |



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Dissemination



Publications: Guidelines

| Publication | Dates | Source | Type |
|---|--------------|-------------|---------------|
| Recommendations on screening for primary prevention of fragility fractures | May 8, 2023 | <i>CMAJ</i> | Peer Reviewed |
| Recommandations sur le dépistage pour la prévention primaire des fractures de fragilisation | May 29, 2023 | <i>CMAJ</i> | Peer Reviewed |

Publications: Protocols and Systematic Reviews

| Publication | Type | Dates | Source | Accesses |
|---|-------------------|----------------|---------------------------|----------|
| Screening for the primary prevention of fragility fractures among adults aged 40 years and older in primary care: systematic reviews of the effects and acceptability of screening and treatment, and the accuracy of risk prediction tools | Systematic Review | March 21, 2023 | <i>Systematic Reviews</i> | 3718 |

Publications: "Prevention in Practice" article series

- 2023 *Canadian Family Physician* print subscribers:
 - Canadian: 34112 (30772 English; 3340 French)
 - United States: 595 (585 English; 10 French)
 - Foreign: 775 (740 English; 4 French)

| Article topics | Published |
|--|---------------|
| <u>Beware of overdiagnosis harms from screening, lower diagnostic thresholds, and incidentalomas</u> | February 2023 |
| <u>Screening for primary prevention of fragility fractures</u> | August 2023 |
| <u>Debunking myths about screening</u> | November 2023 |

2023 Conference Presentations by Task Force members:

| Month | Title | Location | Presenters |
|-----------|--|---|----------------------------------|
| August | How a guideline recommendation can reduce the overdiagnosis of osteoporosis: an example from the Canadian task force on preventive health care | <i>Preventing Overdiagnosis Conference 2023</i> | Roland Grad Guylène Thériault |
| September | Addressing the “time needed to screen and treat” in a Canadian guideline for primary prevention of fragility fractures. | <i>GIN 2023</i> | Donna Reynolds |

2023 Invited Speaker Presentations by Task Force members:

| Date | Title | Location | Presenters |
|-----------|--|------------|-------------|
| September | Update On Preventive Health Care With A Spotlight On The Primary Prevention Of Fragility Fractures | CFPC Learn | Roland Grad |

Media: 2023 Highlights

- Media coverage of the Task Force was much higher in 2023 than in 2022 due to the increased interest surrounding breast cancer screening (**1690 mentions** vs. 187 mentions)
- The Fragility Fractures guideline generated **45 mentions** in Canadian, international and medical media
- The breast cancer guideline generated the most mentions (1150), starting in May 2023 with the release of the USPSTF draft recommendations and continuing through the year
- Additional media mentions were related to cervical cancer screening, anxiety, lung cancer and postpartum depression
- 45 requests for interviews or information were received (vs. 17 in 2022)
 - Breast cancer received the most (34, 13 directly related to the USPSTF release), followed by fragility fractures (5) and prostate cancer, lung cancer, pregnancy and postpartum depression and general preventive healthcare (6 total)

Task Force Newsletter

- **10% increase** in newsletter subscribers from 5485 (December 31, 2022) to 6059 (December 31, 2023)
- The overall open rate was 57% (20% increase from 2022), and the click through rate was 8.3% (45% decrease from 2022)
- The **French survey on useful cancer screening tools** distributed in September was the **most read item in the 2023 newsletters/alerts**, with an open rate of **70%** and a click through rate of 35%
- The average unsubscribe rate was very low at 0.15%

Task Force Social Media

- In 2023, social media activity was scaled back because of increased toxicity around breast cancer screening, and the changed culture on X (formerly Twitter) which contains more rhetoric and criticism and has consequently lost many users.
- X (formerly Twitter) followers increased to 1139 in 2023 from 994 in 2022.
- In the last few years, there has been a decrease in impressions for the Task Force and other organizations, most likely due to the change in ownership, name and editorial policies. Overall impressions (number of people who were shown Task Force content) averaged around 16K in 2023.
- The top tweet in 2023 was the tweet about the Task Force's relationship with expert and external stakeholders, and how they engage with those groups, generating 3664 impressions

Task Force Social Media

- In 2023, Task Force began posting on LinkedIn. There were a total of 6 posts in 2023
- There are 224 followers of the Task Force on LinkedIn. 15% reside in the GTA
- The top post on LinkedIn was on the announcement of an expedited update of the breast cancer screening guideline. There were 234 impressions and a 22% engagement rate



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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, which continued through 2023.

Clinical Prevention Leaders Network - Demographics

- 11 participants
 - Professions include:
 - Primary Care Physician
 - Nurse Practitioner
 - Clinical Pharmacist
 - Chiropractor
 - Registered 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 |
| Overdiagnosis – Part 2 | January 18, 2023 | ? |
| Shared Decision Making | March 8, 2023 | 8 |
| CTFPHC Recommendation in the Context of Chronic Illness | April 26, 2023 | 5 |
| Patient Preferences: TF – PAN | May 3, 2023 | 4 |
| CPL Networking Event | June 7, 2023 | 6 |
| “Talk the Talk”: KT Tools Dissemination and Communication Strategies | July 12, 2023 | 5 |
| Lessons Learned From a Trained CPL | October 19, 2023 | 5 |
| Preventive Health & Equity | December 6, 2023 | 6 |

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 this year | | |
|--|---------------------------------|------------------------|
| Date | Working Group | Number of Participants |
| June 2023 | Child and Adolescent Depression | 8 |
| November 2023 | Tobacco and Smoking Cessation | 8 |
| Community Juries – Planning Stages | | |
| | Breast Cancer | |
| | Hypertension | |
| | Falls Prevention | |
| | Hepatitis C | |
| | Prostate Cancer | |



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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

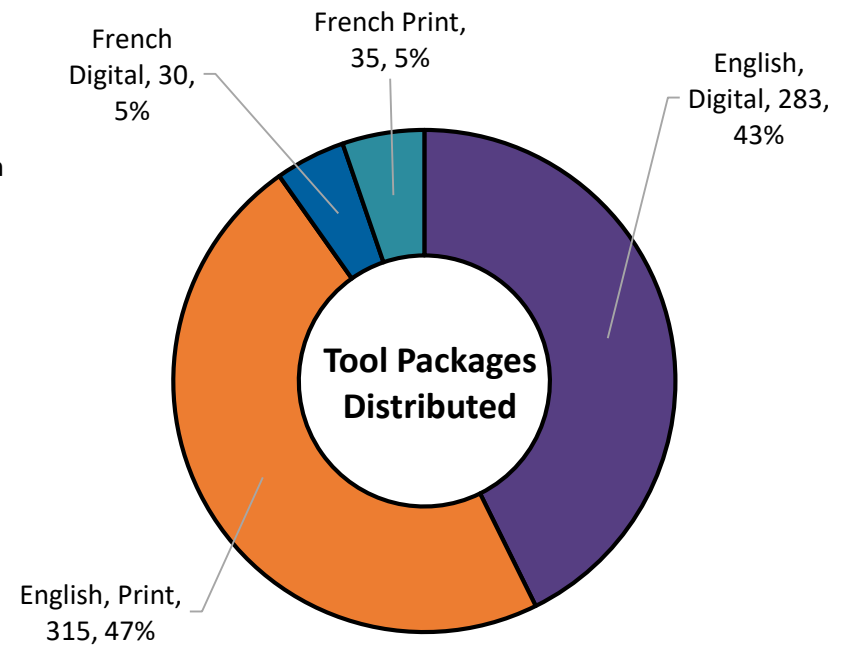
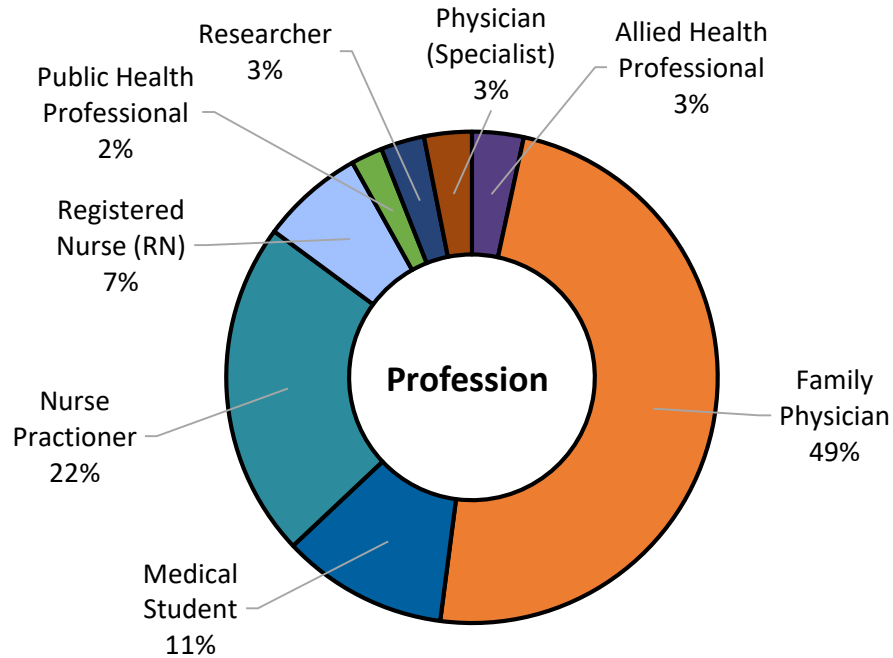
- Task Force tobacco guideline: these activities took place early 2023.
- Task Force lung cancer guideline: these activities will likely take place in 2024.
- Task Force cervical cancer guideline: these activities will likely take place in 2024.
- Task Force breast cancer guideline: these activities will likely take place in 2024.

KT Tools Dissemination Pilot Project

Summary

- Pilot launched April 2021 and concluded February 2023
- Advertised via our social media channels, Task Force newsletter, and has an allocated landing page on Task Force website (with link to survey)
- 6 month follow up surveys were sent to participants to assess tool use, changes to preventive healthcare delivery and overall satisfaction with Task Force's KT tools

KT Tools Dissemination Pilot Project - Results



KT Tools Dissemination Pilot Project - Results

- 240 participants answered the 6-month follow up survey
- Most common reported planned uses for KT tools were
 - Decision-making support (57%, n=136)
 - Discussion aid (41%, n=98)
- Tools were used during:
 - Periodic health exams (47%, n=113)
 - Chronic health management consults (36%, n=86)
 - Episodic care interventions (13%, n=32)
- 68% (n=163) were extremely satisfied with the tools and a further 24% (n=57) were somewhat satisfied

KT Tools Dissemination Pilot Project - Results

- Participants highlighted the importance of the following for tools:
 - Clear and logical colour use
 - Short length (e.g. 1 page)
 - Use of plain language
 - Use of illustrative diagrams
- Participants indicated an interested in having an app to use with patients
- Suggestions to improve future iterations of the tool dissemination program included:
 - Increased advertisement of program
 - Tracked shipping options
 - Option to request multiple packages in 1 shipment
 - Option for "a-la-carte" shipping of tools
 - Automatic shipping of newly released tools
 - Tools in other non-official languages

Tool Preferences Survey - Purpose

- Ask Canadians to rank and rate types of tools they would find most useful for cancer screening.
- Determine what tools the public and clinicians want to see most.
- Use these results to determine which tools to prioritize for the Breast Cancer Guideline.



Tool Preferences Survey – Data

Total responses received: 339

Excluded responses:

- Do not live in Canada: 37
- Incomplete: 58

Total responses included in analysis: 244

- French: 9
- English: 235

Tool Preferences Survey - Top 3 most useful types of tools cancer screening

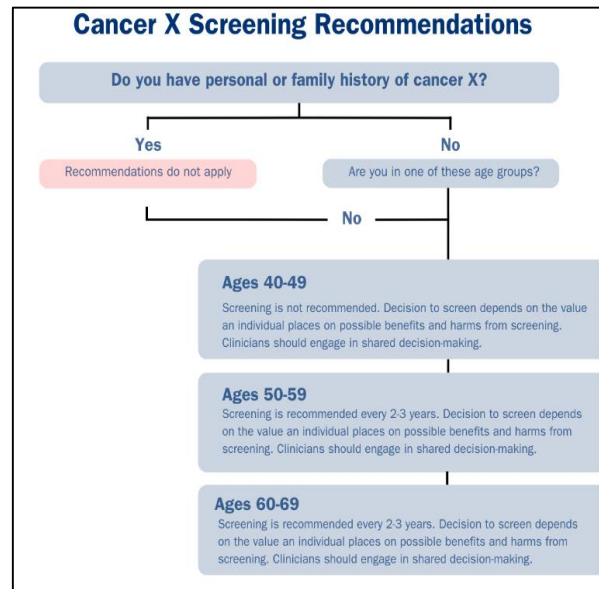
1

Text-based infographics



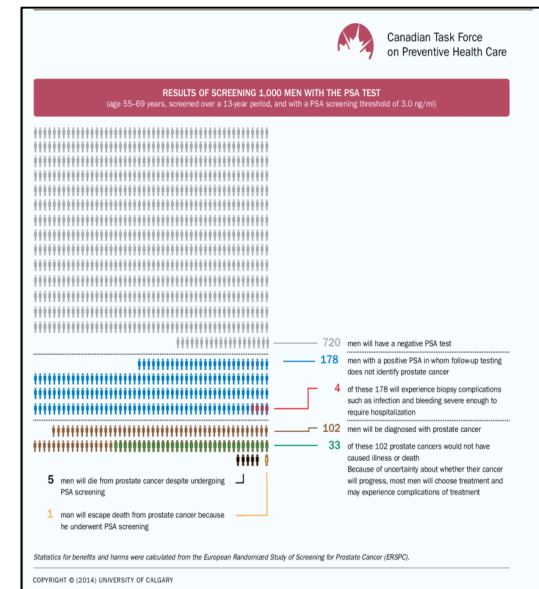
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Recommendations Decision Tree



3

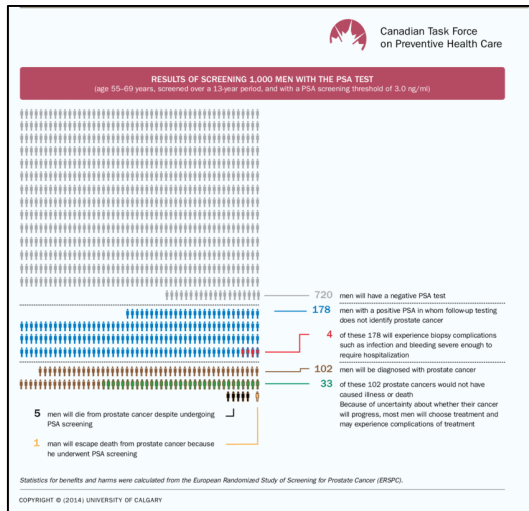
1000 Person Tool



Tool Preferences Survey - Top 3 most useful visual messages

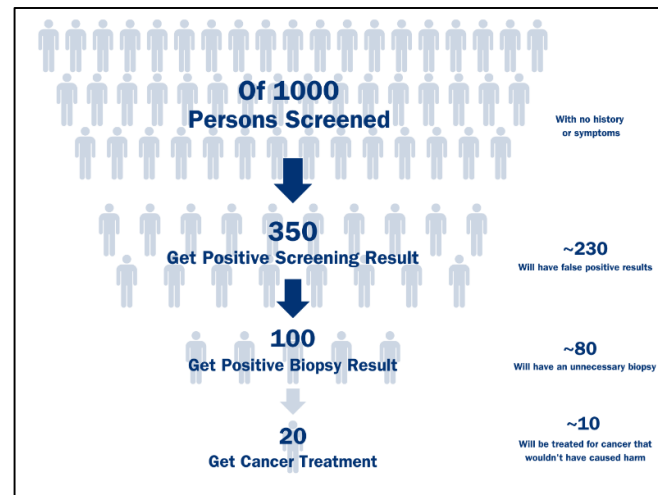
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1000 Person Tool



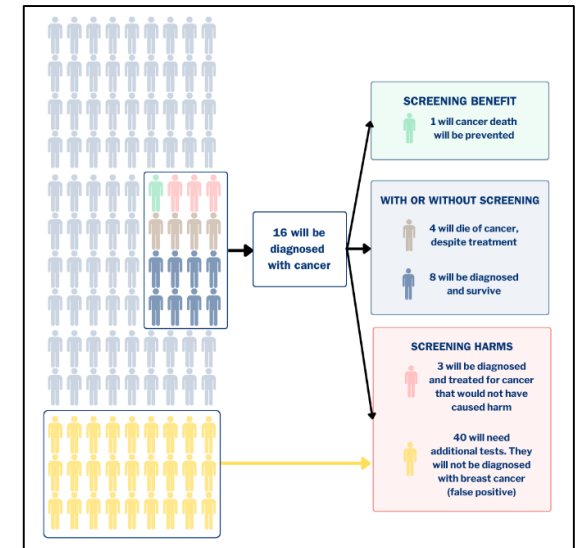
2

People Pyramid



3

Harms and Benefits



Tool Preferences Survey – Dissemination Preferences

1. Mailing list
2. Video
3. Posters displayed in public settings
4. Social Media (Facebook, twitter)
5. Podcast
6. Newspapers
7. Livestream
8. Blog
9. Radio

Note: across all survey questions, there was no major difference between public and clinician responses. The only difference was in preference for podcasts for clinicians vs. videos for the public.

Tool Preferences Survey - Key takeaways

- Top 3 formats to receive information about cancer screening recommendations: FAQ, text-based infographic, recommendations decision tree
- Top 3 types of tools most useful for cancer screening: text-based infographic, recommendations decision tree, 1000 person tool
- Top 3 visual messages: 1000 person tool, people pyramid, harms and benefits
- Top 3 communication channels: mailing list, video, posters displayed in public settings

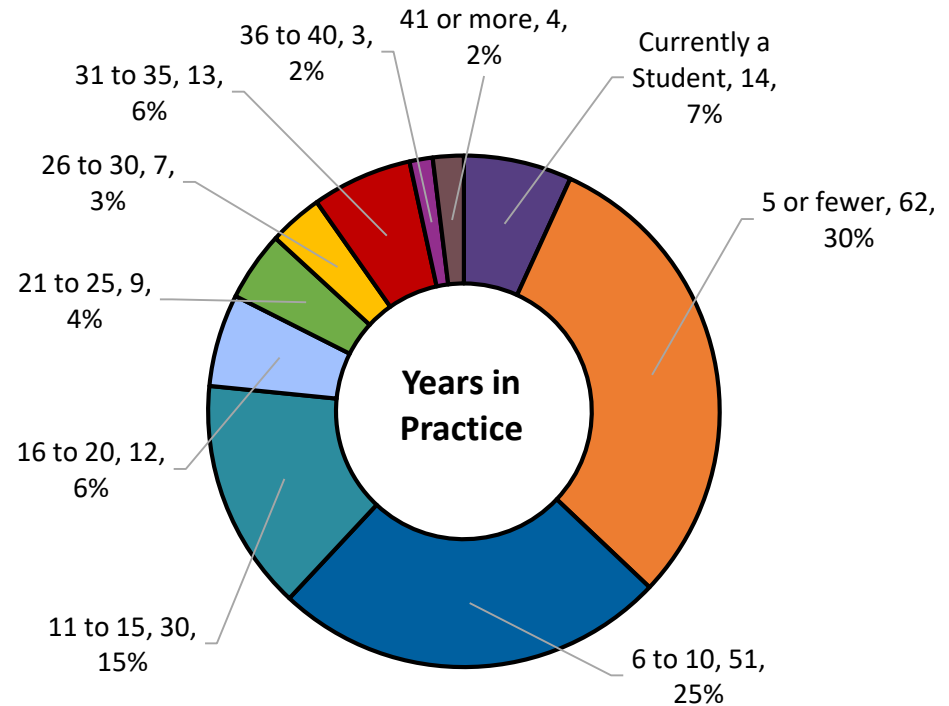
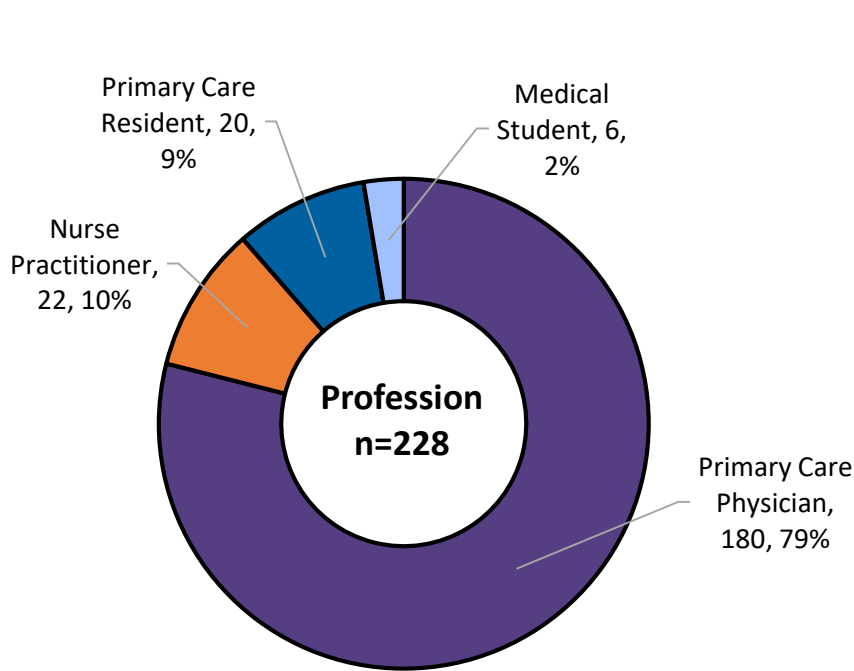


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Survey Results



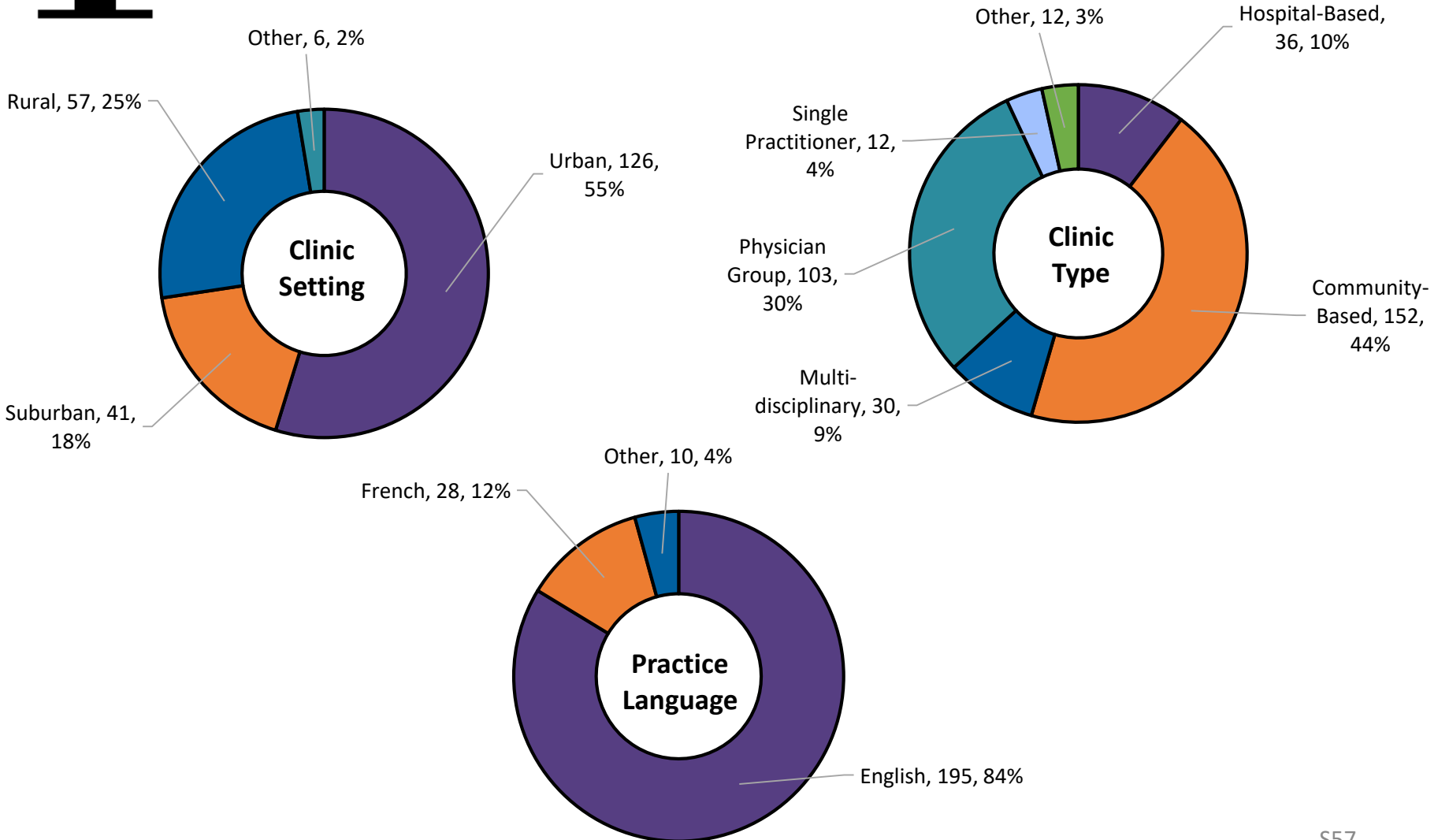
Participant demographics (N = 205)



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.

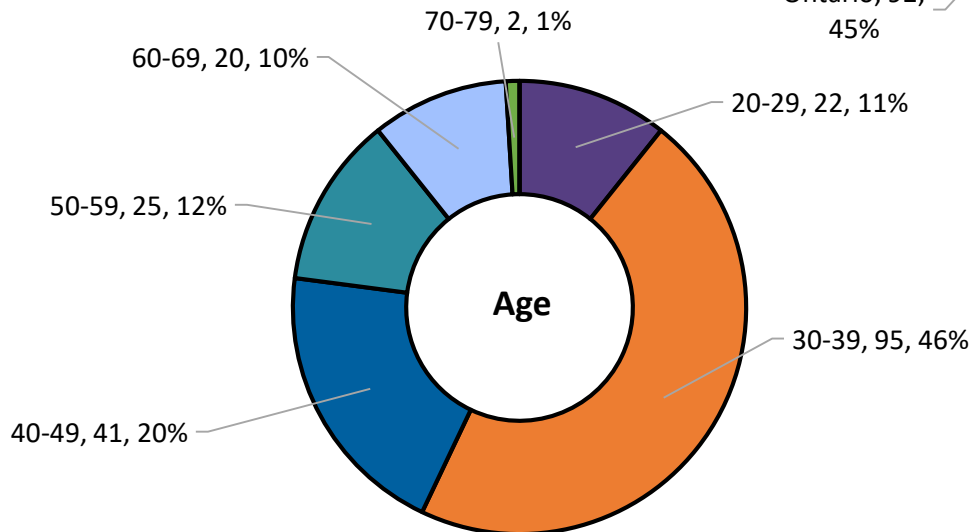
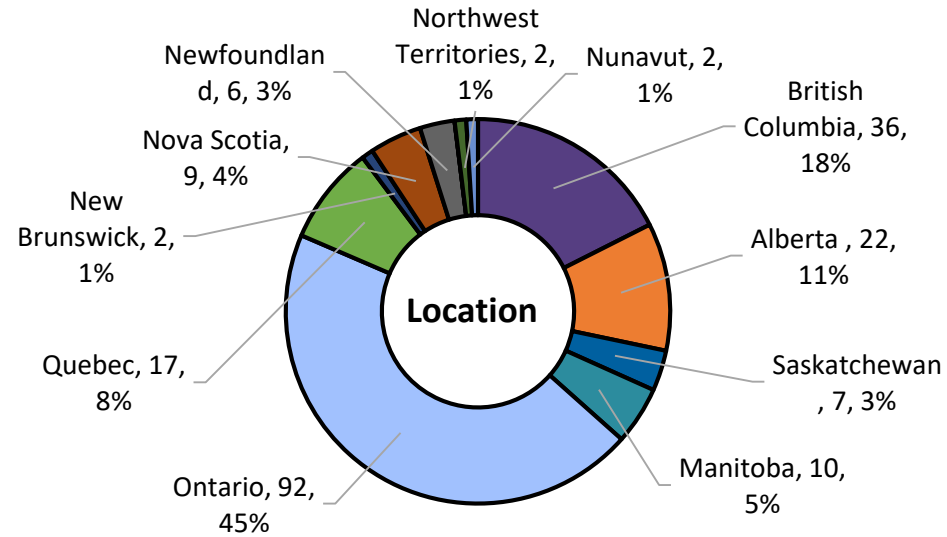
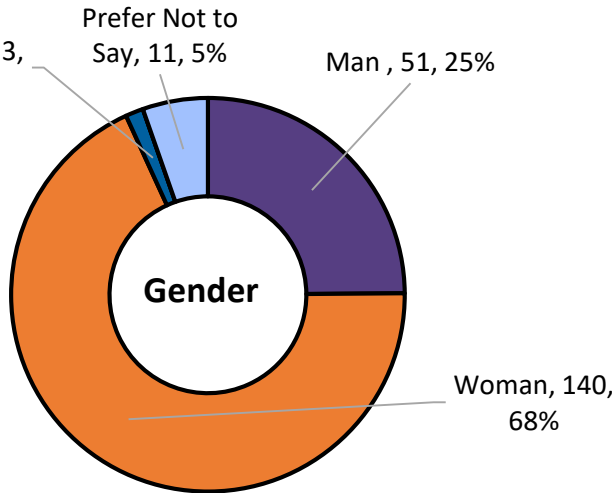


Participant demographics (N = 205)



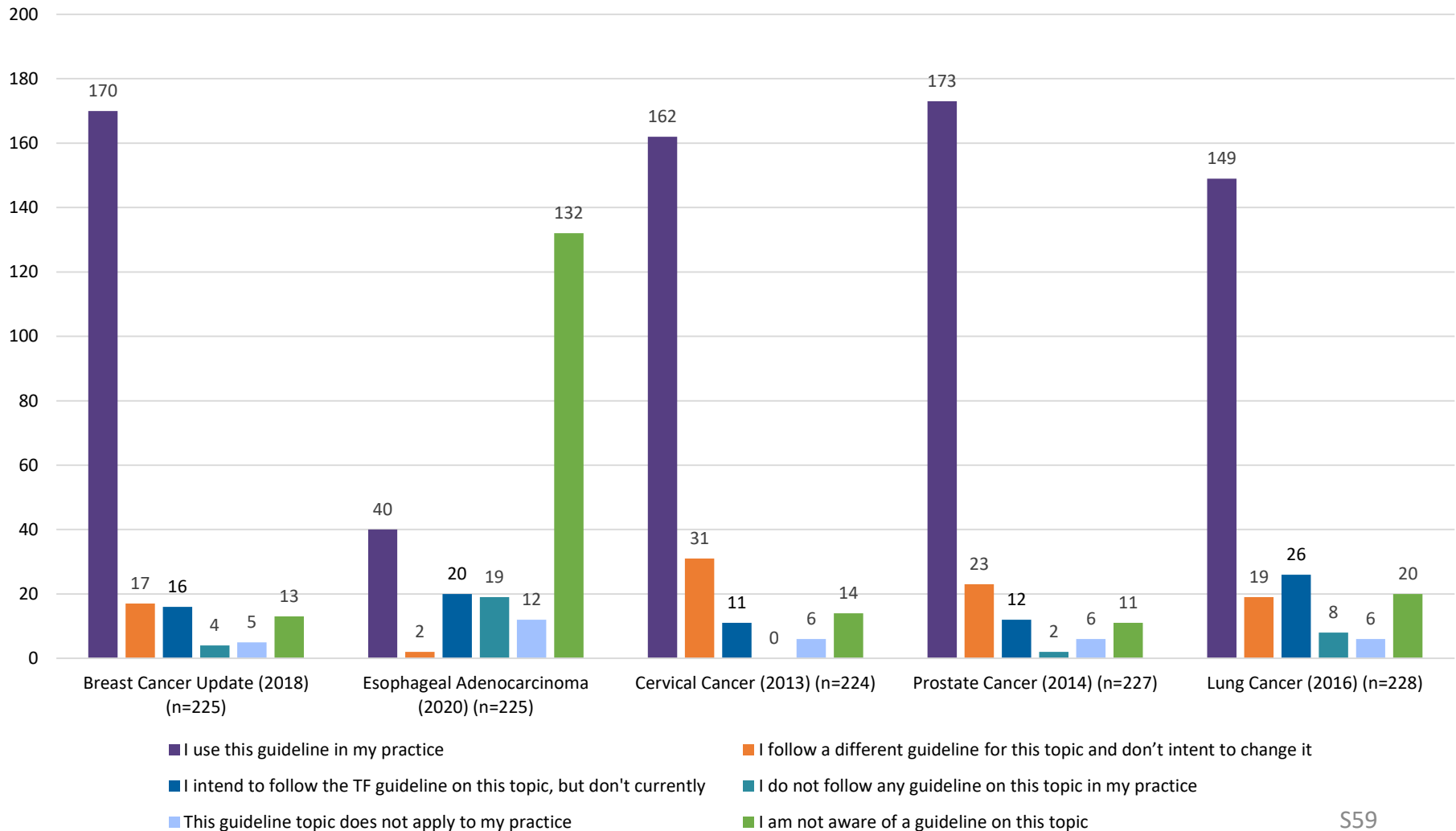


Participant demographics (N = 205)



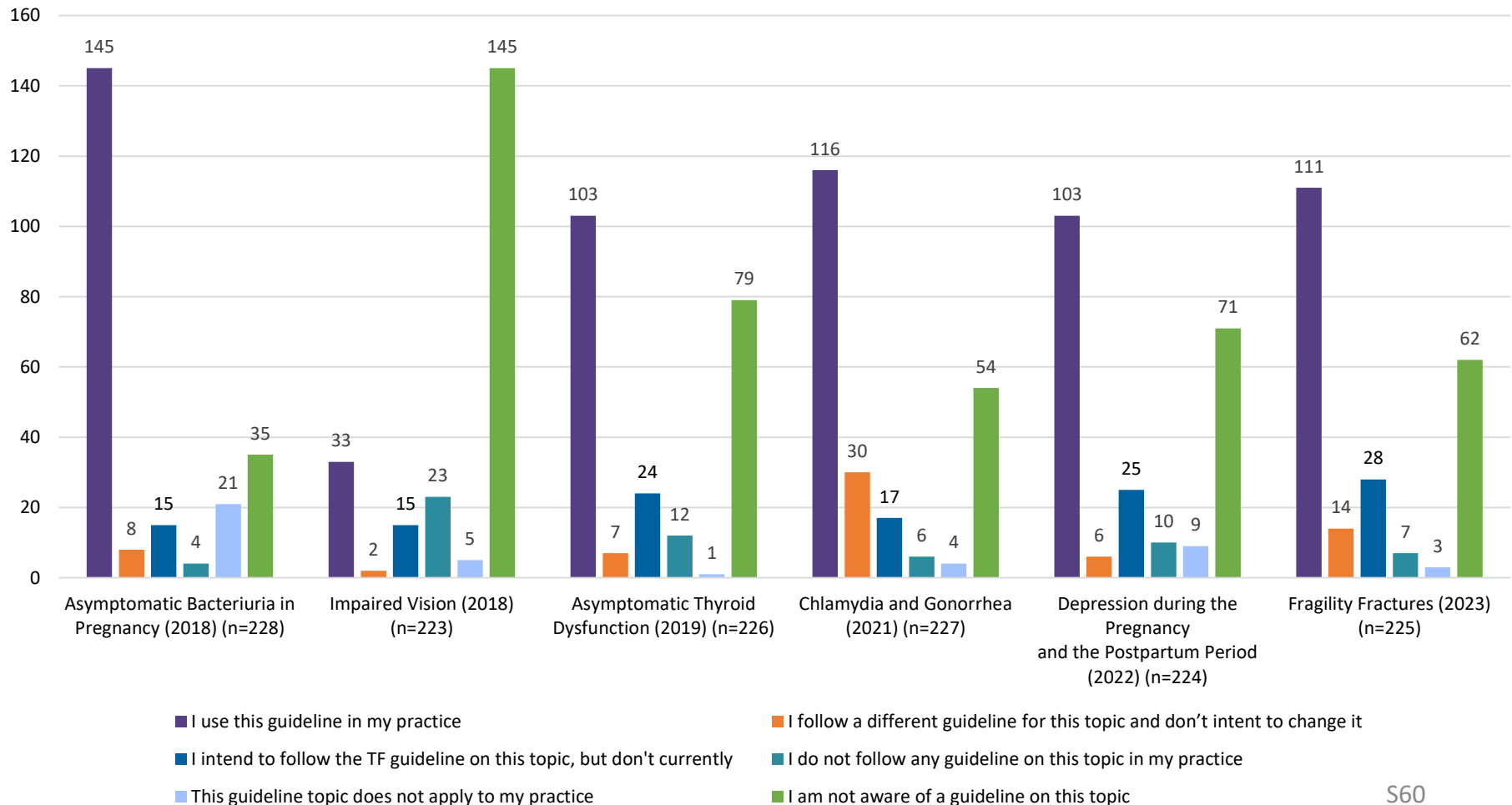
Use of Task Force Guidelines – Cancer Guidelines

Reported Use of Cancer Guidelines



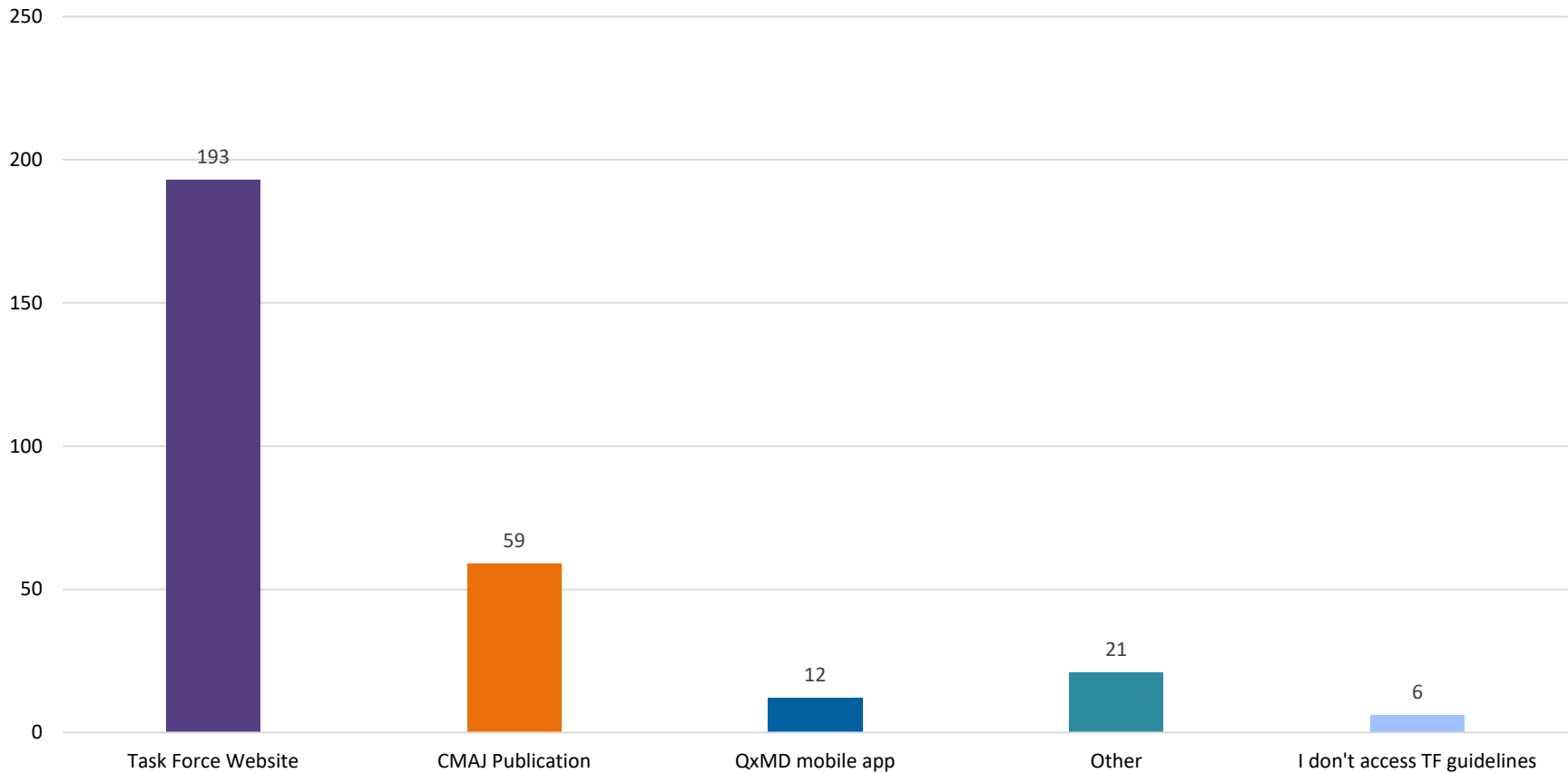
Use of Task Force Guidelines – Other Guidelines Published in the Last 5 Years

Reported Use of Recently Published Non-Cancer Guidelines



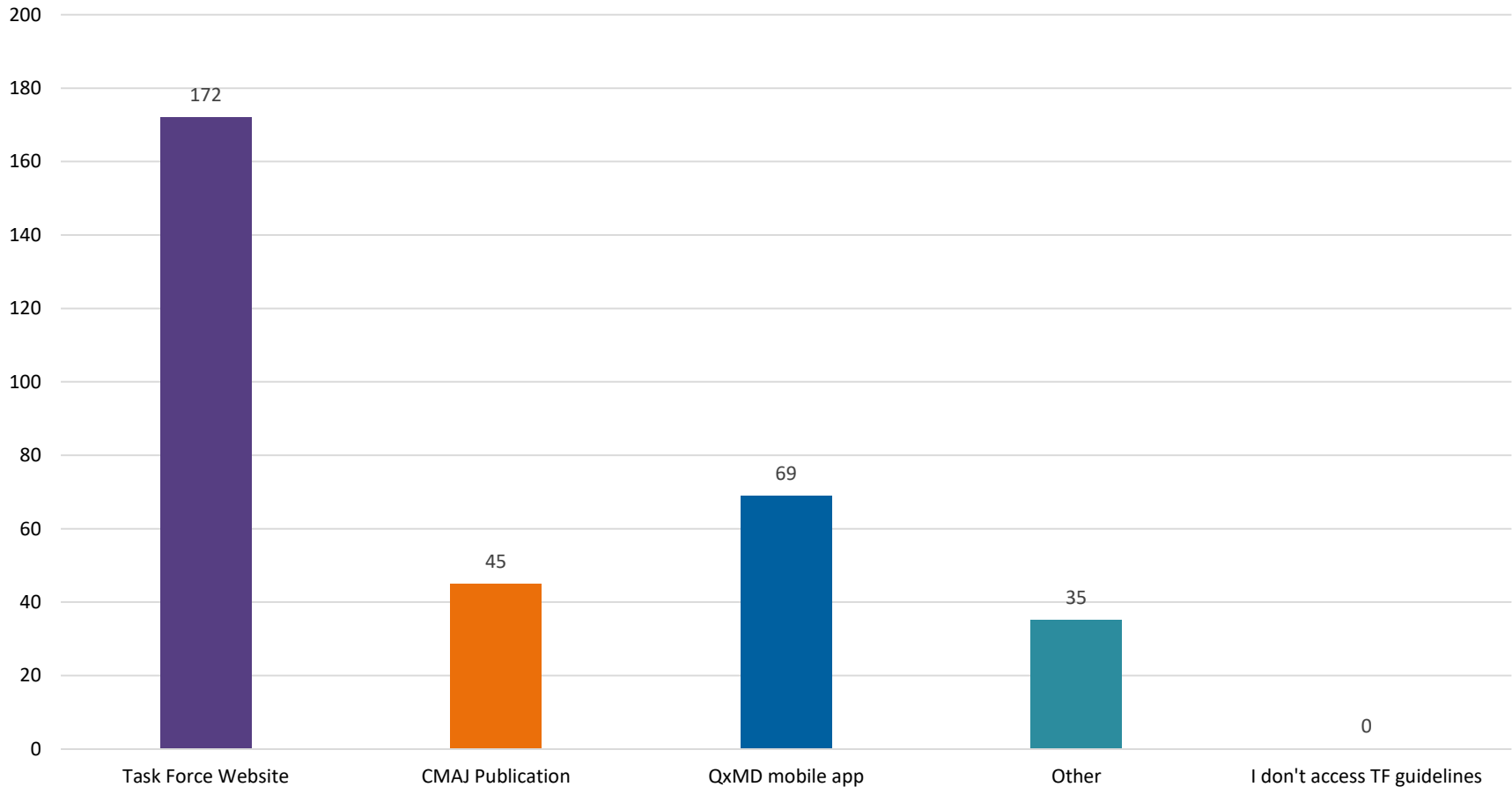
Guideline Dissemination

Current Reported Guideline Access Methods (n=221)



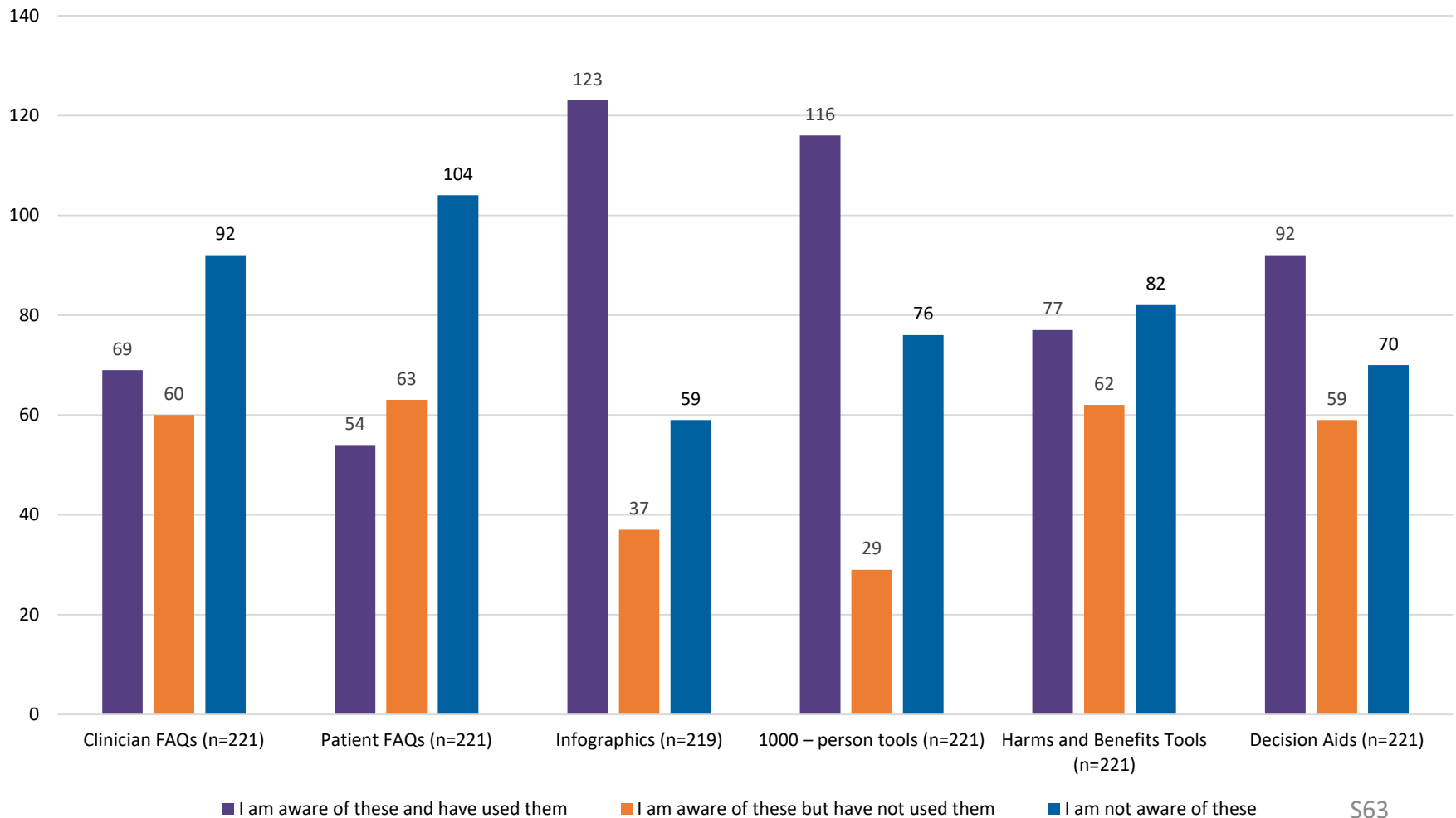
Guideline Dissemination

Preferred Guideline Access Methods (n=221)



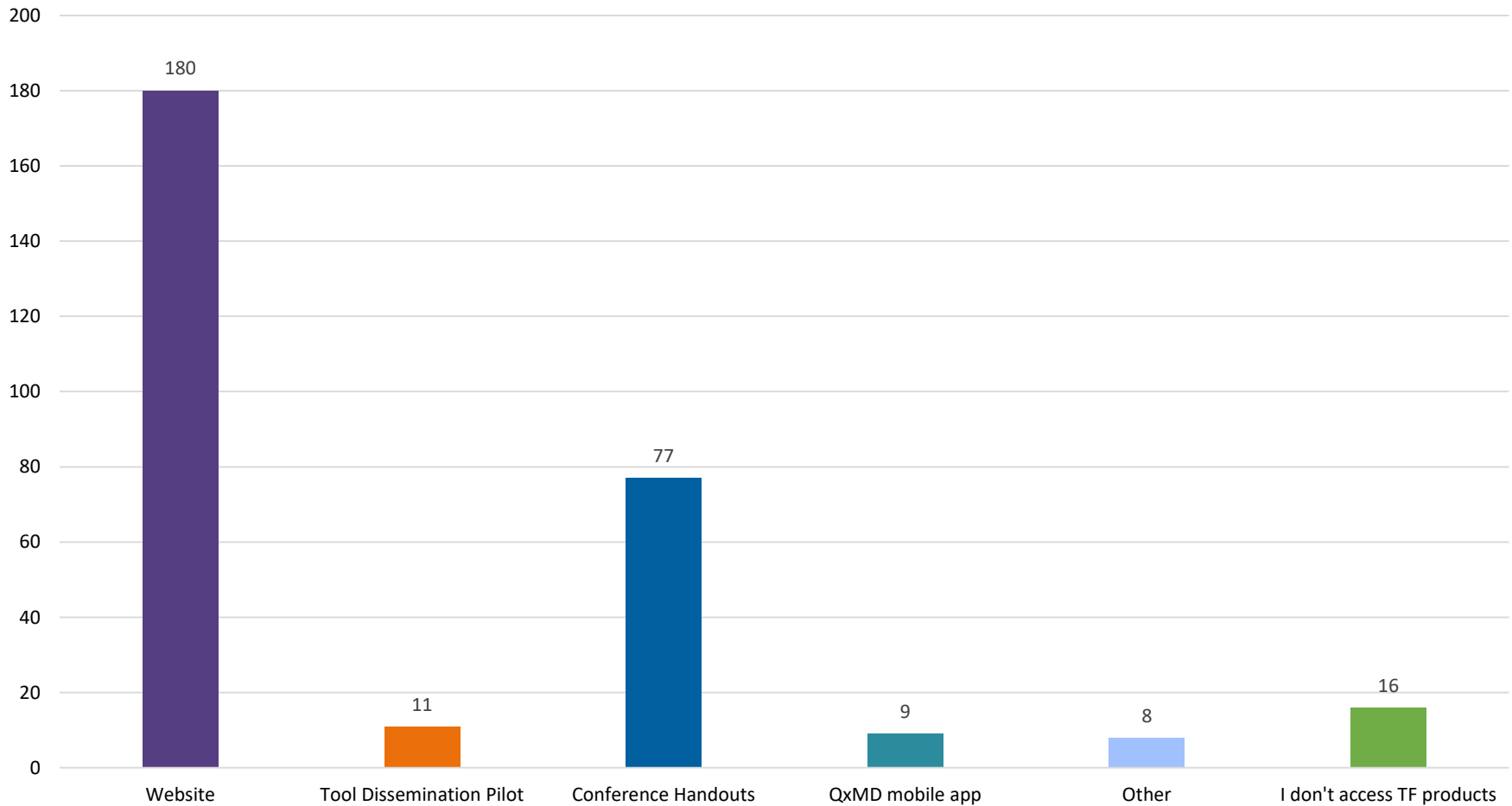
Tool Dissemination

Reported Awareness and Use of Tools



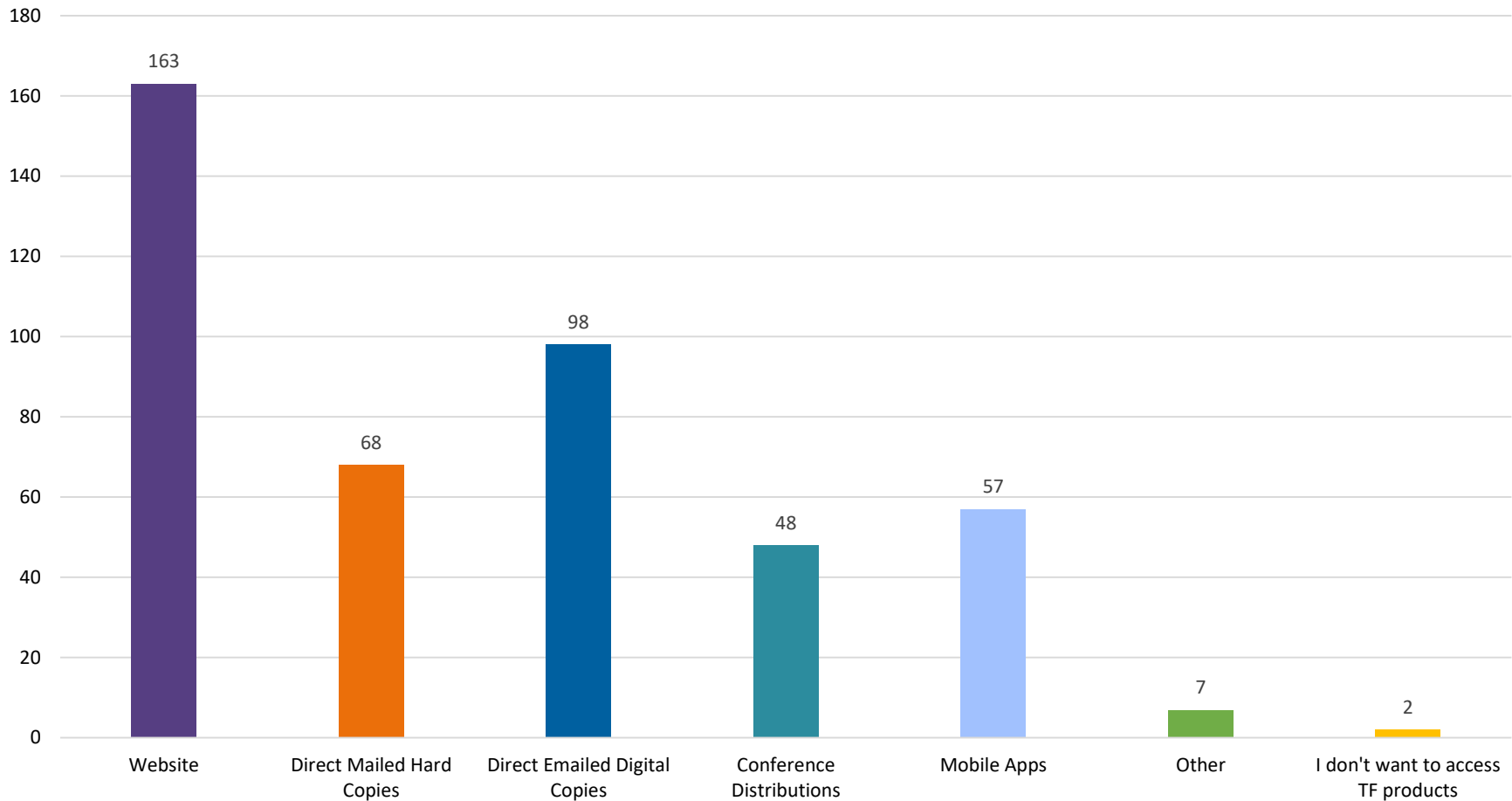
Tool Dissemination

Current Reported Tool Access Methods (n=219)



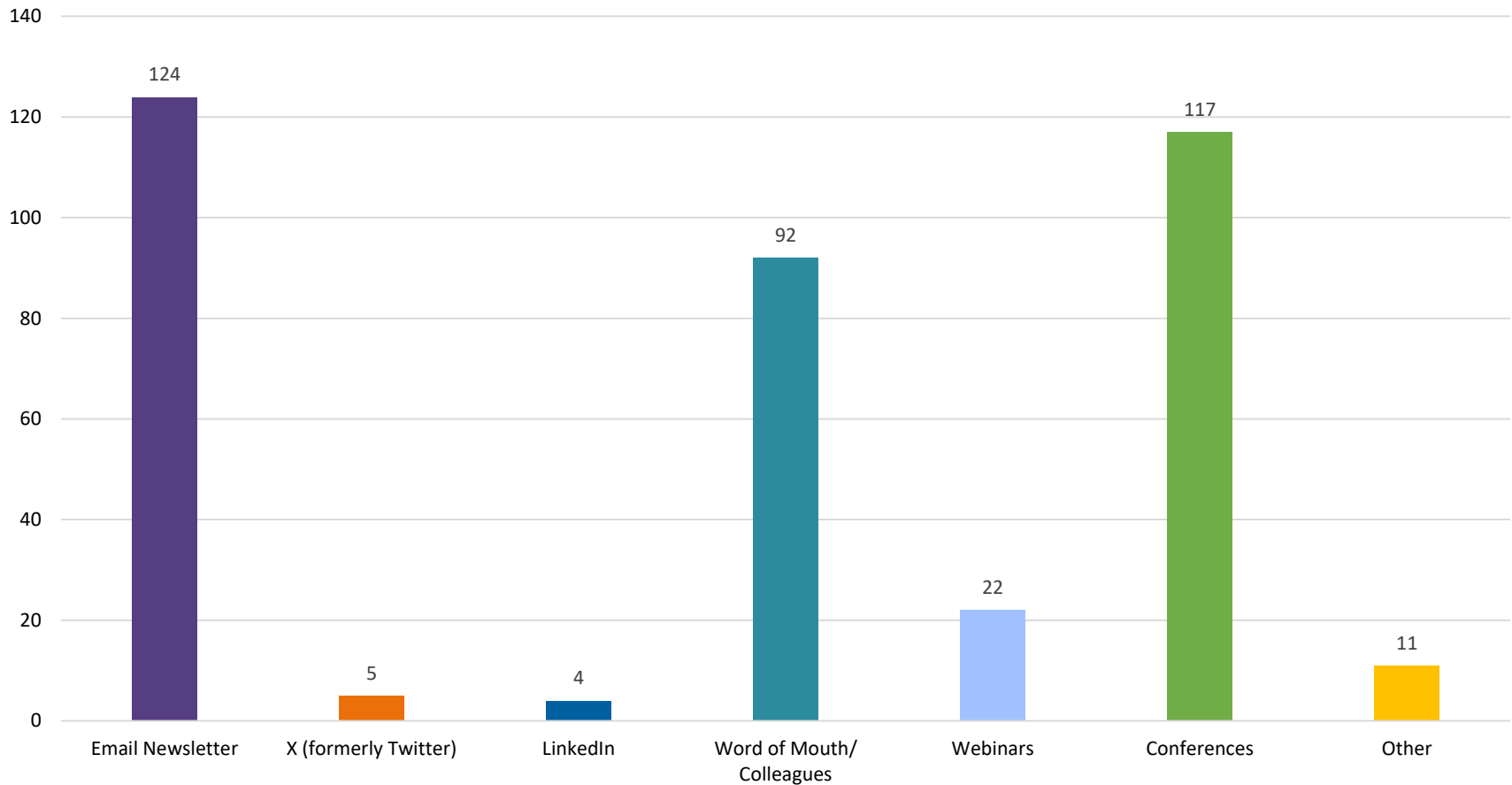
Tool Dissemination

Preferred Tool Access Methods (n=219)



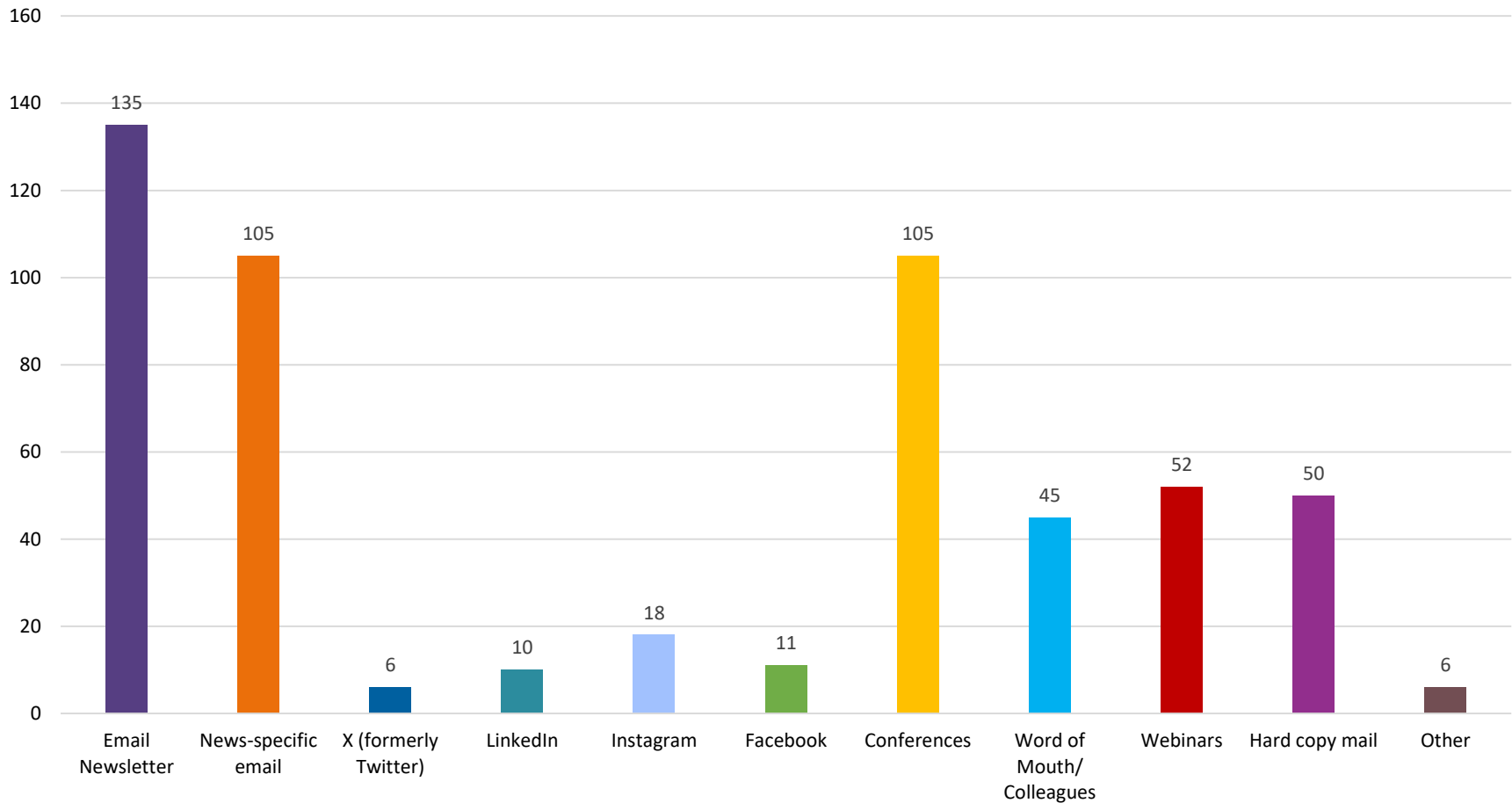
Communication Preferences

Current Reported Use of TF Communication Methods (n=203)



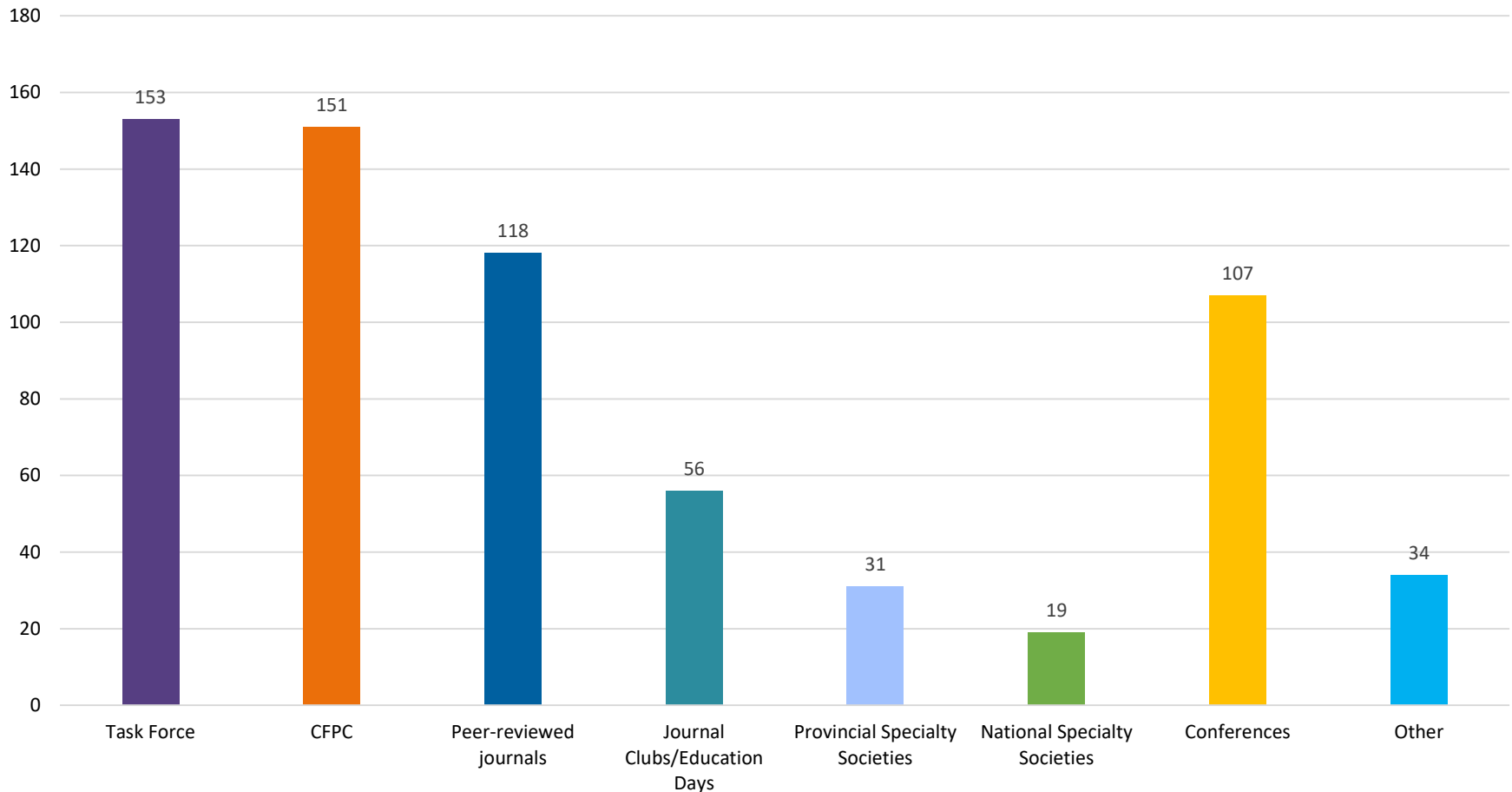
Communication Preferences

Preferred Methods for TF Communications (n=217)



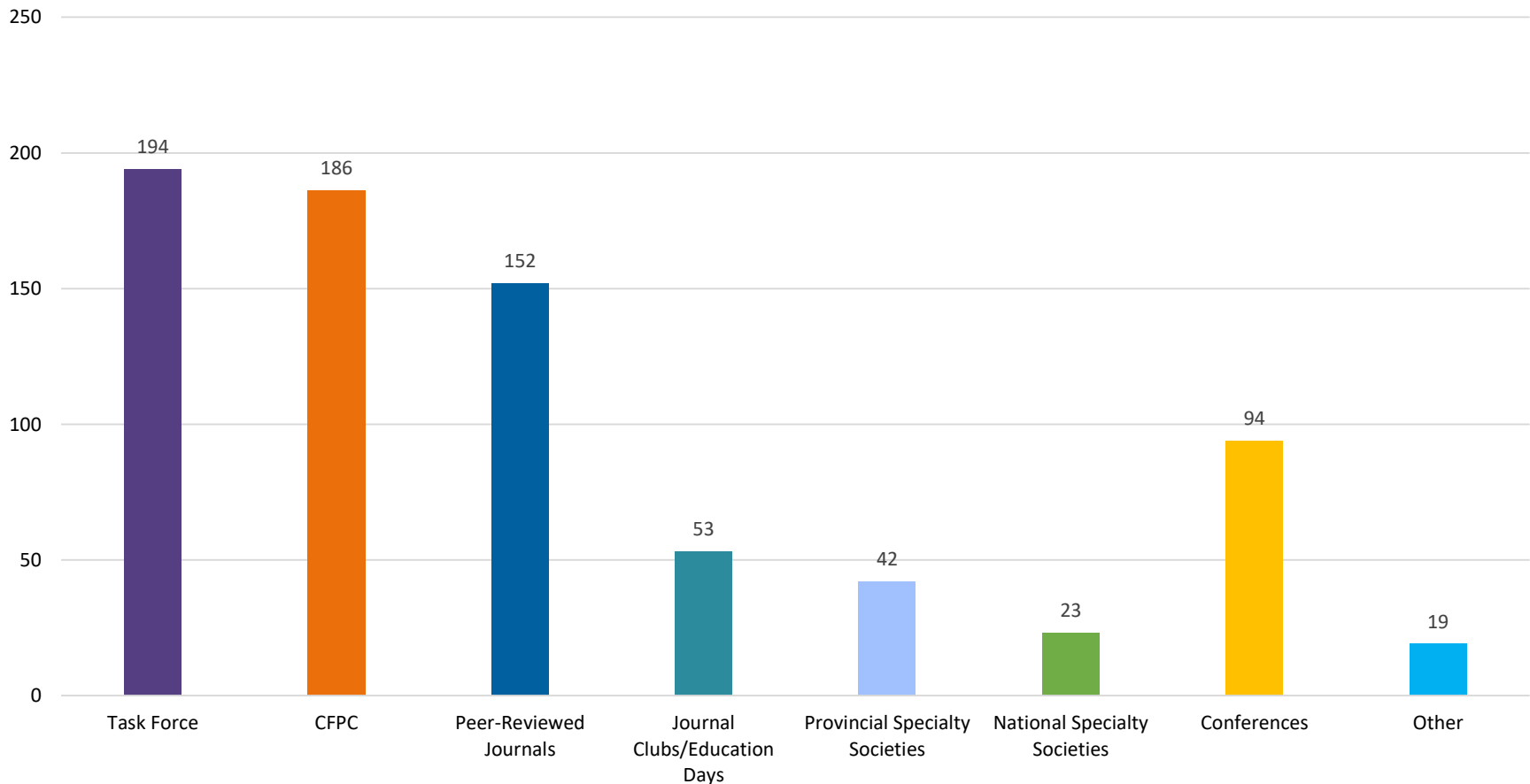
Information Seeking Preferences

Reported Sources of Information for Primary Care Updates (n=215)



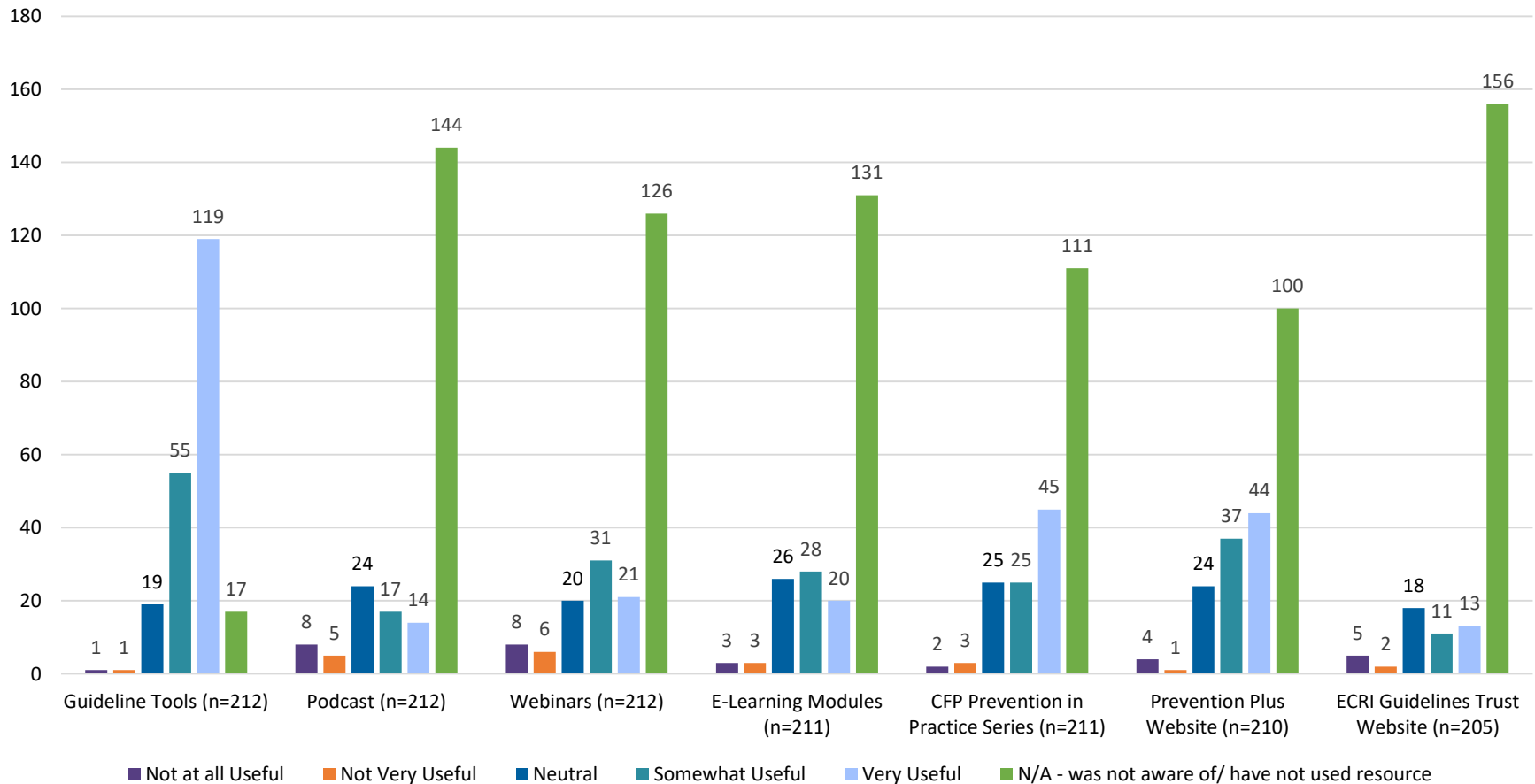
Information Seeking Preferences

Trusted Sources of Information about Primary Care Practice (n=215)



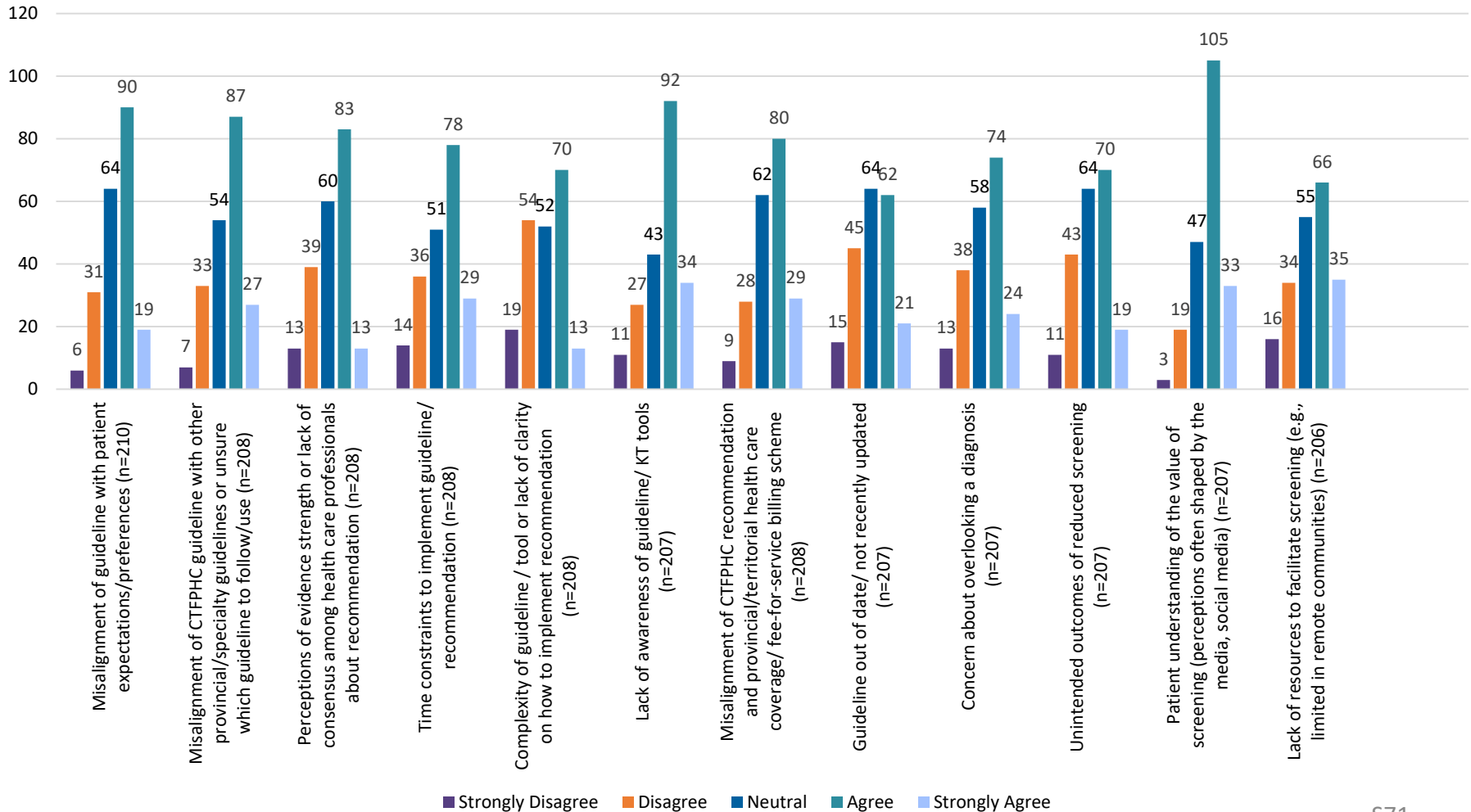
Resource Usefulness

Reported Usefulness of Task Force Resources



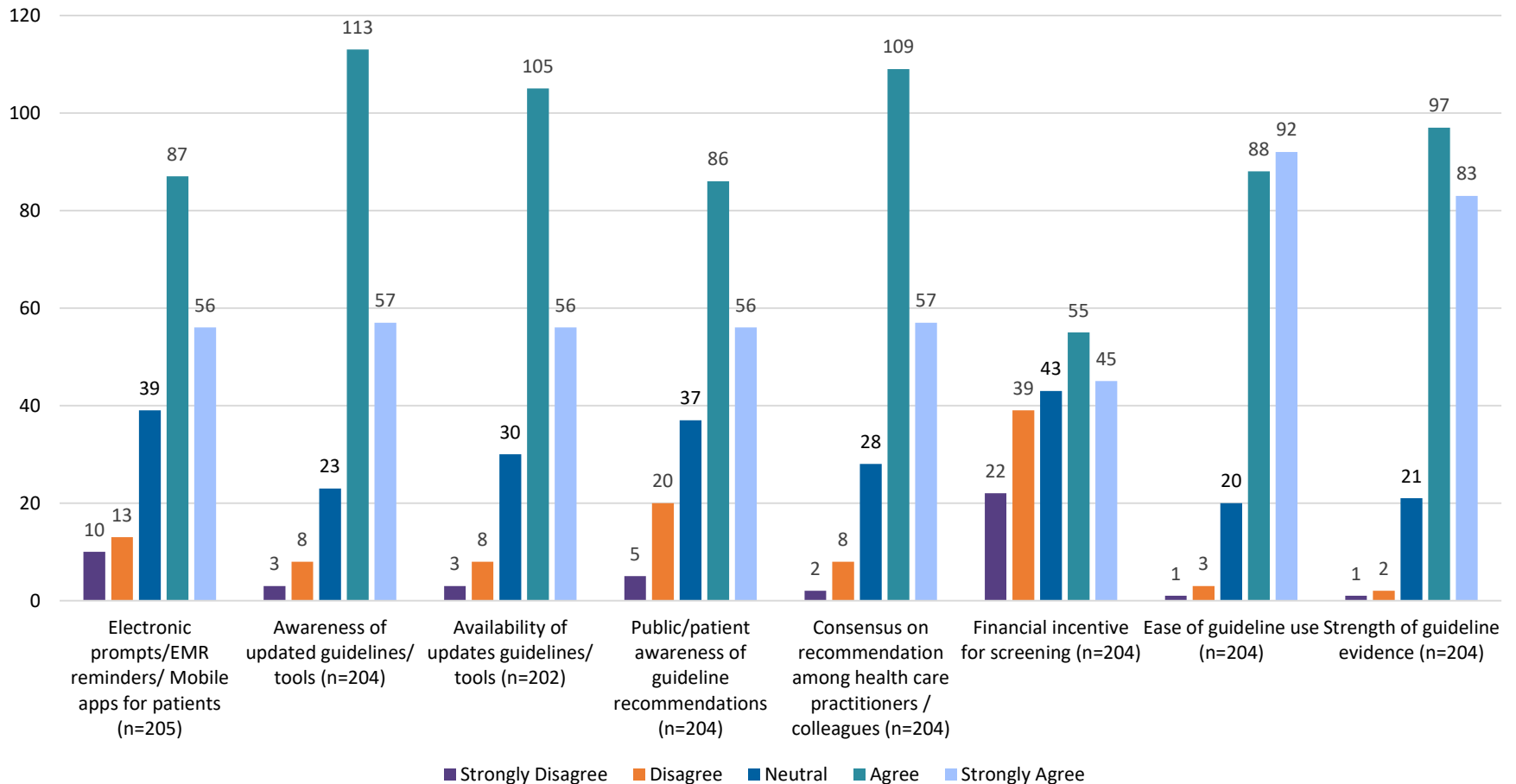
Barriers to Guideline Use

Barriers to Use of Task Force Guidelines



Facilitators to Guideline Use

Facilitators to Guideline Use



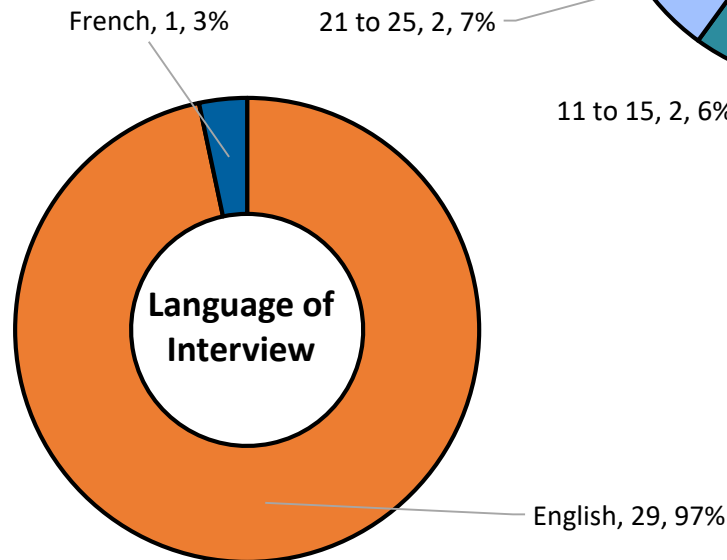
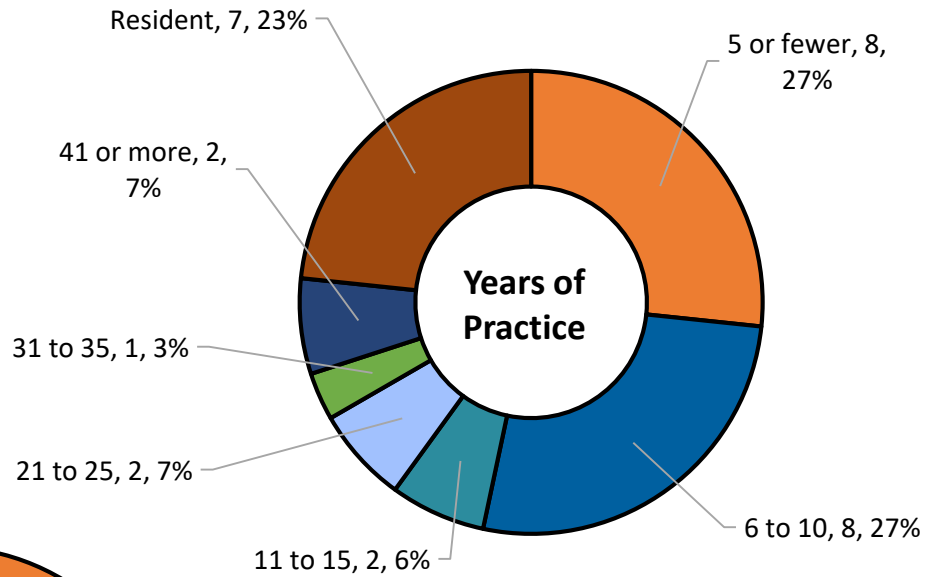
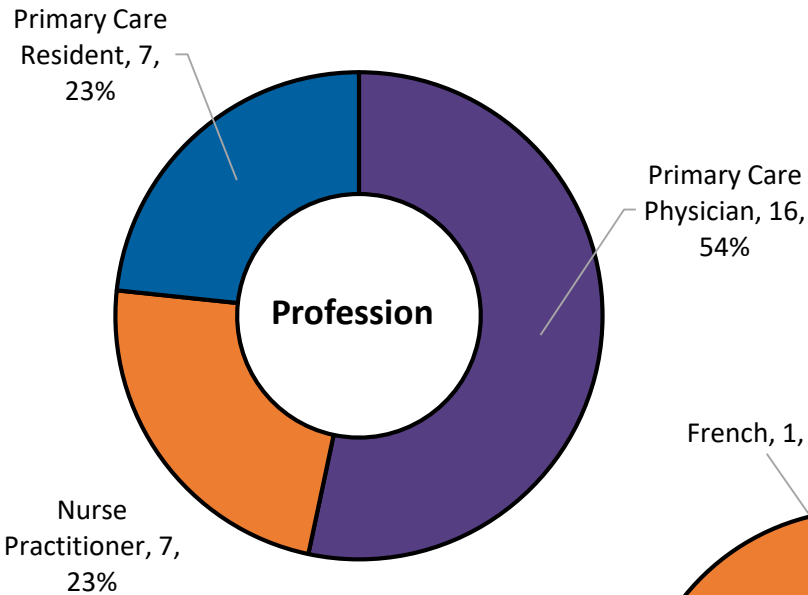


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Interview Demographics

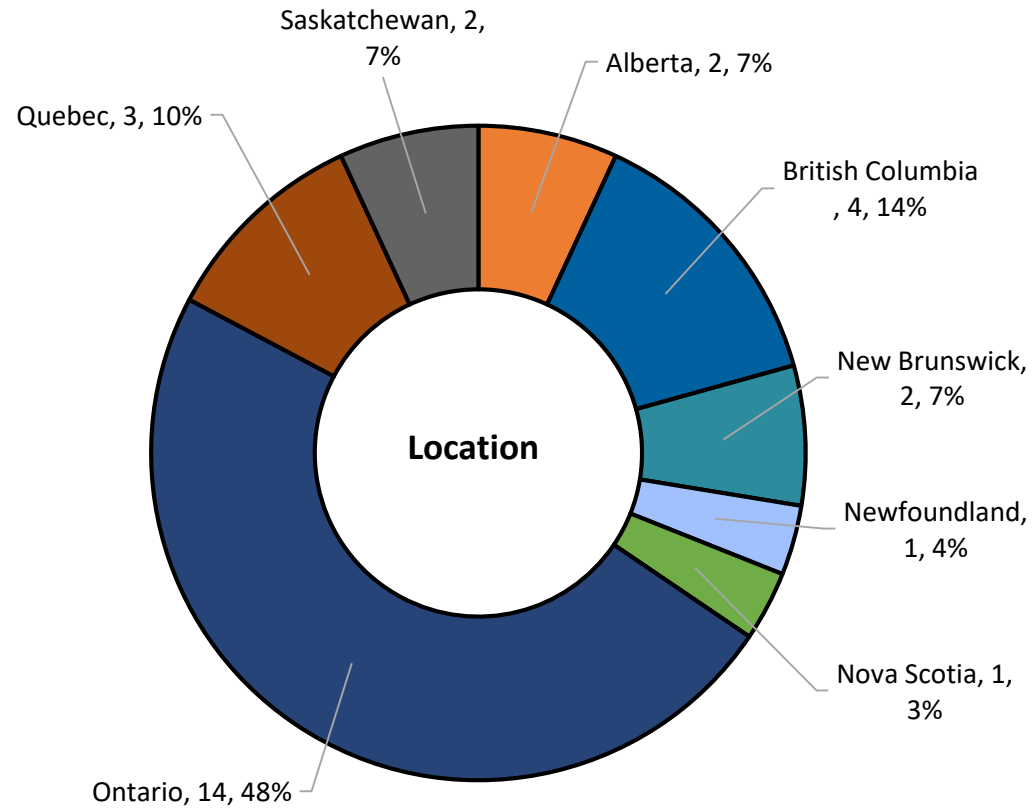
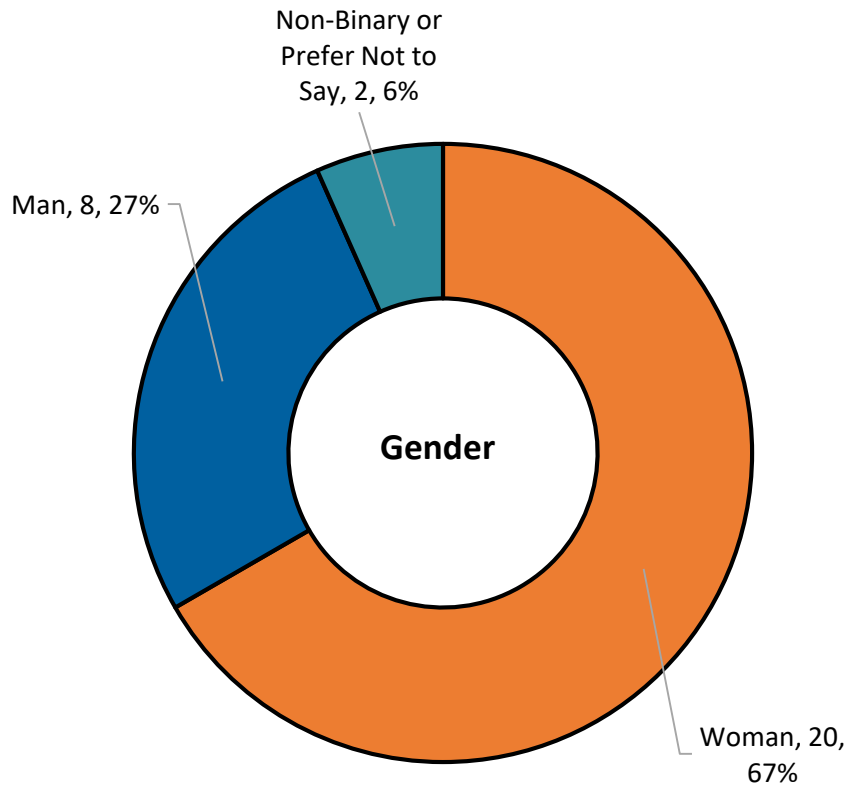


Participant demographics (N = 30)





Participant demographics (N = 30)





Appendices

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 primary profession/ role?

- Primary care physician (1)
 - Nurse practitioner (2)
 - Primary care resident (4)
 - Nurse practitioner student (6)
 - Medical student (5)
 - Other, please specify: (8)
-

Skip To: Q5 If What is your primary profession/ role? = Other, please specify:

Page Break

Q3 Please review the Task Force [conflict of interest policy](#). Do you 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 Please review the Task Force conflict of interest policy. Do you have conflicts of interest relat... = Yes



Page Break

Q4 Are you practicing primary care or training in Canada?

- Yes (1)
- No (2)

Skip To: Q5 If Are you practicing primary care or training in Canada? = No

Skip To: End of Block If Are you practicing primary care or training 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... 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 2023 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 or trainee 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.

Q7 Do you consent to participate in the Task Force 2023 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 2023 annual evaluation survey? = I do not consent to participate in the annual evaluation survey

End of Block: Letter of Information

Start of Block: Guidelines

Q8 Please select the phrase that best reflects your use of Task Force Guidelines.



| | I use this guideline in my practice (1) | I follow a different guideline for this topic and don't intend to change it (2) | I intend to follow the TF guideline on this topic, but don't currently (3) | I do not follow any guideline on this topic in my practice (4) | This guideline topic does not apply to my practice (5) | I am not aware of a guideline on this topic (6) |
|---|---|---|--|--|--|---|
| Asymptomatic Bacteriuria in Pregnancy (2018) (15) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Breast Cancer Update (2018) (16) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Impaired Vision (2018) (17) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Asymptomatic Thyroid Dysfunction (2019) (18) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Esophageal Adenocarcinoma (2020) (19) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chlamydia and Gonorrhea (2021) (20) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Depression During the Pregnancy and the Postpartum Period (2022) (21) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fragility Fractures (2023) (22) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cervical Cancer (2013) (23) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prostate Cancer (2014) (24) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Lung Cancer
(2016) (25)

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Asymptomatic Bacteriuria in Pregnancy (2018) [I follow a different guideline for this topic and don't intend to change it]

Q8A Please specify the guideline you use for asymptomatic bacteriuria in pregnancy:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Breast Cancer Update (2018) [I follow a different guideline for this topic and don't intend to change it]

Q8B Please specify the guideline you use for breast cancer:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Impaired Vision (2018) [I follow a different guideline for this topic and don't intend to change it]



Q214 Please specify the guideline you use for impaired vision:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Asymptomatic Thyroid Dysfunction (2019) [I follow a different guideline for this topic and don't intend to change it]

Q8C Please specify the guideline you use for asymptomatic thyroid dysfunction:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Esophageal Adenocarcinoma (2020) [I follow a different guideline for this topic and don't intend to change it]

Q8D Please specify the guideline you use for esophageal adenocarcinoma:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Chlamydia and Gonorrhoea (2021) [I follow a different guideline for this topic and don't intend to change it]



Q8E Please specify the guideline you use for chlamydia and gonorrhea:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Depression During the Pregnancy and the Postpartum Period (2022) [I follow a different guideline for this topic and don't intend to change it]

Q8F Please specify the guideline you use for depression during the pregnancy and the postpartum period:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Fragility Fractures (2023) [I follow a different guideline for this topic and don't intend to change it]

Q8G Please specify the guideline you use for fragility fractures:

Page Break



Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Cervical Cancer (2013) [I follow a different guideline for this topic and don't intend to change it]

Q8H Please specify the guideline you use for cervical cancer:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Prostate Cancer (2014) [I follow a different guideline for this topic and don't intend to change it]

Q8I Please specify the guideline you use for prostate cancer:

Page Break

Display This Question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Lung Cancer (2016) [I follow a different guideline for this topic and don't intend to change it]

Q8J Please specify the guideline you use for lung cancer:

Page Break



End of Block: Guidelines

Start of Block: Tools

Q9 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.

| | I am not aware of these (1) | I am aware of these but have not used them (2) | I am aware of these and have used them (4) |
|------------------------------|-----------------------------|--|--|
| Clinician FAQs (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient FAQs (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Infographics (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1000-Person tools (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Harms and Benefits tools (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Decision Aids (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



Q10 How do you currently access the Task Force guidelines?

Task Force website (1)

CMAJ Publication (2)

QxMD mobile app (3)

Other (please specify): (4)

do not access the Task Force guidelines (5)

Page Break

Q11 How would you prefer to access the Task Force guidelines?

Task Force website (1)

CMAJ Publication (2)

QxMD mobile app (3)

Other (please specify): (4)

do not want to access the Task Force guidelines (5)

Page Break



Q12 How do you currently access Task Force products (e.g., guideline tools)? Select all that apply.

- Task Force website (1)
 - Task Force Tool Dissemination Pilot (2)
 - Conference handouts (3)
 - QxMD mobile app (4)
 - Other (please specify): (5)
-
- do not access Task Force products (6)

Page Break

Q13 How would you prefer to access Task Force products in the future?

- Task Force website (1)
 - Direct mailed hard copies (2)
 - Direct emailed digital copies (3)
 - Conference distributions (4)
 - Mobile app(s) (please specify): (5)
-
- Other (please specify): (6)
-
- do not want to access Task Force tools and resources (7)



End of Block: Tools

Start of Block: Communication

Q14 How do you currently hear about new Task Force guidelines, resources and participation opportunities?

- Email newsletter (1)
 - X (formerly Twitter) (2)
 - LinkedIn (3)
 - Word of mouth/ colleague (4)
 - Webinars (5)
 - Conferences (6)
 - None of the above (7)
 - Other (please specify): (8)
-

Page Break



Q15 How would you prefer to hear about new Task Force guidelines, resources and participation opportunities?

- Email newsletter (1)
 - News-specific email (e.g., to announce a new guideline release) (2)
 - X (formerly Twitter) (3)
 - LinkedIn (4)
 - Instagram (5)
 - Facebook (6)
 - Conferences (7)
 - Word of mouth/ colleague (8)
 - Webinars (9)
 - Hard copy mail (10)
 - Other (please specify): (11)
-

Page Break



Q16 Where do you usually look for information and updates about current primary care practice?

- Canadian Task Force on Preventive Healthcare (1)
- College of Family Physicians of Canada (2)
- Peer-reviewed journals (e.g., Canadian Medical Association Journal) (3)
- Journal Clubs / Education Days (4)
- Provincial specialty societies (please specify): (5)

- National specialty societies (please specify): (6)

- Conferences (7)
- Other (please specify): (8)

- None of the above (9)

Page Break



Q17 Which organizations do you trust to provide you with information about current primary care research and practice?

- Canadian Task Force on Preventive Healthcare (1)
- College of Family Physicians of Canada (2)
- Peer-reviewed journals (e.g., Canadian Medical Association Journal) (3)
- Journal Clubs / Education Days (4)
- Provincial specialty societies (please specify): (5)

- National specialty societies (please specify): (6)

- Conferences (7)
- Other (please specify): (8)

- None of the above (9)

End of Block: Communication

Start of Block: Barriers and Facilitators



Q18 How useful do you find currently available Task Force resources for supporting you in implementing Task Force guidelines?

| | 1 - Not at all useful (1) | 2 - Not very useful (2) | 3 - Neutral (3) | 4 - Somewhat useful (4) | 5 - Very useful (5) | N/A - I was not aware of/ have not used this resource (6) |
|---------------------------------------|---------------------------|-------------------------|-----------------------|-------------------------|-----------------------|---|
| Guideline tools (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Podcast (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Webinars (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E-learning modules (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| CFP Prevention in Practice Series (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prevention+ website (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ECRI Guidelines Trust website (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

Q19 15. What other factors or resources would be helpful to you when implementing Task Force guidelines in your practice?





Q20 Please indicate your level of agreement with the following statements.

Q21 The [statement] is a barrier to following Task Force recommendations in my practice:



| | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
|---|---------------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Misalignment of guideline with patient expectations/preferences (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Misalignment of Task Force guideline with other provincial/specialty guidelines or unsure which guideline to follow/use (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Perceptions of evidence strength or lack of consensus among health care professionals about recommendation (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Time constraints to implement guideline/ recommendation (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Complexity of guideline / tool or lack of clarity on how to implement recommendation (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of awareness of guideline/ KT tools (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Misalignment of Task Force recommendation and provincial/territorial health care coverage/ fee-for-service billing scheme (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Guideline out of date/ not recently updated (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Concern about overlooking a diagnosis (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Unintended outcomes of reduced screening (11) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Patient understanding of the value of screening (perceptions often shaped by the media, social media) (13)

Lack of resources to facilitate screening (e.g., limited in remote communities) (14)

Q22 Please specify if you experienced other barriers to following Task Force recommendations in your practice.

Page Break

Q23 Please indicate your level of agreement with the following statements.



Q24 The [statement] is a facilitator to following Task Force recommendations in my practice:

| | 1 - Strongly disagree (1) | 2 - Disagree (2) | 3 - Neutral (3) | 4 - Agree (4) | 5 - Strongly agree (5) |
|--|---------------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Electronic prompts/EMR reminders/ Mobile apps for patients (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Awareness of updated guidelines/ KT tools (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability of updates guidelines/ KT tools (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Public/patient awareness of guideline recommendations (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Consensus on recommendation among health care practitioners / colleagues (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial incentive for screening (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ease of guideline use (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Strength of guideline evidence (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Q25 Please specify if you experienced other facilitators to following Task Force recommendations in your practice.

Page Break

End of Block: Barriers and Facilitators

Start of Block: Demographics

Q26 Did you take part in any Task Force activities in 2023? Select all that apply.

- Feedback session on a draft tool (e.g., usability testing) (1)
- 2022 Annual Evaluation Survey (2)
- 2022 Annual Evaluation Interview (3)
- Guideline Webinar - Fragility Fractures (4)
- Clinical Prevention Leaders Network Sessions (5)
- Breast Cancer public evidence submissions (6)



Q27 What is your gender?

- Man (1)
 - Woman (2)
 - Non-binary (3)
 - Prefer to self-describe: (4)
-

- Prefer not to say (5)
-



Q28 In which province or territory do you practice the majority of the time?

- 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)
-



Q29 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)
-



Q30 How many years have you been practicing?

- Currently a student (10)
 - 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)
-

Q31 What is your clinical setting? Select all that apply.

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



Q32 What language do you primarily practice in (select all that apply)?

- English (4)
 - French (5)
 - Other (please specify): (10)
-

Q33 What is your clinic type?

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



Q34 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)
 - Email (2)
 - Friend/colleague (6)
 - Other (please describe): (4)
-

End of Block: Demographics

Start of Block: Next Steps

Q35 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 still 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



Q36 Would you like to be entered into the draw to win an iPad (9th generation)? The winner will be drawn randomly in Spring 2024. Your contact information will be kept confidential and will not be linked to your survey answers.

- Yes (1)
- No (2)

Page Break

Q37 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 about... = Yes, I will participate in an interview

Q38 Thank you for completing the survey and agreeing to a follow-up interview! Please [click here](#) to provide your contact information so that we can contact you to schedule an interview. Your contact information will be kept confidential.



Page Break

Display This Question:

*If Would you like to be entered into the draw to win an iPad (9th generation)? The winner will be dr...
= Yes*

Q39 Thank you for completing the survey. Please [click here](#) to enter a draw to win an iPad. The draw will happen in Spring 2024. Your contact information will be kept confidential.

Page Break

Display This Question:

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

Q40 Thank you for completing the survey. Please [click here](#) to be added to our email list. Your contact information will be kept confidential.

Page Break

Q41 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



Q42 Thank you! If you have any questions, please contact Jeanette Cooper, Research Coordinator, at jeanette.cooper@unityhealth.to

End of Block: Next Steps



Interview Guide

Introduction

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 [year] 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.

Did you have a chance to review the project information sheet we sent?

The 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 [year] activities, and the feedback you provide will help 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.

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

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

Do you agree to participate in this recorded interview?

Introduction to the Task Force (Factors affecting Reach)

- 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 guidelines? If so, which ones?
 - Have you heard about the Fragility Fractures guideline that was released in 2023? If so, how did you hear about this guideline?
 - Are you aware of the Task Force's efforts to update the 2018 breast cancer guideline?

Experiences with Task Force over time (Effectiveness, factors affecting Adoption)

- Do you routinely use the Task Force guidelines? If so, why? If not, why not?
- 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)

- Could you describe how you make decisions on which guidelines 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?
- 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)

- What do you do if a patient's preferences do not align with a Task Force or another guideline recommendation (e.g. the Task Force recommends you do not screen for prostate/breast cancer, but the patient is asking for screening).
- Are there any resources that would support you or your team members to have discussion about guideline recommendations in your practice?

Accessing Task Force materials (Suggestions for improving Reach and Implementation)

- How can the Task Force improve your access to our guidelines, 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?
- Is there anything the Task Force can do to further support uptake of its guidelines and 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, you can contact [name] at [email]



2023 ANNUAL EVALUATION HIGHLIGHTS

1

Guideline
published

MAY
Fragility Fractures



Most downloaded
guideline on CMAJ



19,760

Guideline downloads

10%

Increase in newsletter
subscribers



535

conference booth
visits

Fragility Fractures Decision Aid (EN)

Diabetes type 2 Clinician FINDRISK (FR)

Most visited tools
on TF website



Breast cancer (2018)

Most visited guideline
on TF website

433, 096



Website
visits

141,330

Website users



10,721

Fragility Fracture
podcast plays



82,796

CMAJ guideline
downloads

45



media interview
requests

>1690

Media mentions
of TF

8,611

Tools distributed at
conferences