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

SUMMARY REPORT

Prepared for The Canadian Task Force for Preventive Health Care

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Background and Methods

This report provides a condensed overview of the Canadian Task Force on Preventive Health Care (Task Force)'s 2022 evaluation. The 2022 evaluation measured impact and uptake of the Task Force's clinical practice guidelines (CPGs), knowledge translation (KT) tools, and KT resources released between January and December 2022. Specifically, this evaluation focused on the guideline (screening for pregnancy and postpartum depression) and associated KT tools released in 2022. The evaluation also included the following guidelines and associated KT tools that were released in previous years: screening for breast cancer (update) (2018), screening for cervical cancer (2013), and screening for prostate cancer (2014) – these guidelines were included because they recommended a substantial change in clinical practice from previous guidelines. In addition to examining data on key KT activities, we engaged primary care practitioners (PCPs) through both surveys and semi-structured interviews to understand the uptake of these KT activities. The results of this evaluation provide feedback on the Task Force's activities, highlight the strengths of the Task Force's KT efforts, and identify areas in which the Task Force can improve KT activities and uptake.

Results

Guidelines and Dissemination

For highlights of 2022 guidelines and KT activities, please see Appendix A.

Survey

A total of 246 PCPs completed the survey. After responses were removed that did not meet inclusion criteria, a **total of 163** were included in the analysis. Participants practiced in urban (64%, n = 87), suburban (15%, *n* = 21), and rural (28%, *n* = 38) settings. They represented eleven provinces and territories and a range of years of experience (i.e. from ≤5 to ≥41 years in practice). Participants were asked questions about: (a) awareness and use of Task Force guidelines, KT tools, and resources; and (b) self-reported current practices.

(a) Awareness and use of Task Force guidelines and KT tools released in 2022

Slightly more than one quarter of participants (29%; n = 44) were aware of the pregnancy and postpartum depression screening guideline. About one quarter of participants (27%; n = 40) reported that they were following the Task Force pregnancy and postpartum depression guideline. See *Table 1* for participant awareness and use comparisons.

Table 1: Participant Awareness and Use of Task Force Guidelines Released in 2022

Guideline	# Aware	% Aware	# Use	%Use
Pregnancy and Postpartum Depression	44/150	29%	40/150	27%

Of the 44 participants who were aware of the guideline, 11% (n = 5) were aware of and reported using the clinician FAQ KT tool and 34% (n = 20) were aware but have not used the tool. See *Table 2* for participant awareness comparisons.

Table 2: Participant Awareness of KT Tools Released in 2021

KT Tool	Topic	# Aware	% Aware
Clinician FAQ	Pregnancy & Postpartum Depression	25/44	57%
Patient FAQ	Pregnancy & Postpartum Depression	20/44	45%
Infographic	Pregnancy & Postpartum Depression	18/44	41%

(b) Current practice

About half of participants' self-reported screening practices for pregnancy and postpartum depression were consistent with Task Force recommendations (whether or not they followed the Task Force guideline). Specifically, 52% (n = 79) of participants reported that they do not use instrument-based depression screening for pregnant and postpartum (up to 1 year after birth) individuals.

Interviews

We conducted 22 interviews with PCPs from across Canada: 18 in English and 4 in French. These interviews explored five main themes: (1) How and what PCPs first learned about the Task Force, as well as how they heard about new or updated guidelines; (2) Sources PCPs used for screening and preventive health care recommendations; (3) How PCPs made the decision to adopt guidelines; (4) How PCPs implemented Task Force guidelines in their practice, including barriers and facilitators to implementing these guidelines; and (5) PCPs' suggestions for improving the reach and impact of Task Force activities.

1. Learning about the Task Force

Most interview participants first learned about the Task Force during either medical school or residency. Some participants were also made aware of the Task Force by attending a conference, such as the Family Medicine Forum. Some participants' colleagues had recommended the Task Force as a source for screening information and guidelines. Participants also reported first learning about the Task Force through its website or during their work with a former Task Force member. Primary sources for learning about new or updated guidelines were identified as Task Force emails, the Task Force website, colleagues, and conferences.

2. Sources of screening and preventive health care recommendations

When participants were asked which sources they used or referred to for screening and preventive health recommendations, over half of the participants named the Task Force as one of their main trustworthy sources. PCPs also cited specialist, disease-specific, provincial, and other national organizations as their trusted sources for guidelines. When asked to describe what makes a guideline trustworthy, participants referred to assessing a guideline's evidence base, its development methodology, the composition and potential biases of the development team, the guideline clarity and practicality, the involvement or endorsement of trusted sources and the opinions of trusted colleagues.

3. Adopting guidelines

When asked about the factors that influence guideline adoption, PCPs described several main decision-making factors that influence their decision to adopt or follow guidelines including: evidence level and strength of recommendation, consensus with local standards of practice (e.g. provincial guidelines, employer guidelines), colleagues or opinion leaders, patient preferences towards preventive care interventions, and the reputation of the development organization.

resources available, clinical judgement or experience, up to date evidence and guidelines, and reputation of guidelines development organization. Additionally, PCPs outlined a number of influencing factors that drive guideline adoption (e.g. who drives guidelines becoming practice), including guideline development organizations, colleagues or leaders in the field, government, specialists, patients, and the evidence of benefit.

4. Implementing guidelines

Participants described general facilitators and barriers to implementing guidelines. Facilitators were identified as alignment of recommendations with other guideline sources, clear and concise guidelines and resources, and EMR integration. Time constraint was identified as a significant barrier. Additional factors influencing the implementation of guidelines were complexity and practicality of recommendations, patient awareness and preferences, and the influence of trusted colleagues.

Many participants described having shared decision-making conversations with patients, mostly around cancer screening. Common facilitators to patient engagement that participants identified included patients having access to health information sources, as well as multiple opportunities to engage with patients over time. Many participants also highlighted the Task Force tools as useful facilitators for shared decision making conversations, most frequently referencing the Task Force 1000-person cancer screening guideline tools. Participants also identified a number of additional primary care personnel who may be well-suited to engage patients in preventive care discussions, such as nurses, dieticians and pharmacists.

5. Suggestions for improved reach and impact of Task Force activities

Participants noted several suggestions for improving the reach of and access to Task Force guidelines and KT tools, such as improving the communication processes for new guideline

releases, a mobile application for quick access to all Task Force guidelines and tools, website optimization, and increasing French conference presence. Additional individual suggestions included providing recommendations for logistics of integrating guidelines into practice, participating in disease awareness month campaigns, integrating Task Force into medical school curricula and training, and enhancing Task Force awareness through direct outreach to primary care clinics.

Limitations

The number of survey and interview participants who participated in the study was relatively small given the diverse Canadian context and may not be representative of all PCPs in Canada. We offered surveys and interviews in both English and French. Significantly fewer PCPs completed the survey in French compared to English, and only 4 participants completed an interview in French, therefore the results of this evaluation may not represent the awareness and use of Task Force guidelines and KT tools among French-speaking PCPs. Lastly, the survey and interview data collected in this evaluation were based on participants' self-reported awareness and use of Task Force guidelines, KT tools, and KT resources.

Recommendations

This report provides a condensed overview of the Task Force 2022 annual evaluation report. Based on this evaluation, we identified six opportunities for enhancing the engagement of PCPs with Task Force resources and activities. We recommend the following:

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

Appendix A. 2022 Annual Evaluation Highlights Infographic

Canadian Task Force on Preventive Health Care

2022 ANNUAL EVALUATION HIGHLIGHTS

1 Guideline published

JULY
Pregnancy and PP Depression

Most downloaded guideline on CMAJ

12,381
Guideline downloads

13%
Increase in Newsletter Subscribers

994
Twitter followers
80 New this year

6,036
Podcast plays*

17
Media interviews

Prostate Cancer Harms and Benefits (EN)

Diabetes type 2 Clinician FINDRISK (FR)

Most visited tools on TF website

Breast cancer
Most visited guideline on TF website

>187
Media mentions of TF

441,806
Website visits

131,172
Website users

100,256
CMAJ guideline downloads

409
Tool packages distributed through the Tool Dissemination Pilot**

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