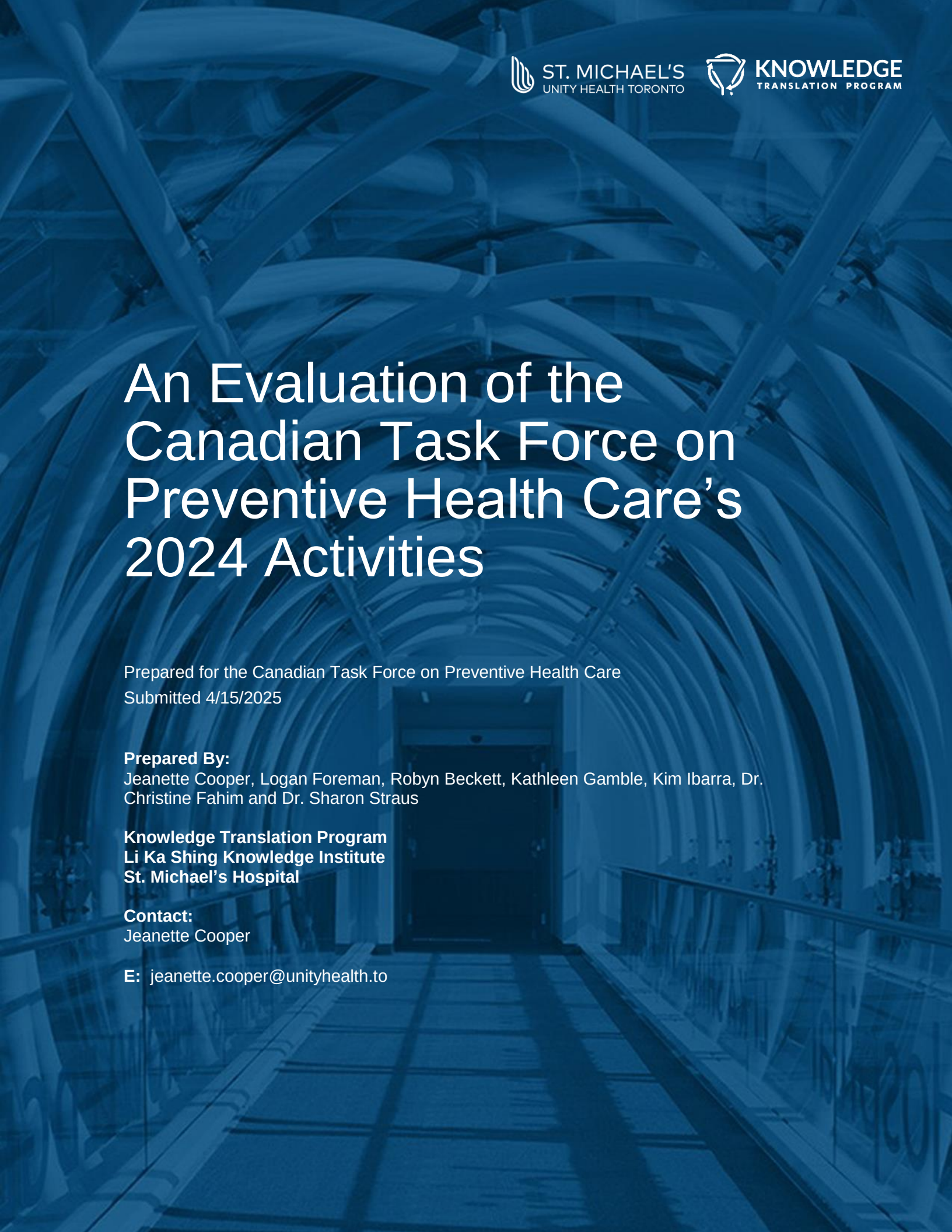

An Evaluation of the Canadian Task Force on Preventive Health Care's 2024 Activities

Prepared for the Canadian Task Force on Preventive Health Care
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Table of Contents

Appendices

Executive Summary

Background

The Knowledge Translation Program (KTP) conducted an evaluation to assess the impact and uptake of the Canadian Task Force on Preventive Health Care's (Task Force) clinical practice guidelines (CPGs), and KT resources between January and December 2024. The evaluation focused on the guideline and associated KT tools released in 2024 as well as select guidelines and associated KT tools released in previous years. The KTP also works with the Task Force to develop and disseminate KT tools and resources. Independent members of the KTP not associated with tool development and dissemination activities conducted this evaluation.

Methods

This evaluation was guided by the RE-AIM evaluation framework[1,2], which provides metrics for dissemination and implementation success. The KTP examined administrative data, and conducted surveys and interviews in English and French with primary care providers (PCPs) from January 6th to March 10th, 2025. Survey participants were recruited through advertisements promoted via Task Force communication channels (e.g., Task Force website, Task Force members' networks, newsletters) 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 14[5] using content analysis[6,7].

Results

A total of 163 survey responses were included in the analysis*. Respondents were primary care physicians (67%), nurse practitioners (20%), primary care residents and medical students (13%) who were practicing primary care or receiving medical education in Canada in 2024. Most participants were aware of and used the published Task Force cancer screening guidelines (84%, n=137/163 used at least 1 cancer screening guideline). Use of other guidelines published in the last 5 years was also high (72%, n=117/163 used at least 1 guideline); however there was variability in usage of the individual guidelines.

Participants reported a lack of awareness of resources published by the Task Force and by other organizations that support dissemination and uptake of Task Force guidelines, including: podcasts (67% unaware, n=98/147), webinars (55% unaware, n=81/147), e-learning modules (59% unaware, n=87/147), the *Canadian Family Physician* Prevention in Practice Series (56 unaware %, n=82/147), the Prevention Plus Website (54% unaware, n=79/147) and the Emergency Care Research Institute (ECRI) Guideline Trust scores (77% unaware, n=114/147). Participants also suggested additional avenues for communication and dissemination that the Task Force can explore (e.g., direct mailing of guidelines and tools to physicians or practices).

* Questions were optional, so response per question may not equal 163.

Survey data showed that barriers and facilitators to guideline use continue to be similar to those reported in previous years. Barriers are multifaceted and exist at various levels. At the patient level, not understanding the benefits and harms of screening or receiving partial information (e.g., campaigns to get screened, which may not align with guidelines) are barriers to guideline adherence. At the provider level, lack of awareness of guidelines or supporting KT tools and limited time or ability to comprehensively explain benefits and harms to patients challenge guideline use. Facilitators include awareness of updated guidelines and supporting tools and consensus on guideline recommendations among colleagues.

We conducted 30 interviews with PCPs including primary care physicians (47%, n=14/30), nurse practitioners (20%, n=6/30), primary care residents or medical students (33%, n=10/30). Factors reported to impact guideline choice included: influence of colleagues, relevance of the guideline to the PCP's local population context, evidence strength and quality, preferences of patients, and provincial practice requirements among others. Participants also offered suggestions for how the Task Force could improve reach and access of guidelines and tools, including focusing on patient outreach, EMR integration and Task Force website optimization.

Based on this evaluation, we identified five opportunities to enhance the impact and uptake of the Task Force's guidelines, KT tools, and resources:

- Explore new opportunities to disseminate Task Force guidelines and resources to PCPs including:
    - Developing an enhanced communications and media strategy to strengthen the Task Force's brand as a trustworthy source of evidence-based guidelines and promote its existing resources;
    - Distributing hard copy guidelines and tools; and
    - Targeting medical school, nurse practitioner school and residency training programs.
- Strengthen direct communications and engagement with patients, caregivers and members of the public through:
    - Creating a patient-focused social media presence;
    - Expanding the patient facing Task Force website; and
    - Co-creating new tools for patients.
- Explore opportunities to develop Task Force's digital footprint and digital products such as:
    - Exploring options for mobile application presence;
    - Exploring the integration of Task Force materials into primary care EMRs;
    - Optimizing the Task Force website; and
    - Developing more interactive guideline tools.
- Explore opportunities to collaborate with additional specialty and provincial healthcare bodies in guideline dissemination and implementation activities.
- Enhance the Task Force's conference engagement strategy.

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 Calgary 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 2024. Specifically, this evaluation highlighted the 2024 draft breast cancer guidelines and its associated KT tools. The evaluation also included 5 Task Force guidelines released in the past 5 years (asymptomatic thyroid dysfunction (2019), esophageal adenocarcinoma (2020), chlamydia and gonorrhea (2021), pregnancy and postpartum depression (2022), fragility fractures (2023)), 1 reaffirmation of a 2016 guideline on cognitive impairment (2024) and 4 cancer screening guidelines that were released more than 5 years ago (cervical cancer (2013), prostate cancer (2014), colorectal cancer (2016) and lung cancer (2016)). This evaluation is led by a KTP team member who does not participate in KT tool development and guideline activities.

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,
2. Assess **awareness and uptake** of Task Force materials by primary care practitioners (PCPs) in Canada, and
3. Develop **recommendations** to improve dissemination efforts and enhance uptake of Task Force materials.

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, Google analytics, newsletter reach), 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 RStudio[3] or Microsoft Excel 2016[4] ..

2.2 Uptake

2.2.1 Participant recruitment

We recruited primary care providers (PCPs) to participate in online surveys and interviews to gain insight into their awareness and uptake of Task Force KT guidelines and tools. Participants were eligible to participate if they:

- Were a primary care physician, nurse practitioner, resident, medical student or nurse practitioner student;
- Had no conflicts of interest to declare (as defined by the Task Force's conflict of interest policy) and;
- Were 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; and
- Communications through specialty organizations (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 diverse demographic characteristics including location of practice, gender, years in practice, career stage (e.g., resident) and primary language of practice (English or French). Participants interviewed for the 2023 evaluation were not eligible to be interviewed this year. Interviews were conducted by webconference and offered in English or French.

2.2.2 Data collection and analysis

Survey

We evaluated uptake of the guidelines by administering a survey in English or French (January 6th to February 23rd, 2025), through the online survey platform Qualtrics[8]. The survey was designed 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 evaluations[9]. 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–A27 for the survey.

Responses from the English and French surveys were aggregated and analyzed in R Studio[3] and Microsoft Excel 2016[4] to determine response frequencies.

Interviews

Three experienced KTP researchers conducted one-on-one, semi-structured interviews (30-60 min) via Go-To Meetings[10] with PCPs who had completed a survey and indicated interest in being interviewed. Interview guides were developed using the evaluation questions, the RE-AIM framework[1,2], and the results from previous evaluations[9]. Interviews were offered in both English and French and were conducted between January 16th and March 10th, 2025. We continued interviewing until we reached a sample size of 30 interviews and data saturation was achieved. Interview participants were compensated $100 for their time and were not eligible to enter the draw to win an iPad. See pages A28–A30 for the interview guide.

Following participant consent, interviews were audio recorded. The interviews were then transcribed using NVIVO transcription software and KTP staff verified the accuracy of each transcript against its audio recording. Twenty-percent of interview transcripts were double-coded by two researchers in NVIVO qualitative software[5] 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 transcripts were single coded by the two team members who participated in the double coding.

Following coding, themes were developed using an inductive approach[6].

2.3 Recommendations

Using the administrative data, survey data and interview data, the evaluation team members developed recommendations for the Task Force to consider for 2025. Recommendations suggest opportunities for the Task Force to explore to increase the dissemination and uptake of current and future clinical practice guidelines and resources. Recommendations are based exclusively on findings from the data analysis and do not take into account the feasibility of implementation within the current operational context of the Task Force. Feasibility assessment of the recommendations will require careful consideration by the Task Force membership in the context of their other prioritized activities such as guideline production.

3.0 Results

3.1 KT Activities

The reach findings for the Task Force's 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–S68). Supplementary materials are included in the presentation-ready slide deck. Please see page A31 for the infographic depicting the 2024 annual evaluation highlights.

Guideline publications

The Task Force produced one new draft guideline in 2024, the Breast Cancer Update – Draft Recommendations. This draft guideline was published on the Task Force Website on May 30th, 2024. Pages S3–S7 present the post-release dissemination activities, and media hits for the 2024 Breast Cancer Update - Draft Recommendations release.

Guideline dissemination

In 2024, the Task Force conducted a number of activities to disseminate its guidelines and KT tools including:

- Exhibiting at eight conferences and promoting Task Force KT tools to a total of 834 delegates. This was a 69.5% increase in the number of delegates engaged compared to 2023 (535 delegates engaged in 2023).
- Maintaining and updating the Task Force website
- Publishing one draft Task Force guideline in English and French on the Task Force website.
- Disseminating associated draft guideline tools through Task Force listservs, social media posts, news releases, presentation in the pre-release webinars, and the Task Force website.
- Making Task Force guidelines and materials available through mobile application QxMD Calculate and Read.

Additionally, guidelines and KT tools published prior to 2024 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 a total of 119,058 times in 2024 (80,442 English views; 38,616 French views). This was a 60% increase from 2023, when the Task Force tool pages were viewed 74,452 times (45,709 English views (76% increase); 28,743 French views (34% increase)). See page S21 for a breakdown of the most viewed guideline KT tool pages. There were 9 new registrants on Prevention Plus in 2024 (105 registrants total) and 5,422 total accesses across the Prevention Plus database. See page S24 for 2024 Prevention Plus details.

Pages S8–S23 outline the 2024 dissemination activities for all Task Force guidelines, including all analytics related to Task Force website use.

Non-Guideline Publications

In 2024, the Evidence Review and Synthesis Centres (ERSCs) under contract with the Task Force published eight peer-reviewed publications. These included the protocols for the hypertension and lung cancer update evidence reviews, and the systematic reviews for the child and adolescent depression, breast cancer, tobacco, and falls prevention guidelines (published in the Task Force Thematic Series). See pages S25 - S28 for publication details.

Additionally, Task Force members or alumni published or contributed to three articles on Task Force related topics in 2024. Details for these three articles can be found on page S29.

Presentations and webinars

Task Force members continued to engage interested parties (e.g., disease-specific organizations, primary care organizations) through webinars prior to guideline release. Interested parties were identified through a systematic internet search for key experts and organizations within the guideline topic field. The Task Force delivered five webinars to interested groups, two release webinars (one English; one French) and two media briefings (one English; one French) for the draft breast cancer guideline in 2024. See page S3 – S5 for webinar details.

Communications and Media coverage

Overall, media coverage of the Task Force in 2024 was dominated by interest in the breast cancer guideline. Media coverage was 31% higher than in 2023, with at least 2222 mentions of the Task Force (compared to 1690 in 2023)†. Most coverage was related to breast cancer screening, though other mentioned topics included general preventive health, lung cancer and pregnancy and postpartum depression.

There was also an 18% increase in interview and information requests in 2024 (53 in 2024 compared to 45 in 2023). Most requests were related to breast cancer screening (49), and the remainder were related to prostate cancer (2), colorectal cancer (1) and men's health (1).

The draft breast cancer guideline update was released May 30th, 2024. Communications for the draft guideline were conducted over two phases in 2024. During phase one, the communications team developed and disseminated an explanatory infographic about the Task Force's guideline development. They also assisted in the writing and release of sponsored content on three national platforms (National Newswatch, Canada Healthwatch, Hill Times).

During phase two, at the time of release of the draft guidelines, the communications team supported the Task Force members to fulfill 23 media interview requests for the day of release. The team contributed to the publication of front-page articles in the Globe and Mail (English) and Le Devoir (French) on the guideline. The team also supported the release of a French

† This number is likely an underestimate as media monitoring services do not include many medical media outlets, international news mentions or languages other than English and French.

podcast interview with the Task Force Chair on the guideline (TopMF) and developed and disseminated a summer communications campaign through social media, newsletter bulletins and advertising through the CMAJ. This campaign aimed to generate awareness of the public comment period that provided individuals the opportunity to contribute their feedback on the draft guidelines. The team also continued to support media relations by supporting article publication (Medscape).

Throughout both phases, the communications team also supported Task Force communications with government committees. This included supporting submission of a public House of Commons Standing Committee on Women (HESA) document on the breast cancer update for a parliamentary committee in February of 2024 and supporting an appearance by two Task Force members at the November 18th House of Commons Standing Committee on the Status of Women (FEWO) meeting.

See pages S6, S7 and S30 for additional details.

Newsletter and Social Media

In 2024, the Task Force communicated updates on its work, through its quarterly newsletter, and social media accounts. At the end of 2024, the quarterly newsletter had 6,779 subscribers (e.g., PCPs, patient advocacy groups, regional health authorities). This represents a 12.2% increase in subscribers from 2023. The French Breast Cancer Draft Update Recommendations release alert distributed at the end of May was the most successful of the 2024 newsletters and alerts, with an open rate of 73.2% and a click through of 10.8%. There were also high rates for the English version of this alert, with a 68.3% open rate and a 12.7% click through rate. Overall, there was also a low unsubscribe rate of 0.16%.

In 2024, social media activity continued to be scaled back because of the changed approach on X (formerly Twitter). However, the Task Force did engage in a communications campaign to promote the release of the draft breast cancer recommendations and the public comment activities.

The number of Task Force X account followers increased slightly from 1,139 at the end of 2023 to 1,179 at the end of 2024. The top tweet of 2024, posted on March 28th, prior to the release of the draft breast cancer guideline, was about the Task Force's efforts and approach to updating the breast cancer guideline. This tweet received approximately 10,200 views, 8 comments, 8 retweets and 7 likes.

The Task Force also posted on LinkedIn in 2024. The Task Force had 292 followers at the end of 2024, an increase from 224 in 2023. The Task Force made two posts in 2024 that were also related to the breast cancer guideline update efforts.

See page S31 - S33 for 2024 newsletter and social media details.

Videos

The Task Force has released 26 videos in previous years to support a number of guideline topics, available in both French and English. The top viewed video in 2024 was the Chlamydia and Gonorrhea video. The video was viewed 1,992 times in 2024 (a 35% decrease from 3,066 views in 2023). See page S22 for more details on the Task Force's most viewed videos in 2024, compared to 2023.

Clinical Prevention Leaders Network

Established in October 2017, the purpose of the CPL network program was (1) to build capacity among primary care clinicians in evidence-based medicine and knowledge translation and (2) to promote the dissemination and uptake of Task Force guidelines. The CPL network trains interested clinicians to deliver education on preventive health concepts and guidelines to their peers. The CPL network was a two-phase project. Phase 1 and its evaluation were completed in 2020. The CPL network program was available in English only.

To address challenges identified during Phase 1 of the program the Task Force modified the CPL program and launched a second phase of the program in 2022. Eleven (11) participants were recruited to the second phase of the CPL program including 5 primary care physicians, 4 nurse practitioners, 1 clinical pharmacist, and 1 chiropractor/registered psychotherapist. Program participants attended 12 webinars, beginning in September 2022. The final webinar took place in 2024.

The program participants attended a final wrap up and feedback webinar in 2024. Trained CPLs were to then begin delivering a Continuing Professional Development (CPD) program to clinicians within their networks with the aim of enhancing clinicians' knowledge, awareness, and skills to use and implement Task Force guidelines.

In 2024, the KT team conducted an evaluation using administrative data and five interviews with CPL participants to understand their perceptions of the program's value and make recommendations for the future of the CPL program. Participants found the webinars engaging, interesting and relevant and appreciated that Task Force members were the ones delivering the webinars. However, some participants felt there was a lack of diversity in the guideline topics discussed. Administrative data revealed that webinar attendance was often sparse, with session attendance ranging from 36% (4 CPLs) to 73% (8 CPLs). Each CPL attended an average of less than 50% of the webinars.

Due to incomplete reporting of data by participating CPLs, the evaluation was unable to assess how many CPD outreach activities were completed by CPLs. However, CPLs noted in interviews that they rarely delivered CPD content to other practitioners. Some barriers they encountered included: being unsure of how to present a CPD module and the CPD module slide decks being long, complicated and physician-centered, which required the CPLs to spend significant additional time to adapt the slides to their non-physician audiences.

Given the resources required to deliver the CPL program, and the limited engagement of the CPLs in the webinars and CPD activities, the KT team recommended discontinuing the program and exploring how to repurpose resources and materials to develop a novel strategy to integrate Task Force guidelines into existing curriculums in Canadian family medicine and nurse practitioner training programs.

See pages S34 – S38 for more details.

Task Force Public Advisors Network (TF-PAN)

In 2020, the Task Force started developing a new patient engagement initiative to ensure views of patients and public members are included in guidelines released by the Task Force. 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. TF-PAN members are trained by KT staff on key preventive health concepts and provided a comprehensive overview of the Task Force, its methods for creating guidelines, and their role. Training includes five modules focused on: 1) the Task Force, its structure, roles, and guidelines; 2) TF-PAN and their roles and responsibilities; 3) preventive care and principles of screening interventions (e.g., screening versus diagnostic testing); 4) how the Task Force uses evidence to make recommendations (including factors that impact guideline trustworthiness, benefits and harms, and GRADE); and 5) patient and public engagement key practices. TF-PAN members are also provided with refresher materials (e.g., infographic on screening versus diagnostic testing) prior to TF-PAN activities.

Ideally, community juries deliberate on the evidence presented to them and help inform a decision (e.g. screen or do not screen, based on benefits and harms)[11]. However, in early discussions around TF-PAN formation, Task Force members highlighted that they wanted more flexibility on how and when to consult with the TF-PAN. Thus, the KT Program provides a menu of options to working group chairs, ranging from a traditional 'community jury' to inform a screening decision based on evidence, to providing input on key messages, clarity of content, and tools needed to facilitate guideline implementation.

The core TF-PAN group consists of 18 members of the public that are trained in Task Force and preventive care methods. There is also an expanded network of members – namely, over 80 members of the public who are not trained on Task Force and preventive care methods and theory, but who are interested and available to participate in ad hoc projects.

TF-PAN completed one activity with core TF-PAN members in 2024, on the draft breast cancer guideline update. The purpose of the activity was to support the Task Force to refine guideline recommendations and key messages. The TF-PAN participants provided feedback on the language use, clarity and framing of the recommendations and key message statements from the public perspective for the Task Force to consider.

See pages S39-S42 for more details.

Usability testing

Four decision-making tools, one benefits and harms table and one infographic were released with the draft breast cancer guideline in 2024. These tools were released as drafts and were not usability tested.

Interested Party Engagement

Cancer Screening Network Engagement Initiative

The Canadian Partnership Against Cancer (CPAC) hosts Cancer Screening Networks (CSNs) to facilitate implementation of high quality, jurisdictional cancer screening programs. Traditionally, the Task Force has engaged ad hoc with the CSNs; however given the CSNs' unique links to cancer prevention policy and implementation across provinces and territories in Canada, Task Force members identified CSNs as priority group for engagement. In 2022, the Task Force and CPAC developed this initiative to increase and standardize engagement between Task Force cancer guideline working groups and the CSNs through two activities.

Activity 1: Invite 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.

Guideline working groups can choose to take part in both, one, or neither of these activities. In 2024 the KT Team, along with the Task Force and CPAC carried out activity two for the draft breast cancer recommendations. The Task Force presented to the Breast Cancer Screening Network ahead of the release of the draft recommendations. Approximately 30 individuals attended.

See page S43-S45 for more details.

Draft Breast Cancer Update Engagement

In addition to CPAC CSN, other key partner organizations were engaged ahead of the draft breast cancer screening update release. The guideline working group and KT Team coordinated pre-release webinars with leadership from key partner organizations including the Black Physicians of Canada, Choosing Wisely Canada, College of Family Physicians Canada, and Canadian Cancer Society. Additionally, two day-of-release webinars (one in English and one in French) were held that were open to a broader stakeholder base and two day-of-release media webinars (one in English and one in French) were held. Approximately 52 individuals attended the pre-release webinars, approximately 96 individuals attended the day-of-release webinars, and approximately 28 media personnel attended the media webinars.

See pages S3 – S5 for more details.

Breast Cancer Update Public Comment Survey

The Task Force conducted a public comment survey on the draft breast cancer screening guidelines between May 30th and August 30th, 2024.

Qualitative and quantitative data were collected through the survey and were used to inform development of the final breast cancer guideline. A summary of the feedback and how it was addressed in the final guideline will be published when the final breast cancer guideline is released.

3.2 Uptake

3.2.1 Survey

Participant demographics

A total of 390 participants accessed the 2024 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 consent, a **total of 163 participants** were included in the analysis. Of the 163 included responses, 10 completed the survey in French and 153 in English. In comparison, in 2023, a total of 228 participants completed the annual evaluation survey; 9 completed the survey in French and 219 completed the survey in English‡

Survey participants practiced in urban (60%, n = 95/142), suburban (18%, n = 29/142), and rural (21%, n =33/142) settings. They represented ten provinces and a range of years of experience, from medical students to ≥41 years in practice. Approximately 63% (n = 90/142) of survey participants were women and 28% (n = 39/142) were men. Respondents included primary care physicians (67%; n = 109/163), nurse practitioners (20%; n = 32/163), primary care residents (11%; n = 18/163), and medical students (2%, n=4/163). See pages S47–S50 for participant demographics.

Reported Use of Task Force Guidelines

The majority of participants (88%, n=143/163) reported using at least one Task Force guideline included in the survey as part of their practice.

Cancer screening guidelines

Eighty-four percent (n=137/163) of participants reported using at least one of the cancer screening guidelines in their practice. The most widely used Task Force cancer screening guideline was the colorectal cancer (2016) guideline (83%, n=113/160) followed by the prostate cancer (2014) guideline (66%, n=106/160), cervical cancer (2013) guideline (65%, n=103/159), draft breast cancer update (2024) guideline (63%, n=101/161), and lung cancer (2016) guideline (62%, n=100/160). The esophageal adenocarcinoma guideline was the least well known cancer

‡ Please note, 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 163 within some categories.

screening guideline, with 50% (n=80/160) 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 following non-Task Force guidelines for certain cancer screening topics, and that they did not intend to change their approach. These participants were asked, via an open-text question, to share which guideline(s) they follow for those specific topics. Their responses are summarized in the table below[§]. See page S51 for more information.

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

Guideline Topic	Non-Task Force Guidelines Used
Prostate Cancer	13% (n=21/160) reported use of a non-Task Force guideline. These included: • American Urological Association guidelines • Canadian Cancer Society guidelines • Canadian Urology Association guidelines • Provincial screening guidelines • United States Preventive Services Task Force (USPSTF) guidelines
Breast Cancer	15% (n=24/161) reported use of non-Task Force guideline. These included: • Canadian Cancer Society guidelines • Provincial screening guidelines • Society of Obstetricians and Gynaecologists of Canada guidelines • USPSTF guidelines
Cervical Cancer	18% (n=29/159) reported use of a non-Task Force guideline. These included: • American College of Obstetricians and Gynecologists guidelines • Canadian Cancer Society guidelines • Provincial screening guidelines • Society of Obstetricians and Gynaecologists of Canada guidelines • USPSTF guidelines
Lung Cancer	11% (n=18/160) reported us of a non-Task Force guideline. These included: • American Lung Association guidelines • Provincial screening guidelines • USPSTF guidelines

[§] The table reflects responses as reported by participants. This report does not assess whether participants' reported sources meet the Task Force's definition of a guideline.

Esophageal Adenocarcinoma	4% (n=7/160) reported use of a non-Task Force guideline. These included: • USPSTF guidelines • UpToDate
Colorectal Cancer	16% (n= 26/160) reported us of a non-Task Force guideline. These included: • Provincial screening guidelines • USPSTF guidelines

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

Seventy-two percent (n=117/163) of participants reported using at 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 five years was the fragility fractures (2023) guideline (51%, n=81/160), followed by the chlamydia and gonorrhea (2021) guideline (48%, n=76/159), the pregnancy and postpartum depression (2022) guideline (36%, n=57/159), and the asymptomatic thyroid dysfunction (2019) guideline (32%, n=51/160).

The cognitive impairment guideline, originally published in 2016, was reaffirmed in 2024. Re-affirmations are not published, as new or updated guidelines are, but are reflected as guidelines for the year they are re-affirmed on the Task Force website. This year, 42% (n=66/159) of respondents reported they were unaware of a guideline available on cognitive impairment.

Some participants reported following non-Task Force guidelines for certain preventive health screening topics, and that they did not intend to change their approach. These participants were asked, via an open-text question, to share which guideline(s) they follow for those specific topics. Their responses are summarized in the table below[**]. For more information see page S52 and S53.

Table 2. Non-Task Force Guideline Sources by Topic

Guideline Topic	Non-Task Force Guidelines Used
Published Guidelines	
Asymptomatic thyroid dysfunction	9% (n=14/160) reported use of a non-Task Force guideline. These included: • American Association of Family Physicians guidelines • Provincial screening guidelines • UpToDate • USPSTF guidelines

[**] The table reflects responses as reported by participants. This report does not assess whether participants' reported sources meet the Task Force's definition of a guideline.

Chlamydia and Gonorrhea	18% (n=29/159) reported use of a non-Task Force guideline. These included: • Health Canada STI guidelines • Municipal public health guidelines • Provincial screening guidelines • Public Health Agency of Canada guidelines • Society of Obstetricians and Gynaecologists of Canada guidelines • United States Centers for Disease Control guidelines • USPSTF guidelines
Pregnancy and Postpartum Depression	8% (n=13/159) reported use of a non-Task Force guideline. These included: • Canadian ADHD Resource Alliance guidelines • Provincial screening guidelines • Society of Obstetricians and Gynaecologists of Canada guidelines • USPSTF guidelines
Fragility Fractures	9% (n=15/160) reported use of a non-Task Force guideline. These included: • Osteoporosis Canada guidelines • Provincial screening guidelines • USPSTF Osteoporosis guidelines
Reaffirmations of Previously Published Guidelines	
Cognitive Impairment	7% (n=11/159) reported use of a non-Task Force guideline. These included: • Canadian Consensus Conference on Diagnosis and Treatment of Dementia guidelines • Canadian Geriatrics Society guidelines • Provincial screening guidelines • UpToDate • USPSTF guidelines

Guideline Dissemination

The majority of participants reported accessing Task Force guidelines through the Task Force Website (86%, n=132/154). Others reported accessing the guidelines through CMAJ publications (24%, n=37/154), and a few through the QxMD mobile app (4%, n=7/154). Some reported accessing the guidelines through "Other" methods, including conference handouts, email newsletters and College of Family Physicians of Canada (CFPC) articles (8%, n=12/154).

When asked how they would prefer to access guidelines, the majority reported through the Task Force website (71%, n=110/154). While the QxMD app is available, it is underused and 36% of respondents stated a preference for an app to access Task Force guidelines (n=56/154)

indicating lack of usefulness of the app or lack of awareness. Twenty-one participants (14%, n=21/154) chose "Other". Suggestions from these participants included: a Task Force-specific app, direct email, direct mail to PCPs, electronic medical record (EMR) integration, and UpToDate.

See pages S54 and S55 for more information.

Task Force Tools

Awareness and Use

Among KT tool types, participants were most aware of and used Task Force infographics,1000-person tools and decision aids. Fifty-two percent (n=81/153) of participants had used a Task Force 1000-person tool and 51% (n=78/153) had used a decision aid or an infographic. A further 12% (n=19/153) were aware of the 1000-person tool, 23% (n=36/153) were aware of the decision aids and 23% (n=35/153) were aware of the infographics. The least well known tool types were the clinician and patient FAQs with 40% (n=62/153) and 47% (n=72/153) being unaware of these, respectively. Thirty-eight percent (n=58/153) reported using the clinician FAQs and a further 22% were aware of them. Only 26% (n=40/153) of participants used the Patient FAQs, with a further 27% (n=41/153) being aware of them.

See page S56 for more information.

Dissemination

Participants reported accessing KT tools most often through the Task Force Website (77%, n=117/152) and conference handouts (22%, n=34/152). When asked about preferences for access, the Task Force website was still chosen by the majority of participants (68%, n=102/150). Direct emailed and mailed copies were the second and third most commonly chosen option for preference (digital: 41%, n=61/150; print: 31%, n=47/150). Several participants indicated interest in a mobile app (31%, n=47/150) and some indicated their preference for conference distributions (17%, n=26/150).

See pages S57 and S58 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 (72%, n=108/149) and conferences (40%, n=60/149) as sources of information. Word of mouth/colleagues (36%, n=53/149) and webinars (15%, n=23/149) were also cited as sources of information. Very few participants reported receiving updates on social media (X: 1%, n=2/149; LinkedIn: 5%, n=7/149).

See pages S59 for more information.

Preferred Communication Methods

When asked how they preferred to receive information, email newsletters (71%, n=106/149), and news-specific email alerts (44%, n=65/149) were preferred by a large portion of participants. Conferences (30%, n=45/149), hard copy mail (28%, n=41/149), webinars (22%, n=33/149), and word of mouth/colleagues (15%, n=22/149) 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=12/149).

See page S60 for more information.

Sources for Primary Care Updates

When asked about where they looked for primary care updates, participants commonly reported the Task Force (76%, n=113/149), the College of Family Physicians of Canada (60%, n=90/149), peer-reviewed journals (50%, n=75/149), and conferences (47%, n=70/149) 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 (88%, n=130/148), peer-reviewed journals (71%, n=105/148), the College of Family Physicians of Canada (47%, n=70/148), and conferences (45%, n=67/148) as sources of information.

See pages S61 and S62 for more information

Supportive resources for guideline dissemination and uptake

The survey asked about usefulness of several resources, including those from the Task Force and from other organizations that support the dissemination and uptake of Task Force guidelines. A large proportion of survey participants reported not being aware of most of the listed resources including; podcasts (67%, n=98/147), webinars (55%, n=81/147), e-learning modules (59%, n=87/147), the CFP Prevention in Practice Series (56%, n=82/147), the Prevention Plus Website (54%, n=79/147) and the ECRI Guideline Trust scores (77%, n=114/147).

Of those who were aware of resources, the majority found them to be “useful” or “very useful”. The guideline tools had the highest reported usefulness with 48% (n=70/147) of participants reporting them “very useful” and 29% (n=43/147) reporting them “somewhat useful”.

For more information see page S63.

Barriers and Facilitators to guideline use

Via survey, we asked participants to report if barriers and facilitators generated from previous annual evaluations[9] were currently a barrier/facilitator to their practice.

Overall, barriers were consistent with those reported over time in previous Task Force annual evaluations. Participants believed that patients' perceptions on screening are a barrier to guideline use (49%, n=70/143 agree; 20%, n=29/143 strongly agree), recognizing that perceptions on the value of screening is often shaped by the media or social media. Some participants also reported additional barriers including: lack of protections from potential litigation if following a Task Force guideline, lack of considerations for gender diverse patients in guideline recommendations, lack of dissemination of recommendations to patients/the public, difficulty ensuring follow up for patients without a family doctor and lack of inclusion of Task Force guidelines in medical school curriculums.

Facilitator patterns were also similar. The facilitator with the least agreement was "financial incentives for screening" (25%, n=35/141 agree; 18%, n=25/141 strongly agree) and the facilitator with the most agreement was "strength of guideline evidence" (40%, n=57/142 agree; 44% n=63/142 strongly agree). Additional facilitators were not reported by participants.

See pages S64 and S65 for more information.

3.2.2 Interviews

We conducted 30 interviews with primary care practitioners and trainees from across Canada: All interviews were conducted in English. These interviews explored three main themes:

1. Awareness of the Task Force organization and guidelines,
2. Factors that influence guideline implementation,
3. Suggestions for improved reach and impact of Task Force activities

Participants represented eight provinces. Twenty participants identified as women (67%), seven identified as men (23%) and three (10%) identified as non-binary. Participants ranged from trainees to those with greater than 30 years of practice. We interviewed fourteen (46%) primary care physicians, six (20%) nurse practitioners, eight (27%) residents and two (7%) medical students. Though interview opportunities were available in French, no interviews were scheduled by French-speaking participants (please see Limitations for more information). See pages S66 –S68 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	22	73%
Conferences	7	23%
Word of Mouth/Colleagues	4	13%
Emails from non-Task Force organizations	2	7%
News Media	1	3%

Most interview participants first learned about the Task Force during their medical training, (i.e., medical school, nurse practitioner training or residency), though when, how and how much they were exposed varied widely. A few participants first encountered the Task Force at a conference, specifically the Family Medicine Forum or the Rural and Remote Medicine Conference. A small number of participants first heard about the Task Force through the website or through a colleague, news media reports, or email listserv. Select participant quotes are provided below.

"So throughout our training, I think it was more like peers who pointed us towards these resources as something to turn to if we are having trouble deciding about screening, etc., in clinic." – P19

"It was during one of our medical school tutorials … we had one on preventative health and then so it had come up in some of the key resources they had given us to review, and as it was to the Task Force website, and at that point I first started to go through some of the screening guidelines for prep for the tutorial but then also for future practice." – P15

Continuous learning and maintaining practice

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
Email from Task Force	24	80%
Colleagues	18	60%
Conferences	8	27%
Continuing Education	4	13%
Professional Organizations	4	13%
Personal Research	4	13%
Journals (e.g., CMAJ, CFP)	4	13%
Task Force Website	4	13%

Most participants heard about new or updated guidelines through emails from the Task Force or from word of mouth from colleagues. Others received their updates via continuing education sessions, from professional organizations, scientific journals, personal research, or regular checks of the TF website.

Four-fifths of participants (n=24) had heard about the release of the draft breast cancer guidelines in 2024.

Theme 2: Guideline sources and trust

Most participants (73%, n=22/30) explicitly indicated that they found the Task Force to be a trusted source for guidelines. We also 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
Provincial organizations or government bodies (e.g., BC Cancer, Cancer Care Ontario)	8	27%
Canadian national organizations (non-disease specific) (e.g., CFPC, Choosing Wisely)	7	23%
Canadian disease specific or specialist organizations (e.g., Canadian Cardiovascular Society, Society of Obstetrics and Gynecology)	7	23%
International (non-Canadian) organizations (e.g., US CDC, WHO)	3	10%

Participants were also asked about how they evaluate the trustworthiness of guidelines. Participants outlined a variety of factors, which are detailed in the table below.

Table 6. Factors affecting guideline trustworthiness

Factor	Number of participants (N = 30)	Description
Strong, unbiased evidence base	17	Most participants cited the importance of a strong, unbiased evidence base as an important component of a trustworthy guideline. *"I mean obviously like how robust the evidence is behind it. If it's like unbiased evidence that they're using to develop it." – P19*

Composition of development team, including specialist input	9	Participants highlighted the importance of having a group of professionals across the medical field (researchers, pharmacists, physicians) involved in the guideline development process. *"The folks involved in developing the guidelines should hopefully be experienced themselves in the health issue or the recommendations—the details around the recommendations themselves, you know, whether it be they are fellow primary care providers or researchers." – P14* *"The rigorous process of who's around the table, who's making the recommendations. And ultimately, I think—I'm speaking for myself as a family physician but I think a lot of family physicians or primary care providers will feel this way—it's important that we feel that guidelines are made by and for primary care, that someone understands our reality." – P11*
Transparency and no conflicts of interest	9	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. *"To know that those physicians or specialists were also may be vetted. I'll say, you know, to make sure there's no conflict of interest. You know, if it's coming from like a pharmaceutical industry, you might be a little bit more wary than if it's somebody who's who has no conflict of interest." – P21*
Methods	6	Several participants mentioned the importance of being able to assess the methods used in guideline development to determine guideline trustworthiness. *"How they did their process – did their exclusions, or inclusions, their conclusions makes sense to me." – P07*

Endorsements from experts	5	Several participants highlighted that guidelines being endorsed by specialists or experts in the field could be a factor in finding a guideline trustworthy. *"That would be my biggest thing whether, you know , the authorities on those topics have supported that recommendation." – P02*

Other factors that were mentioned by only one or two participants in assessing guideline trustworthiness included: the guideline being up to date, the practicality of the guideline to implement, the guideline including public participation in its development, the guideline considering system level factors related to screening, the guideline aligning with what clinicians are seeing in practice and the guideline being taught about in their training.

Theme 3: Factors influencing guideline implementation

Participants were asked about which factors influence their choice of guideline they implement in their practice. They highlighted a variety of different factors that were involved in their decision-making, as outlined in the table below.

Table 7. Factors that impact guideline implementation

Factor	Number of participants (N = 30)	Description
Colleague Influence	19	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. *"I guess just like exposure to them would be like a big thing, but if I know about them and if I've heard about them from people that I trust or have learned from over the years." – P05*

Evidence Strength and Quality	18	Participants indicated evidence support for a guideline and 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. *"I often try and see which one has the best evidence for it . So I try to avoid the guidelines , which are of expert opinion rather than based on the evidence." – P25*
Local Relevance or Development	17	Participants noted that guidelines being developed locally to them was an important factor in the guideline they chose to use. They highlighted that guidelines developed more locally had more relevance to their specific population and practice. Some participants explained this would often lead them to choose provincial guidelines over national ones, or Canadian guidelines over guidelines from another country, depending on what was available for a topic. *"How relevant is it to the patient population I'm serving. So for instance, not so much with Osteoporosis Canada, but sometimes there'll be U.S. guidelines and they'll use predominantly US populations in their research, so I'm mindful that that might not be as transferrable to the population I'm serving, so I might steer towards more Canadian or Task Force guidelines." – P15*
Patient Preference	16	A majority of participants noted that patient preference has 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. *"And sometimes I'll even tell patients we've got a set of guidelines that says this and a set of guidelines, it says this. So, there's no wrong answer. And then kind of present the information that way and use a little bit of their own, wishes and opinions to make it."- P17*

Provincial Standards	15	Participants noted guideline alignment with provincial standards and programs plays a role in whether they use it. This includes alignment with provincial guidelines and practice evaluation standards, and how funding and resources availability aligns with guideline recommendations. *"That's a good question. I don't know if I really thought about it too much. I guess usually what I would do is follow whatever is being recommended in my jurisdiction. So, whatever is being done provincially, I kind of my hand is forced a bit." – P19* *"And then a big factor, like I said , is provincial, like official provincial guidelines because, you know, patients come in saying, hi, I'm 45. I know I'm supposed to get my mammogram like I need my mammogram, and it's hard to like you—despite evidence that's clearly laid out in the Task Force guidelines like it is a provincial recommendation." – P06*
Consensus with other guidelines	11	Participants reported that they will often compare a new guideline with others available, and that guidelines being in alignment is often a supportive factor in choosing to implement a guideline. *"I mean, aside from things that are being updated, generally I try to make sure guidelines I'm following are supported by multiple bodies as opposed to just following a recommendation from one particular organization so, if something else were to come out that contradicted a guideline I was following, I would at least think twice about it and consider changing." – P19*

Guideline Source	10	Some participants noted that they would be more likely to choose a guideline that comes from an organization they trusted, or from an organization that had been recommended to them during their training or by colleagues *"In general, I just trust that the Canadian Task Force is evidence based and not biased. So in general I sort of blindly trust, I guess, the Task Force recommendations." – P05* *"It's like an organization was kind of taught to you is a good source for guidelines." – P19*
Strength of Recommendations	2	Two participants noted that stronger recommendations played a role in deciding which guidelines they should implement. *"If you see like weak recommendation, low certainty or very low certainty evidence, then you can kind of say, okay, maybe there's like some kind of clinical decision making that can be had here. I don't know, like, there's kind of more research, more like other—trying to find other sources and other guidelines that might go into that versus something that is a strong recommendation, high quality or high certainty evidence, where you're like, okay, this is a very strong recommendation that's very easy to implement." – P06*

Participants also outlined barriers and facilitators to implementation of guidelines in their practice. These are described in detail below.

Table 8. Barriers and facilitators to guideline implementation

Factor	Number of participants (N = 30)	Description
Clear and concise guidelines	17	Participants mentioned that a guideline being clear and concise was a factor that made it easier to use in practice. *"Guidelines should be clear. If I glance at a guideline and see bullet points listed one after the other, step by step, really clear, or an algorithm that says, 'If this happens, you do this. If this happens, you do that,' it makes it much easier to follow. Sometimes, you start looking at certain guidelines, and they're so convoluted and confusing. When we get very busy, it's fast-paced, and you just want quick answers, right? So needing quick answers means you want very clear guidelines in very clear language—easy to understand, easy to follow." – P01*
Availability of Tools	16	A number of participants noted that having useful tools and resources made it easier for them to implement a guideline in their practice *"I think, you know, I tend to be a visual person, so where they can be like, what you might call it, like decision trees or infographics that sort of walk me through." – P14*
Time constraints (e.g., in patient interactions or for exploring new guidelines	7	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 *"But, you know, when it when it comes down to it, we have limited time with every patient that we can spend. So, you know, if you have a 20 minute visit, you can only spend, you know, a couple of minutes kind of talking about the evidence behind screening and going through infographics and stuff. So really, time and the pressure on the health care system is the biggest thing." – P21*

Patient Preference	4	Participants described that when a patients' preference doesn't align with the recommendations in a guideline it can make it more difficult to implement a guideline. *"What's coming to mind right now is when there's when patients perceptions or fears about their own health and what they're wanting us to order for them, go against what a guideline says. If they wanted tests ordered and it's not recommended for their age or given the situation, it can be a little bit trickier to not order tests for them." – P16*
Agreement between guidelines from different organizations	4	Participants noted that it is easier to implement recommendation from a guideline if it aligns with recommendations from other guidelines on the topic *"And then I guess the other thing would be that it aligns with some of the bigger guidelines , like , especially if that's like a provincial guideline , it'd be easier to implement kind of the intervals or screening or the same , um , so that there's kind of the same messaging." – P28*

Facilitators mentioned by one or two participants included: the guideline requiring minimal change to current practice to implement, the ease of completing a test for patients, the guideline recommending risk assessments and shared decision making, the guideline considering population diversity, and the integration of guidelines into practitioners' EMRs .

Barriers mentioned by one or two participants included: conflict with other guidelines on the topic, and lack of resource availability for testing.

Theme 4: 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. They suggested leveraging multiple avenues of communication using short, easy to read messaging, with links to more detailed information if it's desired. Suggested avenues included the Canadian and provincial colleges of family physicians and nurse practitioners. They also suggested continuing to use email communications and exhibiting at conferences.

"I think like keeping the bulletins coming and keeping them very focused. We have changed this guideline, we've changed it in the following way, getting to the nitty gritty so that you can look and say okay, and then having the embedded links for anybody that wants more information – I think that's great." – P07

2) *App Development or EMR integration:* 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 and noted they would want the app to be Task Force specific. Others 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.

"If there was like an app version of the infographics that I'd have on my phone, it would just be a little more readily available and probably a bit more updated because I actually have kind of old ones I've been using. So that would be nice." – P05

3) *Website Optimization:* A few participants suggested ways that the Task Force website could be updated to improve guideline access. These included grouping guidelines by age group or topic type and optimizing the guideline pages to make the tools easier to find and improving the look and feel of the website.

"Other themes or other ways to organize it like other than alphabetical. I mean, alphabetical is good, you know. But again, as more tools get developed, you know, are there like age based themes or, you know, higher things that can be brought together to make it more practical." – P10

4) *Greater Patient Outreach:* Several participants suggested that greater outreach to patients could be useful for uptake of Task Force guidelines. Participants suggested creating a social media presence aimed at patient education and outreach. They also suggested creating a more robust patient-facing website with resources and interactive tools that patients could access themselves and use to determine what to talk to their practitioner about at their next appointment.

"I think that the Task Force has a good voice with physicians, not necessarily with patients. You know, patients follow Tik Tok. So, you know, maybe they should have a good patient engagement platform, something like that, just to educate the public on what's best." – P25

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. Notably, 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 = 10) compared to English (n = 153), and no participants interviewed in French. Two French-speaking participants were initially recruited but were lost to follow up before completing an interview. Although this is similar to the number of French-speaking participants interviewed in past years French interviews have been offered (0, 3, 1, 4, and 2 were completed in the 2019, 2020, 2021 and 2022, 2023 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.

Suggestions from survey and interview participants, while important avenues to explore, should not be implemented without support from other areas of evaluation and evidence from knowledge translation literature to ensure the best use of Task Force resources.

The recommendations included in this report are based exclusively on the results of the evaluation activities and do not consider the feasibility of implementation within the current operational context of the Task Force. Feasibility assessment and prioritization of the recommendations will require careful consideration by the Task Force membership in the context of other prioritized activities such as guideline production.

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. The Task Force can explore these recommendations and prioritize which ones may be suitable to implement, based on factors including feasibility within their mandate, and resources available in the context of the other prioritized activities they must conduct.

The Task Force should also consider how these recommendations align with the recommendations of the External Expert Review that are scheduled to be released in 2025 when determining which recommendations to explore further, prioritize, and implement.

- **Explore new opportunities to disseminate Task Force guidelines and resources to PCPs:**

  In addition to continuing to leverage current successful dissemination strategies such as the Task Force email newsletter and distributing materials at conferences, the Task Force can explore new opportunities to disseminate guidelines and resources, including:

  - **Developing an enhanced communications and media strategy to strengthen the Task Force's brand as a trustworthy source of evidence-based guidelines and promote its existing resources.** Participants highlighted that they trust the Task Force's guidelines and the evidence base was one of the most highly cited factors considered by interview participants when choosing which guidelines to use. There was also relatively low awareness for a number of the Task Force's learning resources, including podcasts, and webinars. The Task Force can consider enhancing their communications and media strategies to: 1) strengthen their positioning as a trusted source for Canadian PCPs for evidence-based preventive health guidelines, and 2) promote and advertise existing resources with lower awareness among PCPs.
  - **Distributing hard copy guidelines and tools.** Direct mail (email and print) were highly requested methods for accessing Task Force resources by survey participants and were noted as useful options by some interview participants. Exploring new opportunities to distribute Task Force materials directly to PCPs or clinics could increase the reach of Task Force guidelines and resources. This strategy may be particularly impactful in rural areas, where high-speed internet access is less reliable.
  - **Targeting medical school, nurse practitioner school and residency training.** Medical school or residency was a common route through which PCPs learned about Task Force guidelines and resources. Some participants also noted that inclusion of the Task Force in medical education varies by school and is not consistent across institutions. The Task Force can consider continuing to explore opportunities for guideline dissemination through these programs.

- **Strengthen direct communications and engagement with patients, caregivers and members of the public**

  Many participants noted that patient knowledge and screening preferences were significant drivers in screening recommendation uptake. Interview participants noted that social media (e.g.,Tik Tok, Instagram) and other channels can influence patient views on screening. The Task Force can consider leveraging their existing relationships with patient advisors (i.e. TF-PAN) to design and develop additional strategies and resources to strengthen communication and engagement with patients. Some strategies and resources to consider for development include:

  - **Creating a patient-focused social media presence.** The Task Force can consider disseminating directly to patients through avenues they use to seek health information. Interview participants suggested that social media (e.g. Tik

Tok) is often a place where their patients receive health information and could therefore be a place to develop a patient-facing presence.

- **Expanding the patient-facing Task Force website.** Several participants highlighted that having a more robust patient facing website they could direct patients to for more information about guideline recommendations would be supportive to guideline implementation.
- **Co-creating new tools for patients.** Several participants suggested creating new interactive tools for patients. These tools could aim to inform patients about what screening recommendations may apply to them and support them to have conversations about screening with their PCP.

- **Explore opportunities to develop Task Force's digital footprint and digital products**

  Survey and interview participants expressed a desire for more options to integrate Task Force guidelines and tools into their digital practice environment. The Task Force can consider exploring options to expand their digital reach through avenues such as:

  - **Exploring options for mobile application presence.** Participants suggested that an app would be useful for them to easily access Task Force guidelines and resources during busy appointments with patients. The Task Force guidelines and resources are currently hosted on the QxMD Calculate and Read apps, however knowledge and use of these applications remains low among survey participants, though requests for app access to Task Force guidelines is much higher. Additionally, discussions with interview participants suggest that a Task Force specific app, rather than inclusion of Task Force resources in another organization's app is preferred for easier access to Task Force resources. Some interview participants also suggested that an app could be useful for outreach to patients as well. The Task Force can consider exploring options for their presence in the mobile application environment to address participant demand such as increasing promotion of Task Force presence on existing third-party applications or re-exploring development of a Task Force specific mobile app.
  - **Exploring the integration of Task Force materials into primary care EMRs**. EMR integration was another often-requested method to support implementation of Task Force guidelines in practice. This integration could include being able to access discussion tools or risk calculators without exiting the EMR environment, and integrating reminders for screening into patient records. The Task Force can consider exploring opportunities to develop these integrations in commonly used EMRs, either directly or through potential partnerships with organizations that have expertise in EMR integration.
  - **Optimizing the Task Force website.** Some evaluation participants noted that it can be difficult to find the guidelines they are looking for quickly during a busy appointment. Optimizing the Task Force website for users could assist in further guideline implementation. For example, providing additional views for guidelines, such as by age group or topic theme in addition to year, and redesigning the guideline pages to enhance the visibility of available tools were both participant suggestions that could be explored.

- **Developing more interactive guideline tools.** Some participants noted in their interviews that while they appreciated the Task Force's static tools for engaging patients in screening discussions, interactive tools such as the FRAX tool tended to be best received by patients. They also noted that these interactive tools could be updated regularly, whereas a printed resource in their office could easily become out of date without their knowledge. Exploring opportunities to develop interactive guideline tools could be a useful avenue to consider to enhance use of guidelines and tools.

- **Explore opportunities to collaborate with specialty and provincial healthcare bodies in guideline dissemination and implementation activities.**
  Participants in the surveys and interviews both highlighted that conflicts or misalignments between guidelines from different organizations on the same topic can make it more difficult to implement guideline recommendations in practice. Some participants preferred to look to specialty organizations or provincial organizations for guidelines rather than the Task Force, for a variety of reasons, such as expertise in the specific clinical field, relevance to local practice populations or local practice requirements. To enhance uptake of future guidelines and resources, the Task Force can continue to explore how they can collaborate with specialty and provincial organizations throughout the guideline development and dissemination process within the Task Force's rigorous guideline development methodology, to reduce duplication of effort, and support uptake of evidence-based guideline recommendations within provincial practice environments.

- **Enhance the Task Force's conference engagement strategy.**
  Survey and interview participants highlighted that conferences were a common method they used for learning about new guidelines. Exhibiting at conferences has also been a successful method for disseminating Task Force tools to primary care providers. The Task Force can consider enhancing its conference engagement strategy to continue with exhibiting at a booth to distribute Task Force tools and resources, and submitting abstracts to deliver presentations at key conferences to enhance guideline dissemination.

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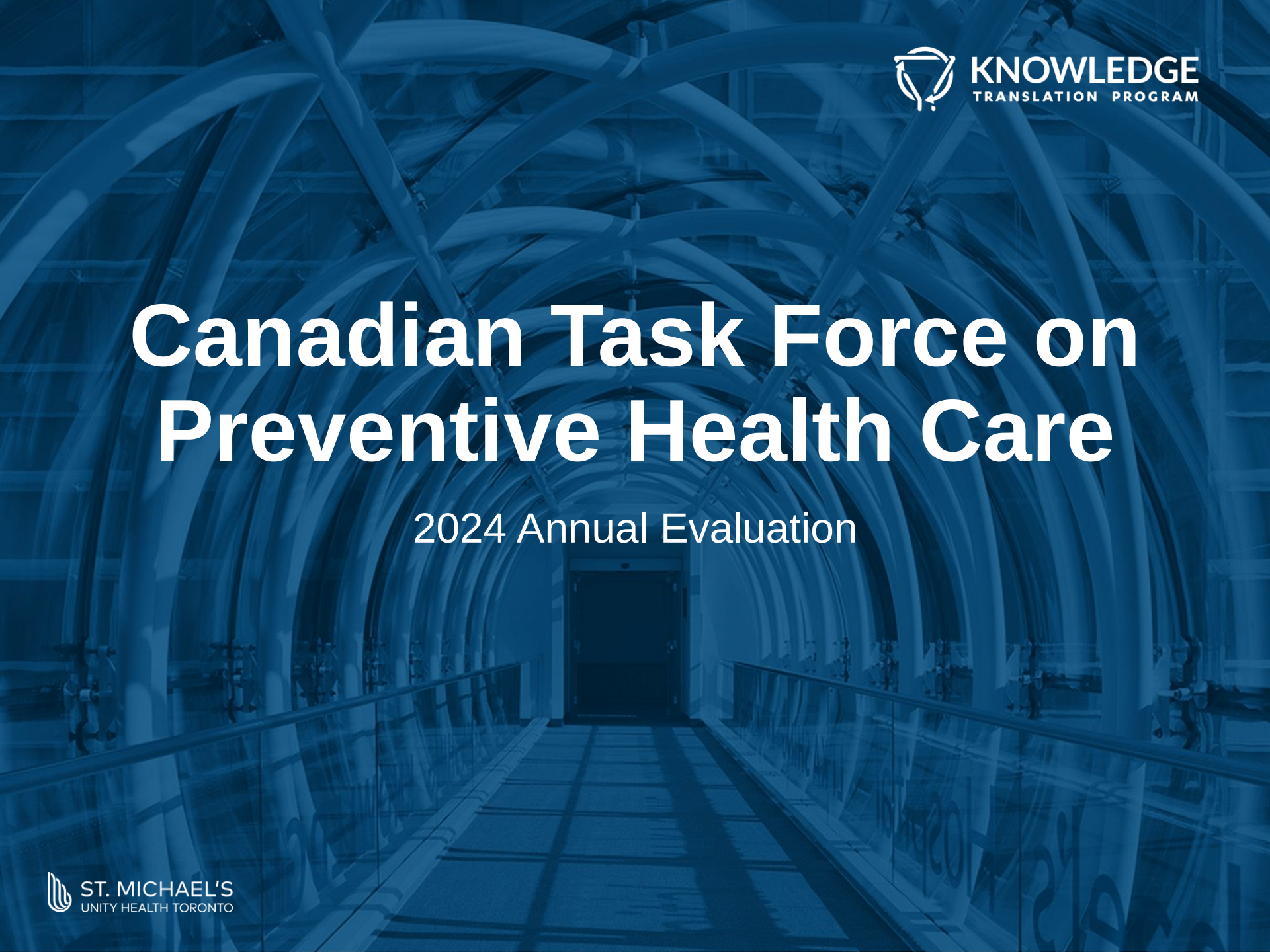


KNOWLEDGE TRANSLATION PROGRAM

Canadian Task Force on Preventive Health Care

2024 Annual Evaluation

ST. MICHAEL'S UNITY HEALTH TORONTO

KT Activities

Breast Cancer Pre - Release: Stakeholder Engagement

Released May 2024

- Hosted 5 interested party webinars on May 28th and May 29th:
  - Presented by: Dr. Guylène Thériault, Dr. Eddy Lang, Dr. Donna Reynolds, and Dr. Henry Siu.
  - 6 interested groups and ~ 52 participants across all 5 webinars.

Breast Cancer Pre - Release: Stakeholder Engagement

Released May 2024

- Hosted 2 guideline release webinars on May 30th:
  - English: Presented by Dr. Guylène Thériault & Dr. Eddy Lang – 71 participants.
  - French: Dr. Guylène Thériault & Nathalie Slavtcheva – 25 participants.

Breast Cancer Pre - Release: Stakeholder Engagement

Released May 2024

- Hosted 2 media briefings on May 30th:
  - English: Presented by Dr. Guylène Thériault & Dr. Kate Miller – 23 participants.
  - French: Presented by Dr. Guylène Thériault & Nathalie Slavtcheva – 5 participants.

Beast Cancer Post - Release: Dissemination & Media

Dissemination	Breast Cancer Draft	Fragility Fractures Total***
CMAJ journal subscribers (received guideline)	N/A*	67, 788
CMAJ guideline downloads*	N/A*	15,926 (EN) 3,834 (FR)
Task Force website English page visits	25,807	9,055
Task Force website French page visits	5,113	2,190
Podcast plays	N/A*	10,721
Media		
Media Mentions	2,222**	75
Interview requests with Task Force members	49	5
Altmetric score	N/A*	107
Citations	N/A*	4

**The draft guideline was published only on the Task Force website. These numbers will be available for the full guideline release.*
***Total mentions for the Task Force in 2024. Most mentions were for breast cancer screening in 2024.*
****Metrics included from 2023 annual evaluation for comparison purposes.*

Breast Cancer Post – Release: Dissemination & Media

Highlights:

- ***CMAJ's* July 2nd eTable Of Contents (eTOC) and *JAMC's* June 28th eTOC included an ad for the breast cancer draft guideline public feedback survey.**
  - CMAJ eTOC reach is ~64,000 physicians and JAMC's eTOC reach is ~ 22,000 physicians.
  - Average open rate for eTOCs is 59%, click rate is 8% and average impressions is 61,145.
- Several articles and a podcast were released:
  - Globe and Mail (Link)
  - Le Devoir (Link)
  - TopFM Podcast (Link)
  - Medscape (Link)

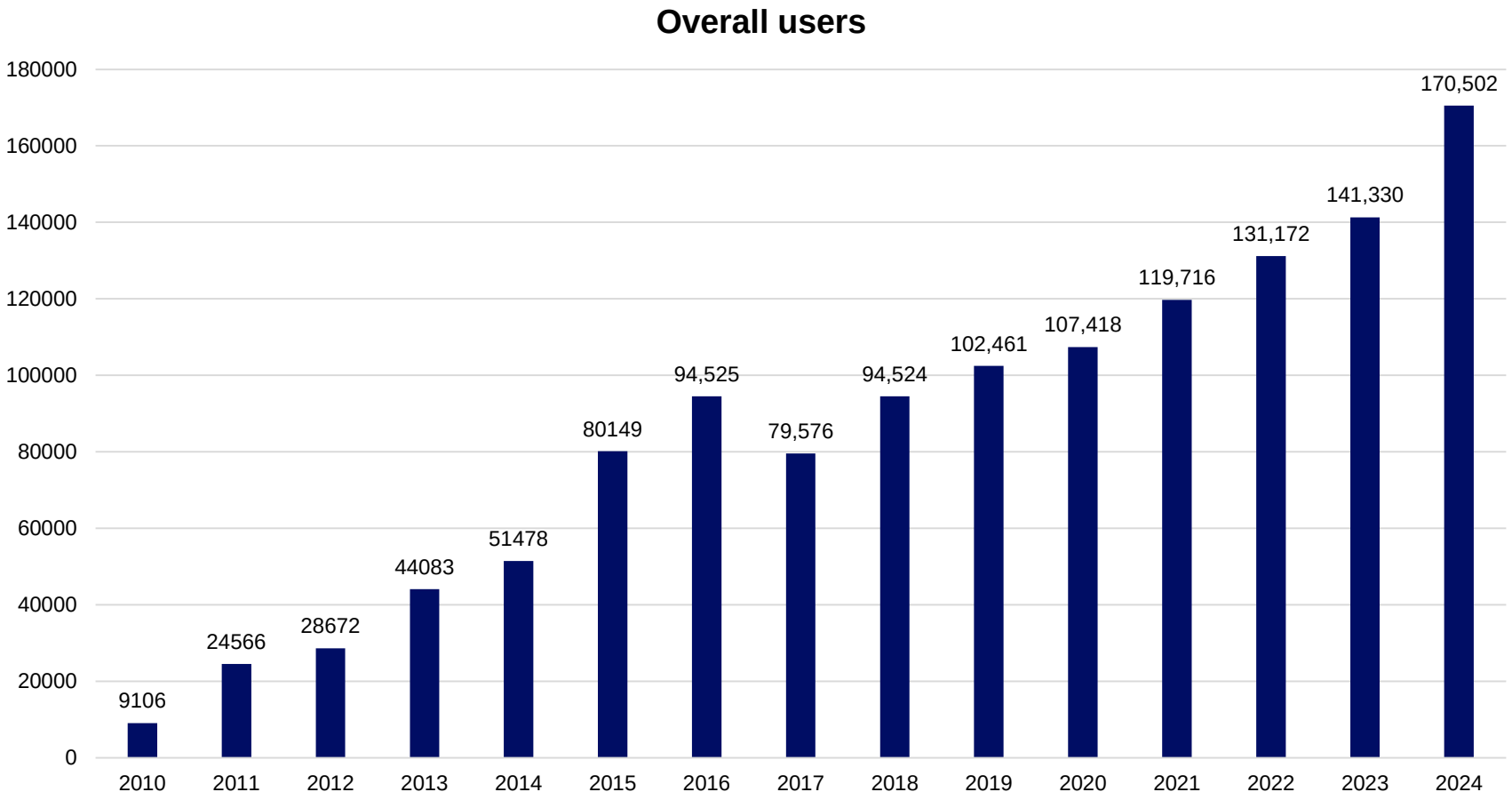
Conferences & Engagement

Conference	Dates	Location	Delegates attended	Task Force booth attendees	Tools Distributed
Nurse Practitioners Association of Canada Conference	April 12 – 14, 2024	Calgary	188	75	1,328
31st Annual Rural and Remote Medicine Course	April 18 -20, 2024	Edmonton	800	150	2,067
BC Rural Health Conference	May 24 – 26, 2024	Whistler	250	80	1,275
Nurse Practitioners Association of Ontario Conference	September 25 – 26, 2024	Toronto	350	73	818

Conferences & Engagement

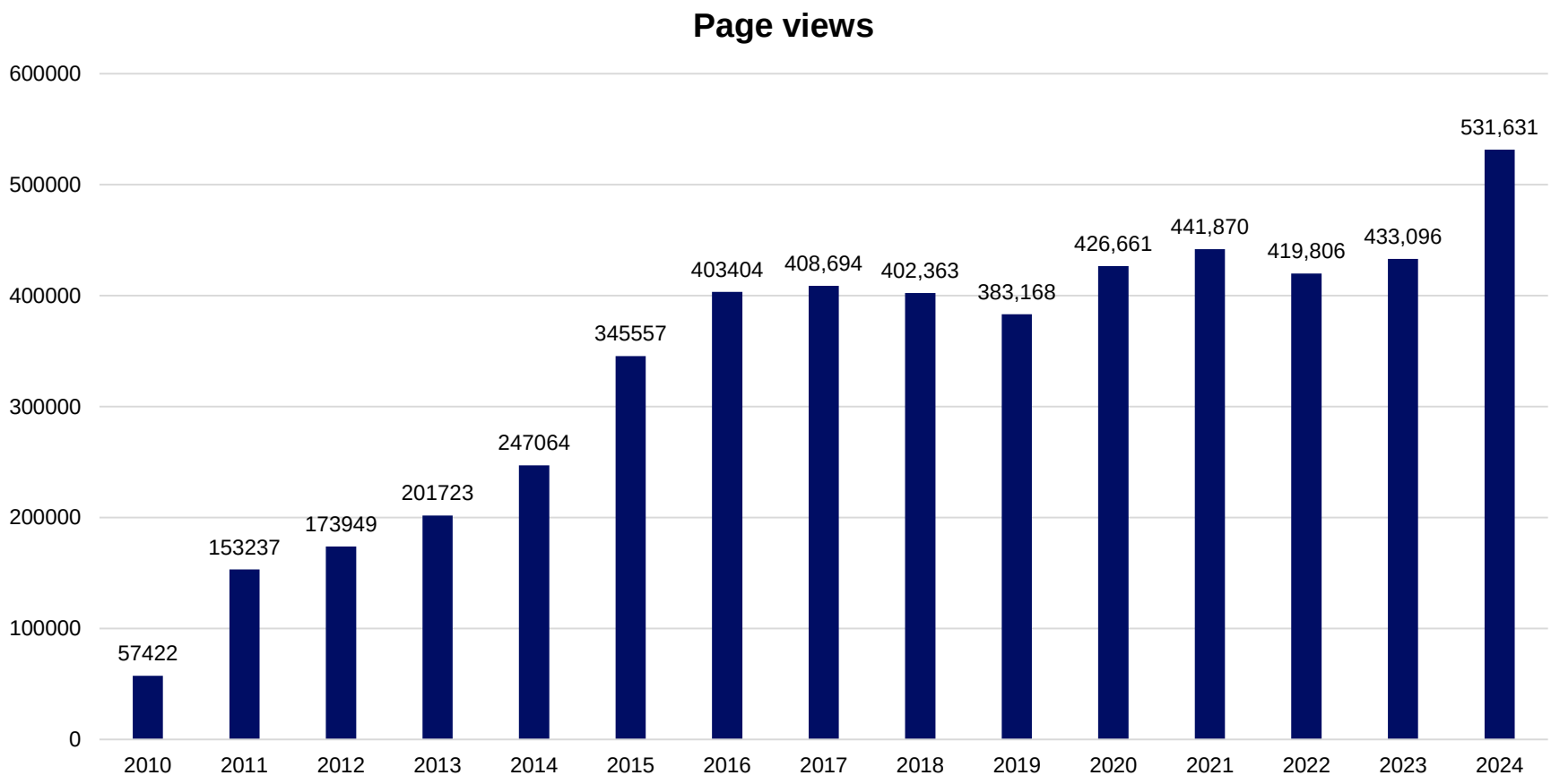
Conference	Dates	Location	Delegates attended	Task Force booth attendees	Tools Distributed
Nova Scotia Family Medicine Conference	October 18, 2024	Halifax	80	17	355
Congrès annuel de médecine - Médecins francophones du Canada	October 22 – 25, 2024	Montréal	650	77	746
Family Medicine Forum	November 6 – 9, 2024	Vancouver	3,800	296	3,782
Mini Rural and Remote Medicine Course	November 29 – December 1, 2024	Charlottetown	148	66	1,146

Task Force website annual users



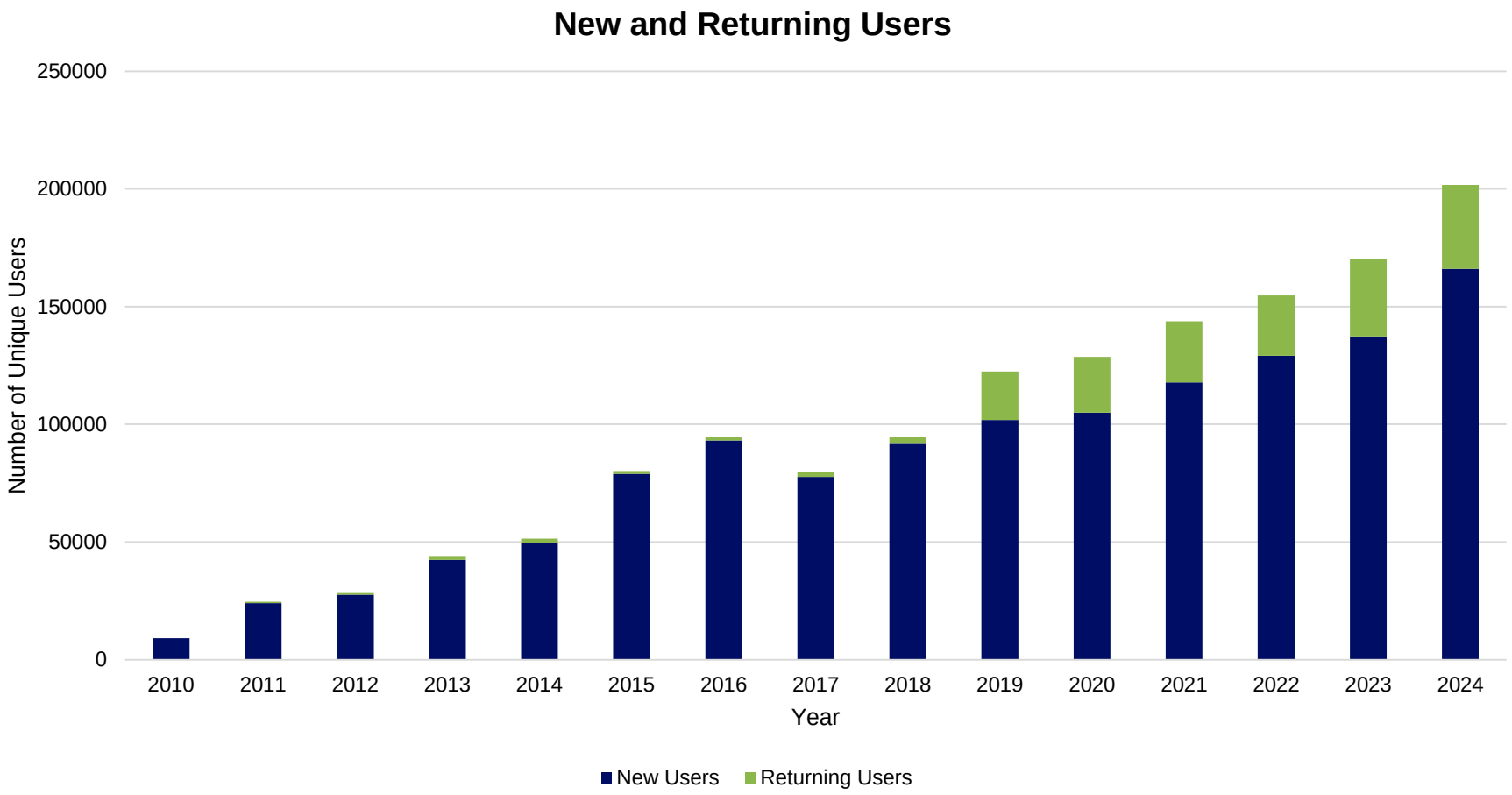
Note: The data reported is combined for both the English and French website platforms.
2019 values may be reduced due to errors with analytics data collection between January 2019 and March 2019.

Task Force website annual page views



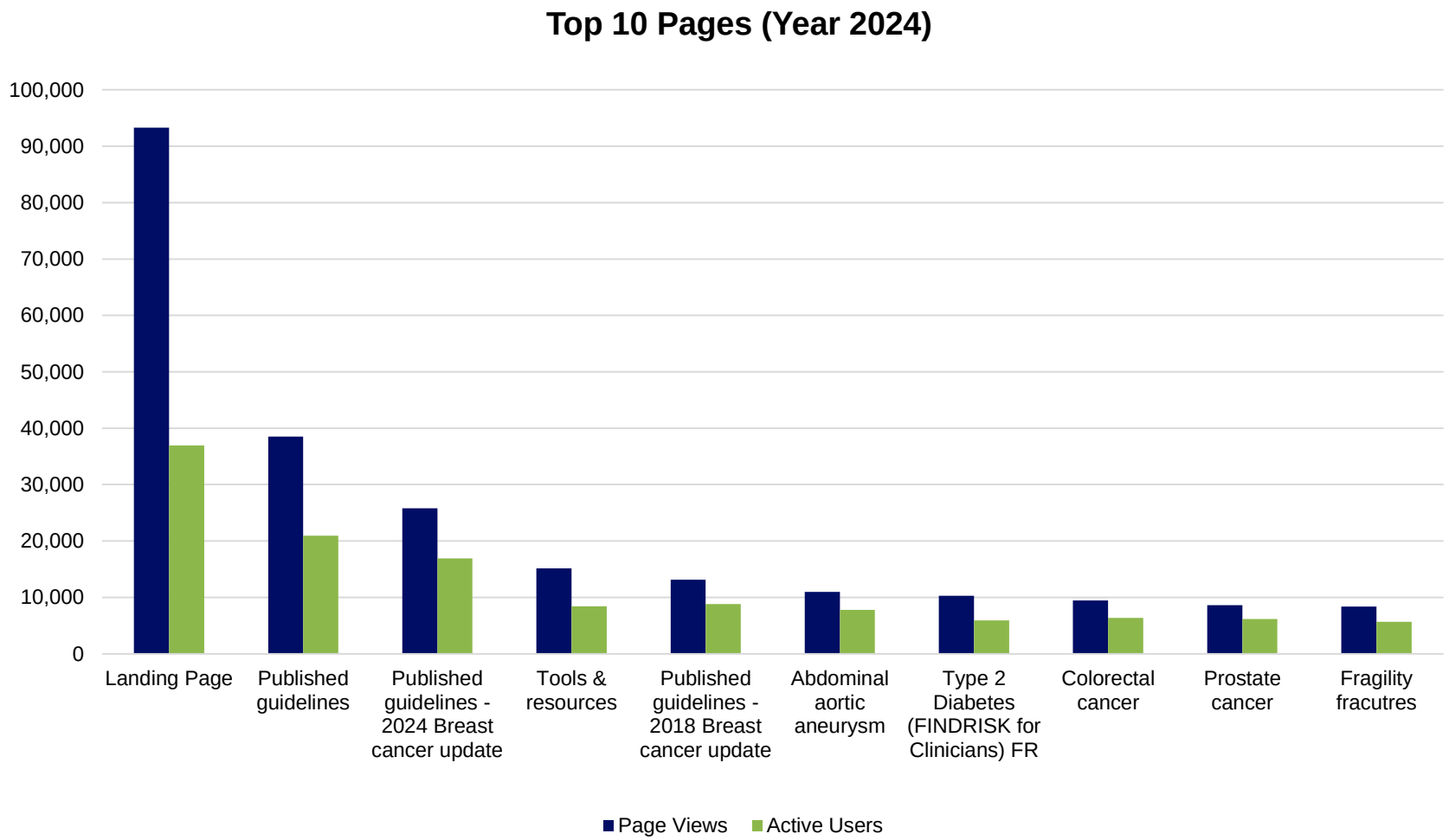
Note: The data reported is combined for both the English and French website platforms.
2019 values may be reduced due to errors with analytics data collection between January 2019 and March 2019.

Task Force website sessions

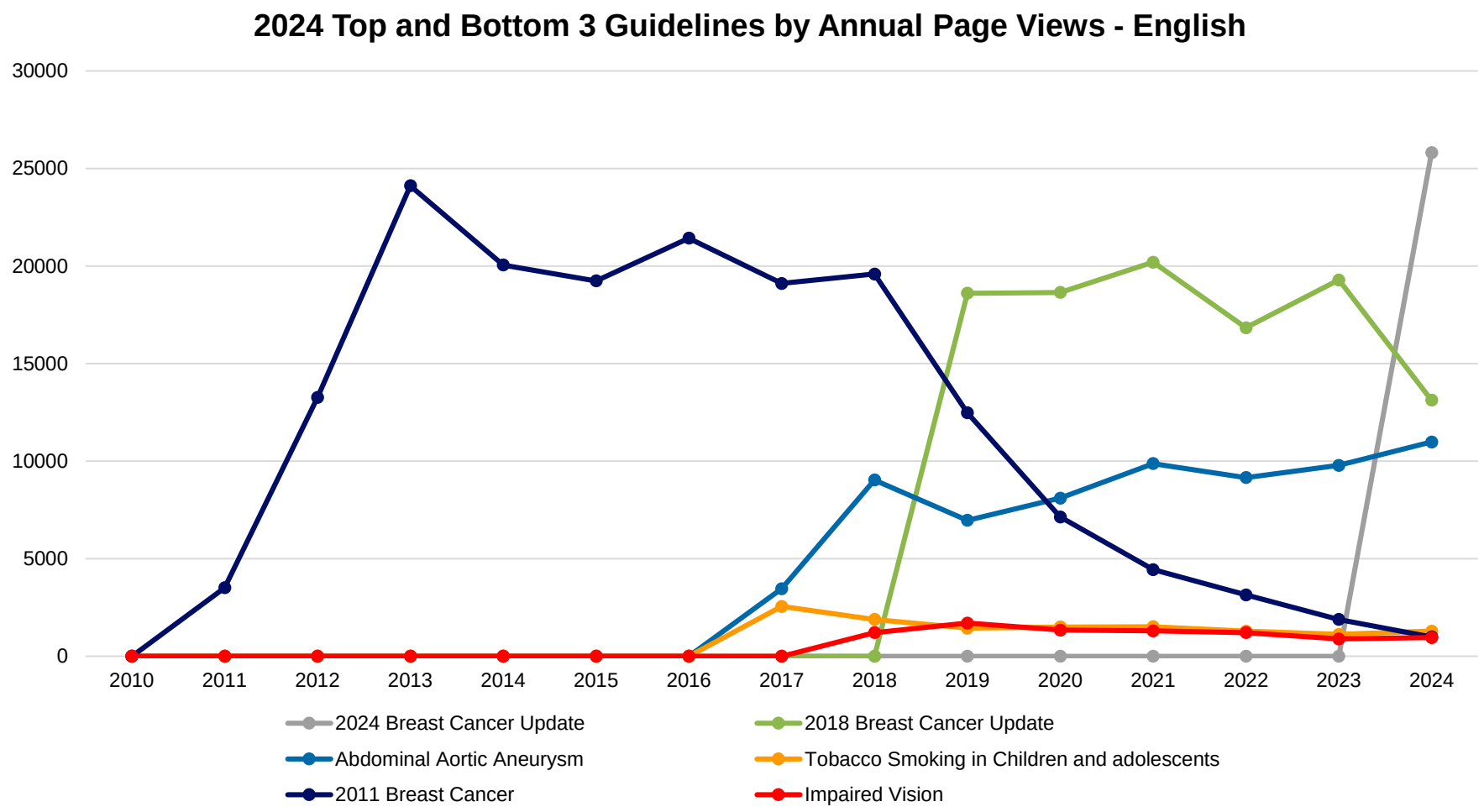


Note: The data reported is combined for both the English and French website platforms.

Top 10 most viewed Task Force website pages

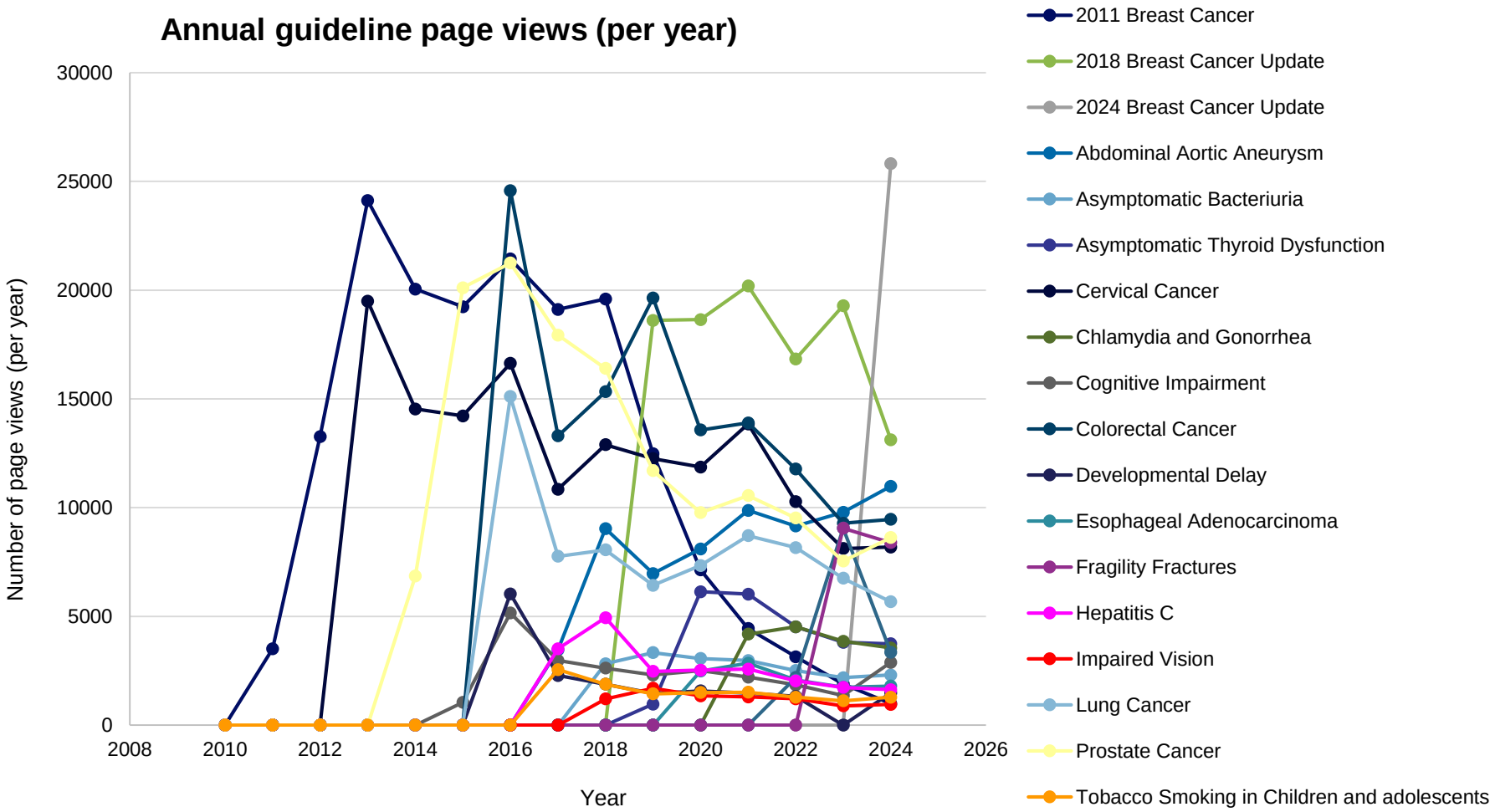


Annual guideline page views - English



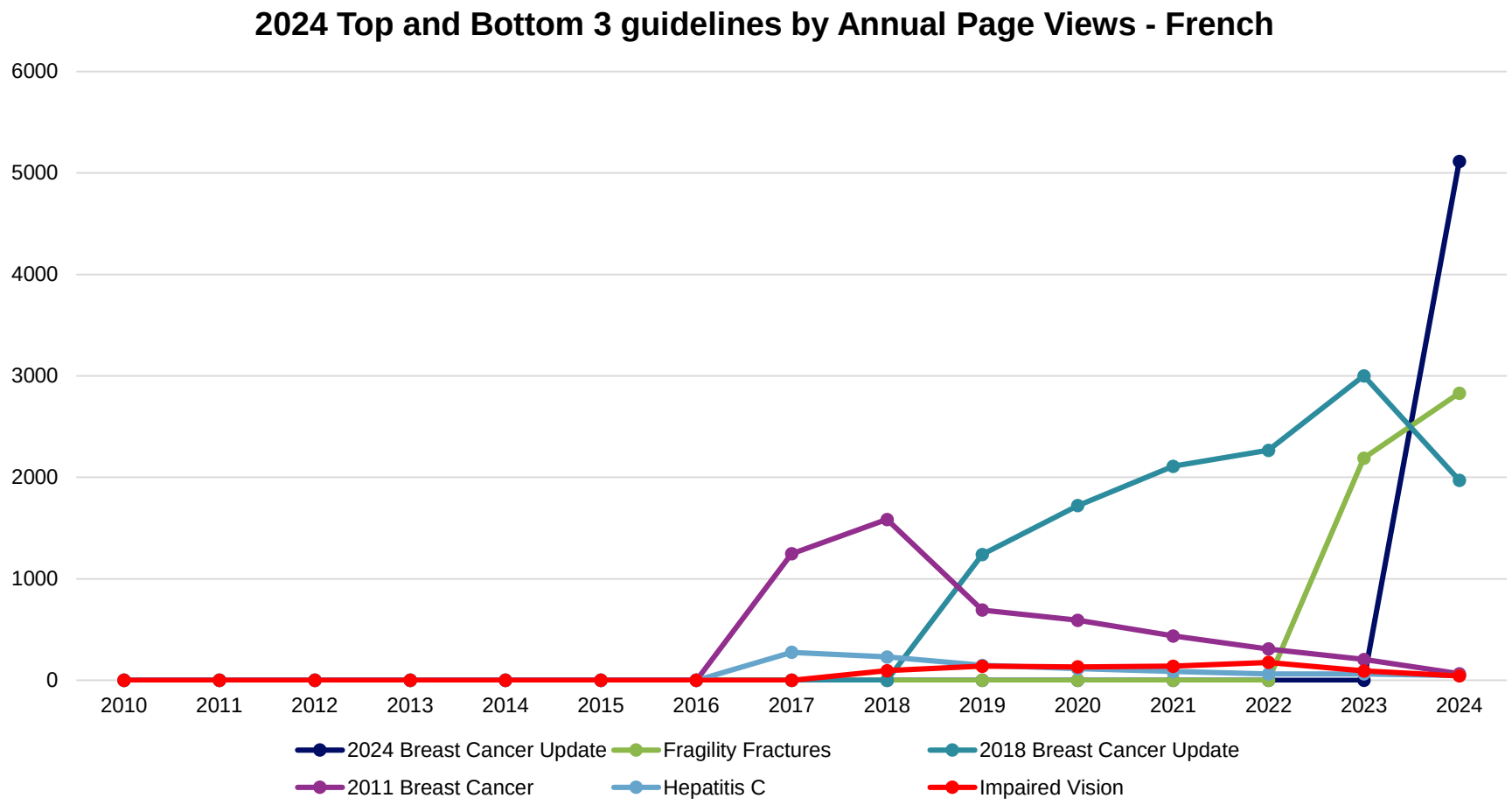
Note: The breast cancer guideline update webpage data was unavailable for the month of Dec.2018.

Annual guideline page views - English



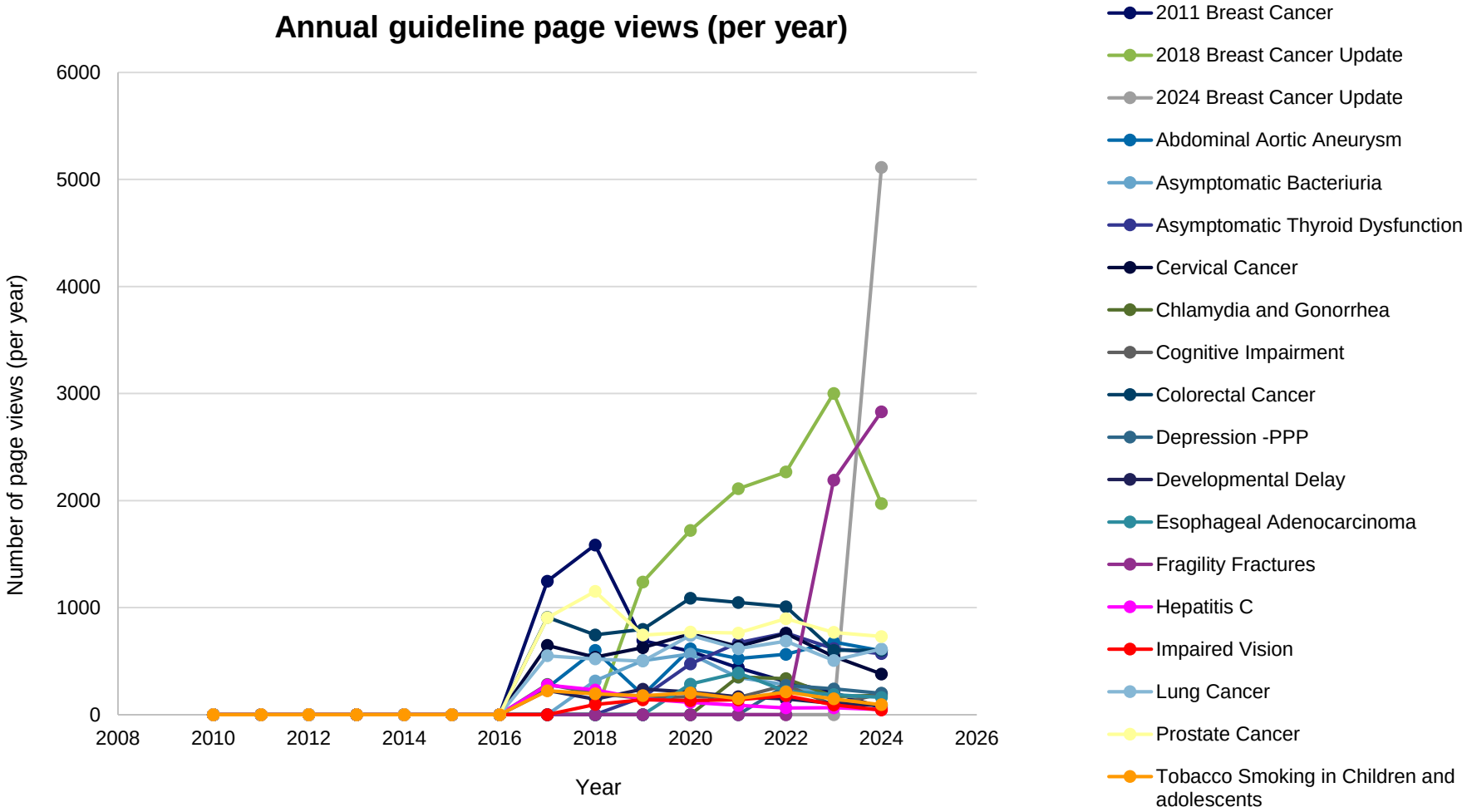
Note: The breast cancer guideline update webpage data was unavailable for the month of Dec.2018.

Annual guideline page views - French



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.

Annual guideline page views - French



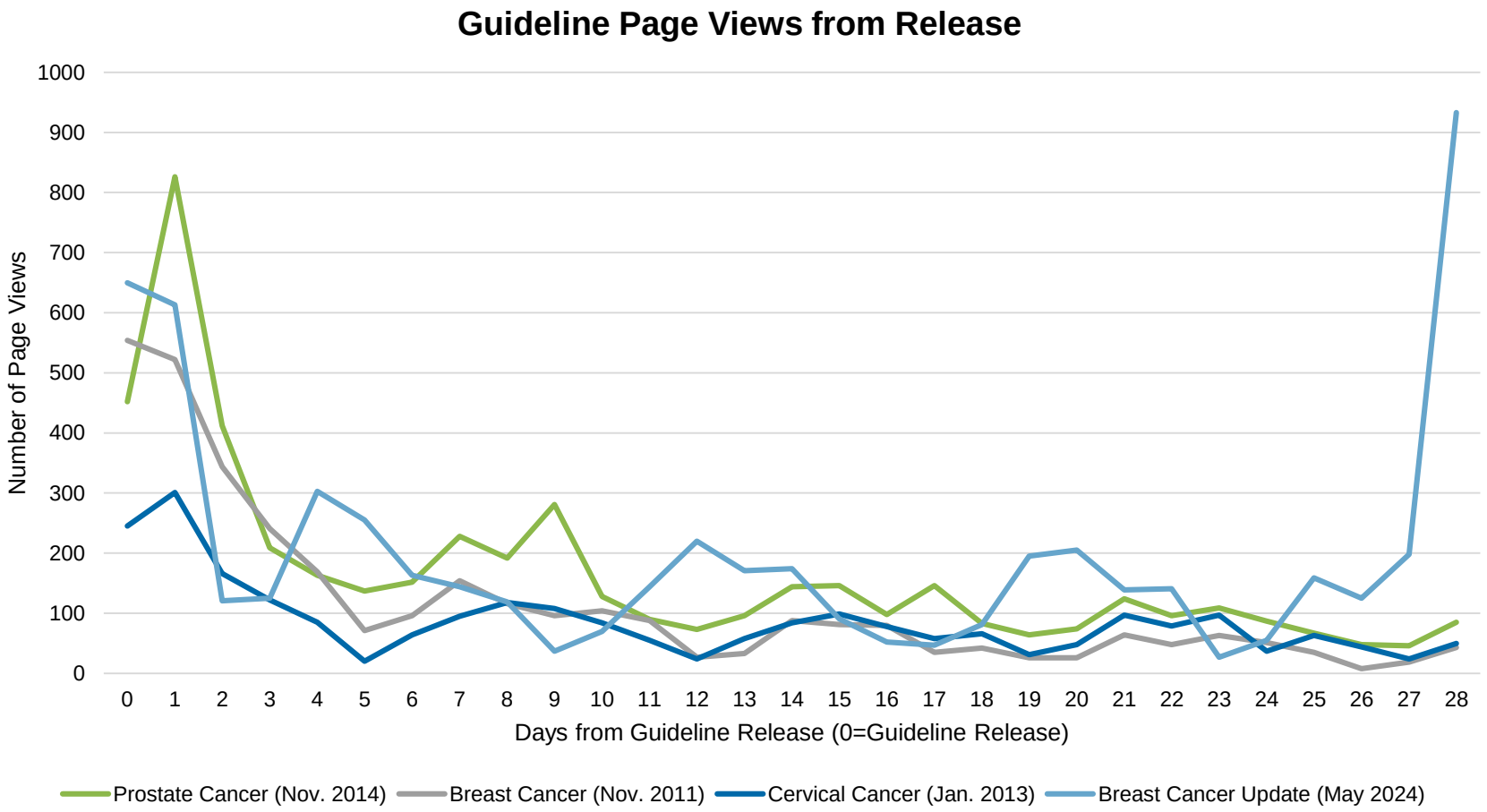
Note: Date for the French website platform is only available from 2017 onwards and The breast cancer guideline update webpage data is unavailable for the month of Dec.2018.

Top 5 Task Force website user locations

Top 5 cities	Sessions
Toronto	15,670
Montreal	13,573
Quebec City	5,007
Ottawa	6,329
Calgary	4,711

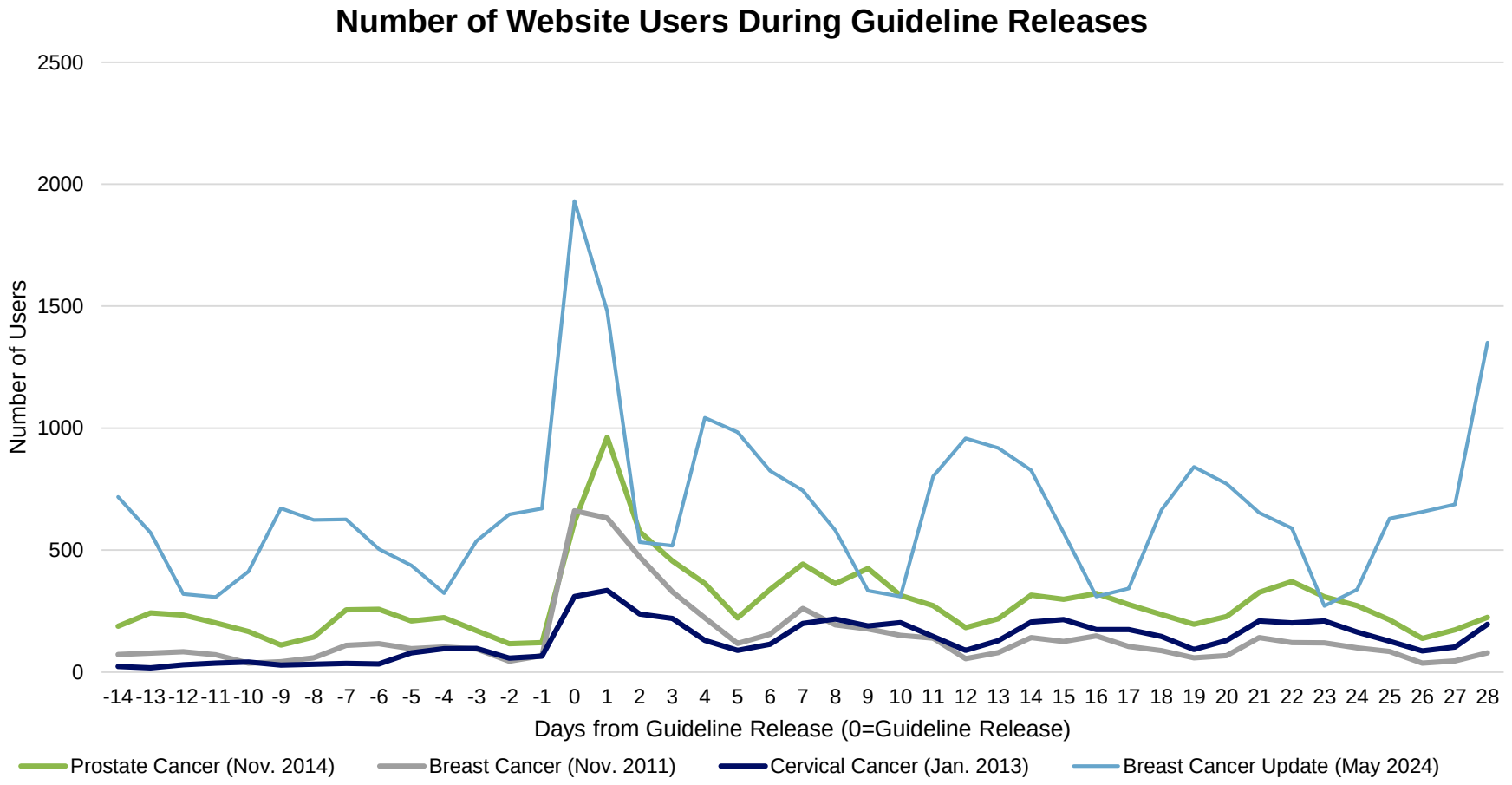
Note: The data reported is combined for both the English and French website platforms.

Task Force English website guideline page views after release



Note: The breast cancer guideline update webpage data is unavailable from December 2018 to March 2019, therefore the data from the Breast Cancer guideline released in 2011 is used in this graph.

Task Force website users before and after guideline releases



Note: The breast cancer guideline update webpage data is unavailable from December 2018 to March 2019, therefore the data from the Breast Cancer guideline released in 2011 is used in this graph. The data reported is combined for both the English and French website platforms.

KT Tool Page Views

- Total KT tool page views in 2024: **119,058** (68 % English; 32% French)*

Top 10 Most Viewed KT Tool Pages in 2024					
Guideline	Tool	English	French	Total tool page views	Rank
Fragility Fractures (2023)	Decision Aid	23,109	5,678	28,787	1
Diabetes, Type 2 (2012)	Clinician FINDRISK	3,156	10,276	13,432	2
Prostate Cancer (2014)	Harms & Benefits	8,306	834	9,140	3
Diabetes, Type 2 (2012)	CANRISK	6,299	640	6,939	4
Diabetes, Type 2 (2012)	Patient FAQ	210	5,187	5,397	5
Hypertension (2012)	Poster for Clinicians	749	4,282	5,031	6
Hypertension (2012)	Clinician Algorithm	2,629	725	3,354	7
Breast Cancer (2018)	1000-person Tool	2,854	298	3,152	8
Breast Cancer (2024)	40-49 1000-person Tool*	2,542	487	3,029	9
Chlamydia and Gonorrhea (2021)	Patient FAQ	2,422	NA	2,422	10

*These numbers do not reflect PDF views. The 2024 Breast Cancer tools were directed to PDFs, which are not tracked by analytics.

2024 YouTube Video Views

Top 10 Most Viewed Videos	YouTube Views 2023	YouTube Views 2024
Chlamydia and Gonorrhea (April 2021)	3,066	1,992
La chlamydia et la gonorrhée (April 2021)	1,837	1,215
Peut-on avoir un faux positif au test? (April 2021)	175	884
Cancer Screening (December 2014)	655	624
Dépistage du cancer (December 2014)	230	365
Cancer du poumon - Vue d'ensemble, facteurs de risque et dépistage - Vidéo 1 (June 2018)	279	338
Lung Cancer - Overview, risk factors & screening - (Part 1 of 3) (June 2018)	206	194
Prostate Cancer—Video for Physicians (2014) (November 2014)	180	186
What about False Positives? (April 2021)	52	165
Cancer de la prostate—Vidéo pour les médecins (December 2014)	68	37

CMAJ –Task Force guideline downloads

Guideline topics (Release Year)	2024 CMAJ downloads*	Downloads Ranking	Citations	Citations Ranking
Fragility Fractures (2023)	9,879	1	15	17
Pregnancy and Postpartum Depression (2022)	4,944	6	31	13
Chlamydia & Gonorrhea (2021)	4,376	7	19	15
Esophageal Adenocarcinoma (2020)	3,472	11	11	19
Thyroid Dysfunction (2019)	3,325	12	26	14
Asymptomatic Bacteriuria (2018)	2,862	15	60	11
Breast cancer (2018)**	6,517	2	178	4
Impaired Vision (2018)	1,479	19	13	18
Abdominal Aortic Aneurysm (2017)	3,275	13	46	12
Hepatitis C (2017)	3,946	10	65	10
Tobacco in children (2017)	1,648	18	18	16
Colorectal cancer (2016)	6,111	3	227	1
Developmental delay (2016)	3,072	14	73	9
Lung cancer (2016)	4,362	8	151	6
Cognitive impairment (2015)	4,020	9	85	8
Prostate Cancer (2014)	5,282	5	167	5
Adult Depression (2013)	2,572	16	195	2
Cervical Cancer (2013)	5,429	4	192	3
Type 2 Diabetes (2012)	2,519	17	107	7

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

***The updated draft recommendations for breast cancer were released in May 2024, however the CMAJ article has not been published, so the breast cancer 2018 article numbers are reported here*

Prevention Plus: 2024 Registrants and All Accesses

- Prevention Plus is a continuously updated repository of current best evidence from research to support preventive health care decisions that includes Task Force guidelines

2024 Quarter	# of registrants	Number of Logins	Number of Page clicks	Total Website Searches	Article Accesses	Clicks on External links
Q1	96	113	2,162	0	773	2,251
Q2	99	214	2,793	0	1,332	4,119
Q3	103	107	3,535	29	1,618	5,712
Q4	105	122	2,940	0	1,699	5,383

Publications: Guidelines

Publication	Dates	Source	Type
None published in CMAJ in 2024			

Publications: Protocols and Systematic Reviews

Publication	Type	Dates	Source	Accesses*
Screening for hypertension in adults: Protocol for evidence reviews to inform a Canadian Task Force on Preventive Health Care guideline update	Protocol	January 5, 2024	*Systematic Reviews*	3,475
Screening for depression in children and adolescents in primary care or non-mental health settings: a systematic review update	Systematic Review Update	January 31, 2024	*Systematic Reviews*	4,470
Screening for lung cancer with computed tomography: protocol for systematic reviews for the Canadian Task Force on Preventive Health Care	Protocol	March 16, 2024	*Systematic Reviews*	2,094
Patient preferences for breast cancer screening: a systematic review update to inform recommendations by the Canadian Task Force on Preventive Health Care	Systematic Review Update	May 28, 2024	*Systematic Reviews*	3,005

*As of March 3, 2025

Publications: Protocols and Systematic Reviews

Publication	Type	Dates	Source	Accesses*
Effectiveness of e-cigarettes as a stop smoking intervention in adults: a systematic review	Systematic Review	June 29, 2024	*Systematic Reviews*	3,205
Effectiveness of smoking cessation interventions among adults: an overview of systematic reviews	Overview of Systematic Reviews	July 12, 2024	*Systematic Reviews*	5,329
Falls prevention interventions for community-dwelling older adults: systematic review and meta-analysis of benefits, harms, and patient values and preferences	Systematic Review and Meta-Analysis	November 26, 2024	*Systematic Reviews*	6,026
Screening for breast cancer: a systematic review update to inform the Canadian Task Force on Preventive Health Care guideline	Systematic Review Update	December 19, 2024	*Systematic Reviews*	970

*As of March 3, 2025

Publications: “Prevention in Practice” article series

- 2024 *Canadian Family Physician* print subscribers:
  - Canadian: 35,587 (32,209 English; 3,378 French).
  - United States: 572 (565 English; 7 French).
  - Other International: 1,327 (1,322 English; 5 French).

Article topics	Published
None published in 2024	

Other 2024 Task Force Related Articles by Members or Alumni:

Date	Title	Location	Authors or Participants
January	Tests that can keep men healthy	GoodTimes.ca	Roland Grad, Henry Siu, Ashraf Sefin
February	Why screening guideline committees should not include ‘experts’ as voting members	Healthy Debate	James Dickinson, Harminder Singh, Roland Grad
November	Blood test that can screen for 50+ cancers now for sale in Canada, at $2,099	CBC	Eddy Lang

Media: 2024 Highlights

- Media coverage of the Task Force was 31% higher than in 2023 due to the increased interest surrounding breast cancer screening (**2,222 mentions** vs. 1,690 mentions)*.
- The breast cancer guideline generated the most mentions, with additional mentions related to preventive healthcare, lung cancer and pregnancy and postpartum depression
- 53 requests for interviews or information were received (vs. 45 in 2023)
    - Breast cancer received the most (49, including 23 on day of release), followed by prostate cancer (2), colorectal cancer (1) and men's health (1).

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

Task Force Newsletter

- **12.2% increase** in newsletter subscribers from 6,059 (December 31, 2023) to 6,779 (December 31, 2024).
- The overall open rate was 59.4% (increased from 57% in 2023), and the click through rate was 7.8% (decreased from 8.3% in 2023).
- The **French Breast Cancer Update Draft Recommendations release alert** distributed in September was the **most successful of the 2024 newsletters/alerts**, with an open rate of **73.2%** and a click through rate of 10.8%.
- The average unsubscribe rate was very low at 0.16%.

Task Force Social Media

X (formerly Twitter)

- In 2024, social media activity continued to be scaled back because of increased toxicity around breast cancer screening, and the changed culture on X (formerly Twitter).
- X followers increased to 1,172 in 2024 from 1,139 in 2023.
- The top tweet in 2024 was the tweet about the work occurring to update the breast cancer guideline, posted on March 28th. This tweet received 10,200 views, 8 comments, 8 retweets and 7 likes.

Task Force Social Media

LinkedIn

- In 2024, Task Force made 2 posts on LinkedIn.
- There are 292 followers on LinkedIn, and increase from 224 followers of the Task Force in 2023.
- The top post on LinkedIn was similar to the top post on X. The post discussed the work on the breast cancer guideline update and outlined who the guideline would apply to.

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 2024.

Clinical Prevention Leaders Network - Demographics

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

Clinical Prevention Leaders Network - Webinars

Webinar Topic	Date	Number of Participants (n=11)
Introductory Webinar – Part 1	September 7, 2022	7
Introductory Webinar – Part 2	October 6, 2022	5
Overdiagnosis – Part 1	November 22, 2022	4
Overdiagnosis – Part 2	January 18, 2023	5
Shared Decision Making	March 8, 2023	8
CTFPHC Recommendation in the Context of Chronic Illness	April 26, 2023	5

Clinical Prevention Leaders Network - Webinars

Webinar Topic	Date	Number of Participants (n=11)
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
Wrap Up and Feedback Session	February 15, 2024	4

Clinical Prevention Leaders Network - Evaluation

- KT Team conducted an evaluation using administrative data and 5 interviews with CPL participants.
- Results
  - Webinars were considered engaging, interesting and relevant.
  - Some participant felt there was a lack of topic diversity
  - Webinar participation was sparse and CPLs averaged less than 50% attendance.
  - CPLs faced barriers and therefore rarely delivered CPD content.
- Recommendations
  - Discontinue the current CPL program
  - Repurpose resources to develop a novel train-the-trainer strategy integrated in to existing medical and nurse practitioner curriculums.

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.
- In 2020, the KT team developed the TF-PAN for use in guideline development.

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
April 2024	Breast Cancer Update	7

Cancer Screening Network Engagement Initiative

- **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 a more focused engagement initiative with one stakeholder (CPAC), and will be referred to as the "Cancer Screening Network Engagement Initiative." This project will be expanded to other stakeholders.*

Cancer Screening Network Engagement Initiative – Approach

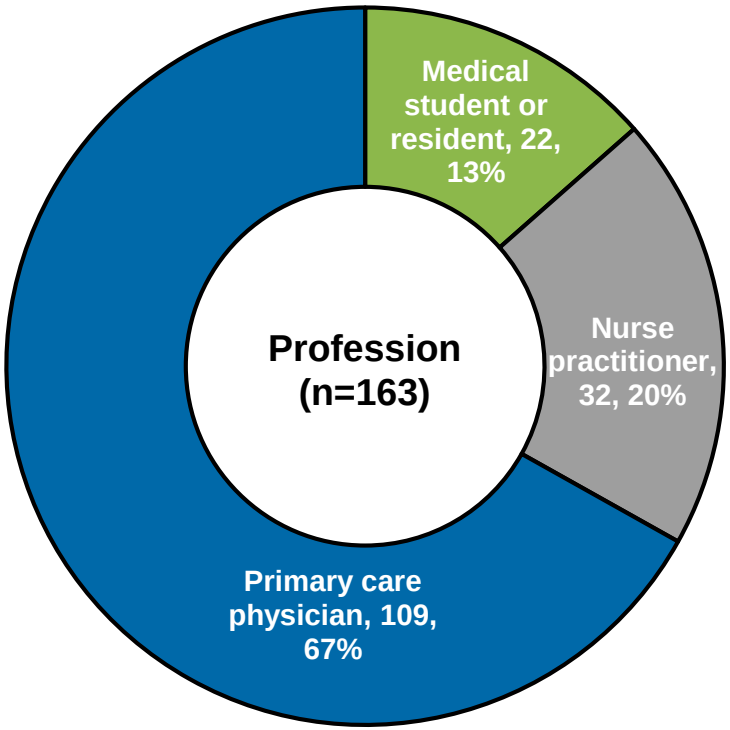
- Initiative consists of 2 activities to increase and standardize engagement between Task Force cancer guideline working groups and CSNs.
  - **Activity 1:** Inviting CSN members to participate in external review process for systematic reviews, protocols and guidelines.
  - **Activity 2:** Task Force 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.

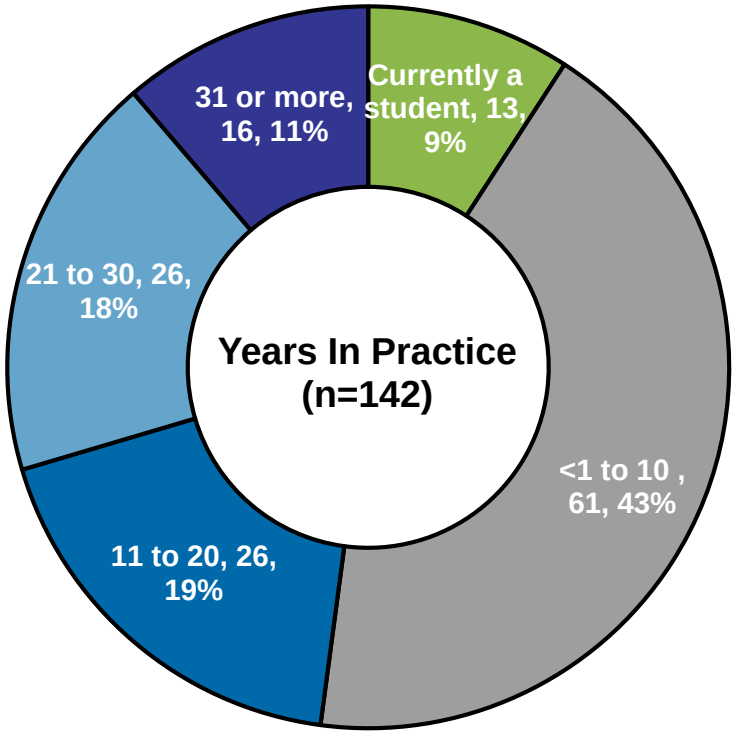
Cancer Screening Network Engagement Initiative – Current status

- **Task Force breast cancer guideline:** activities took place in 2024. Approximately 30 stakeholders attended.

Uptake – Survey Results

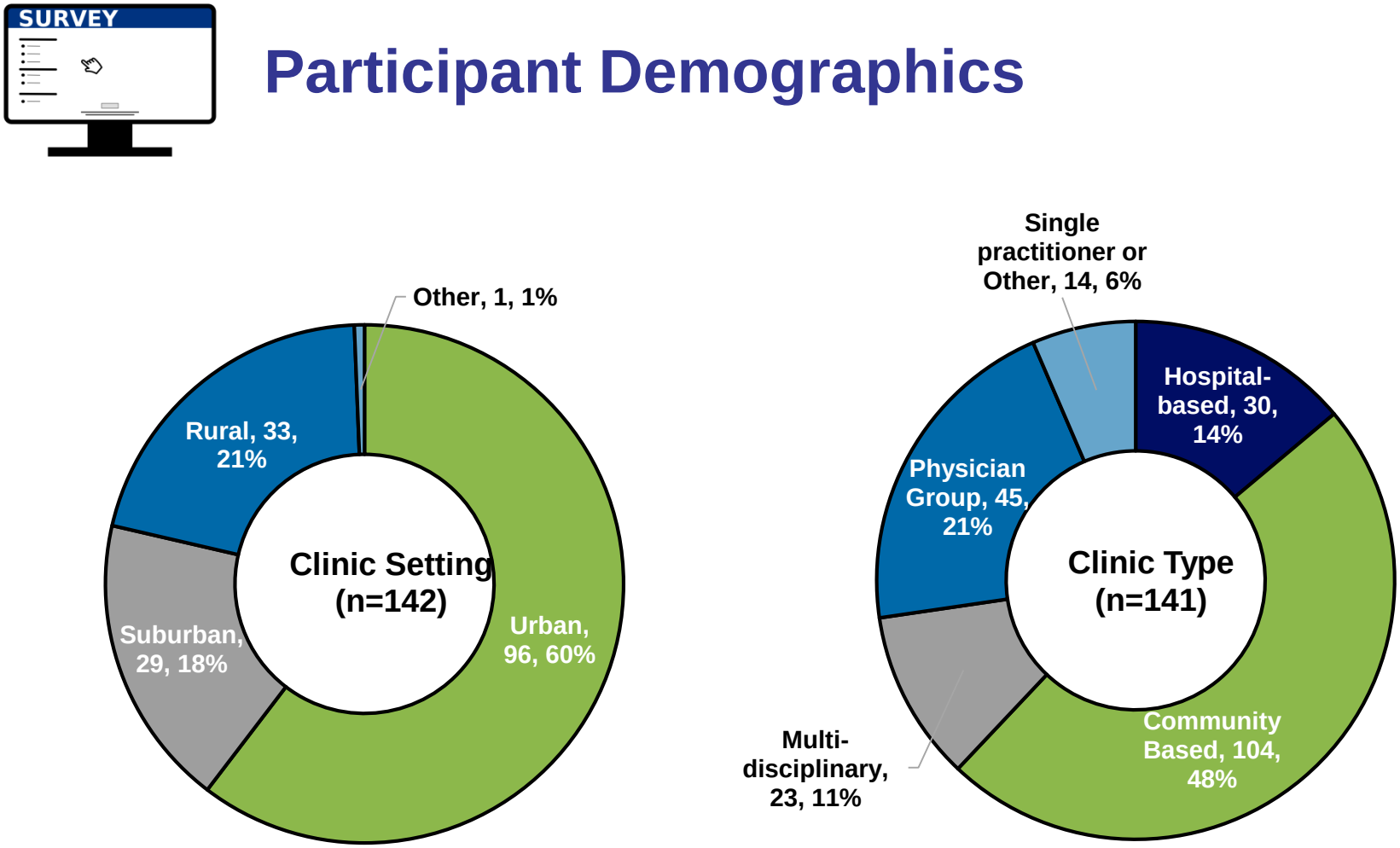
Participant Demographics





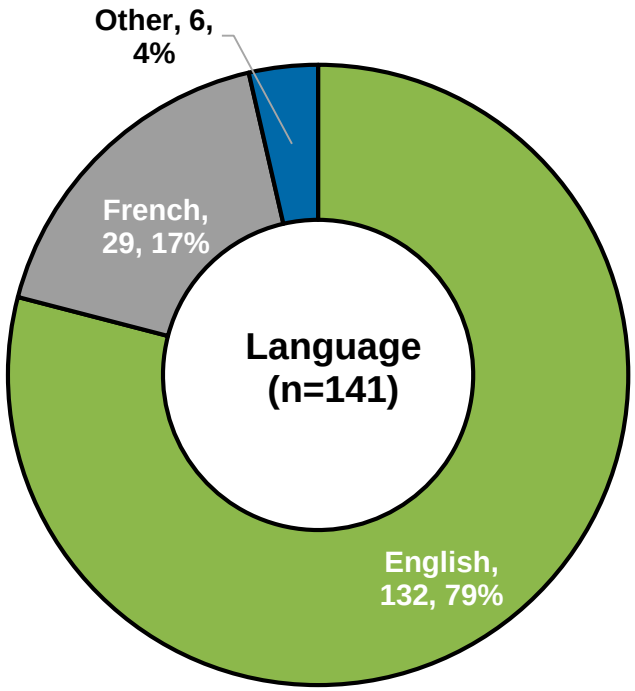
Note: Numbers may not add up to the total participants within a category because for some questions, respondents were allowed to select multiple options and were not required to answer all questions.

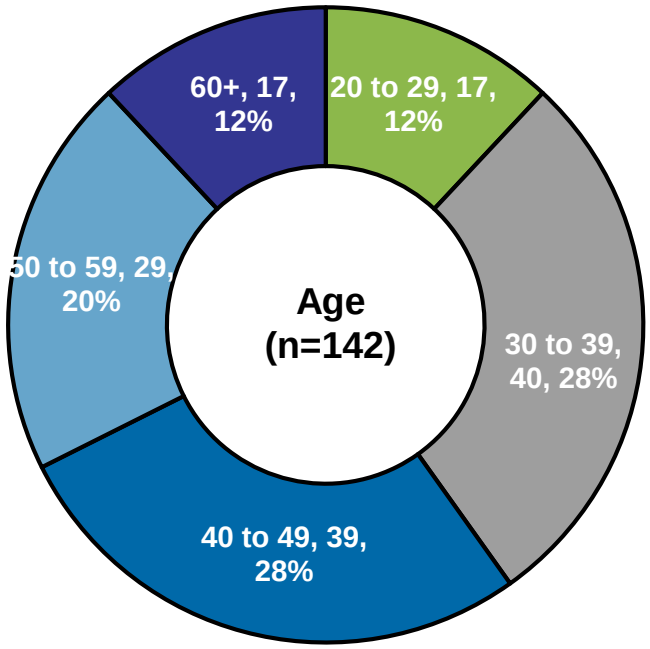
Participant Demographics



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

Participant Demographics





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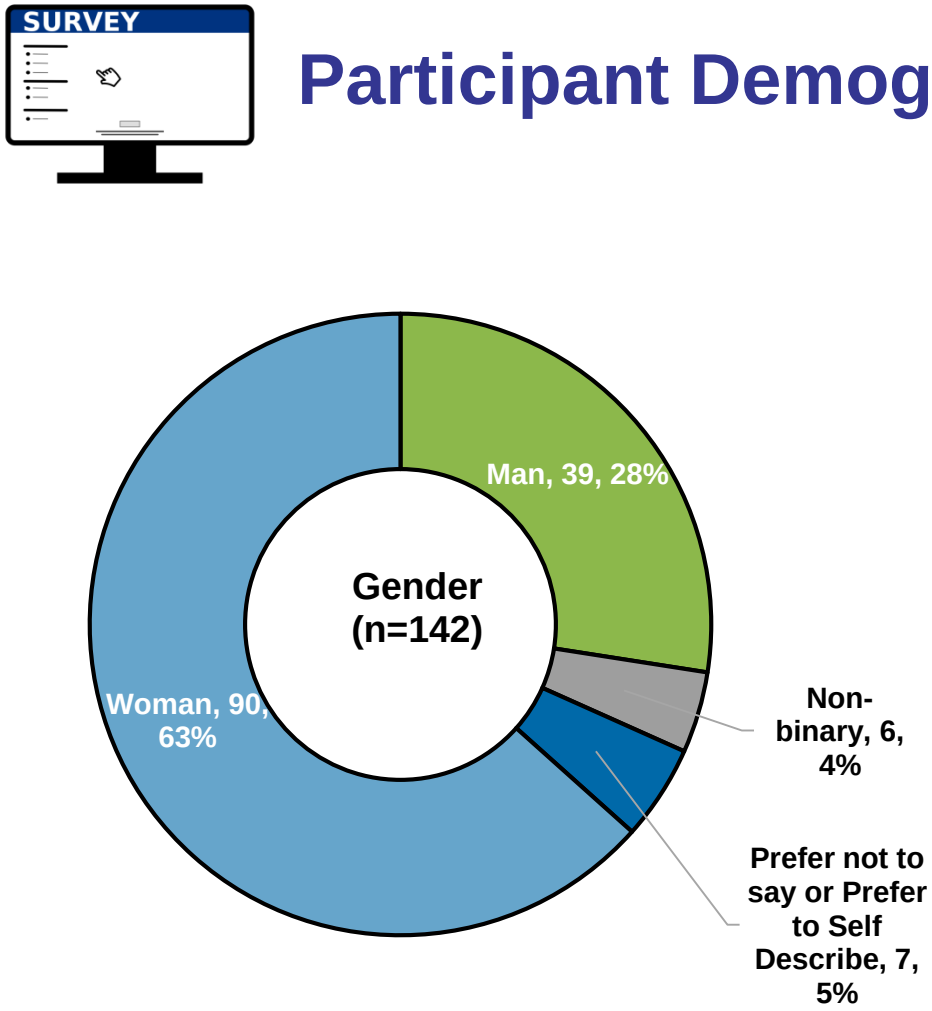
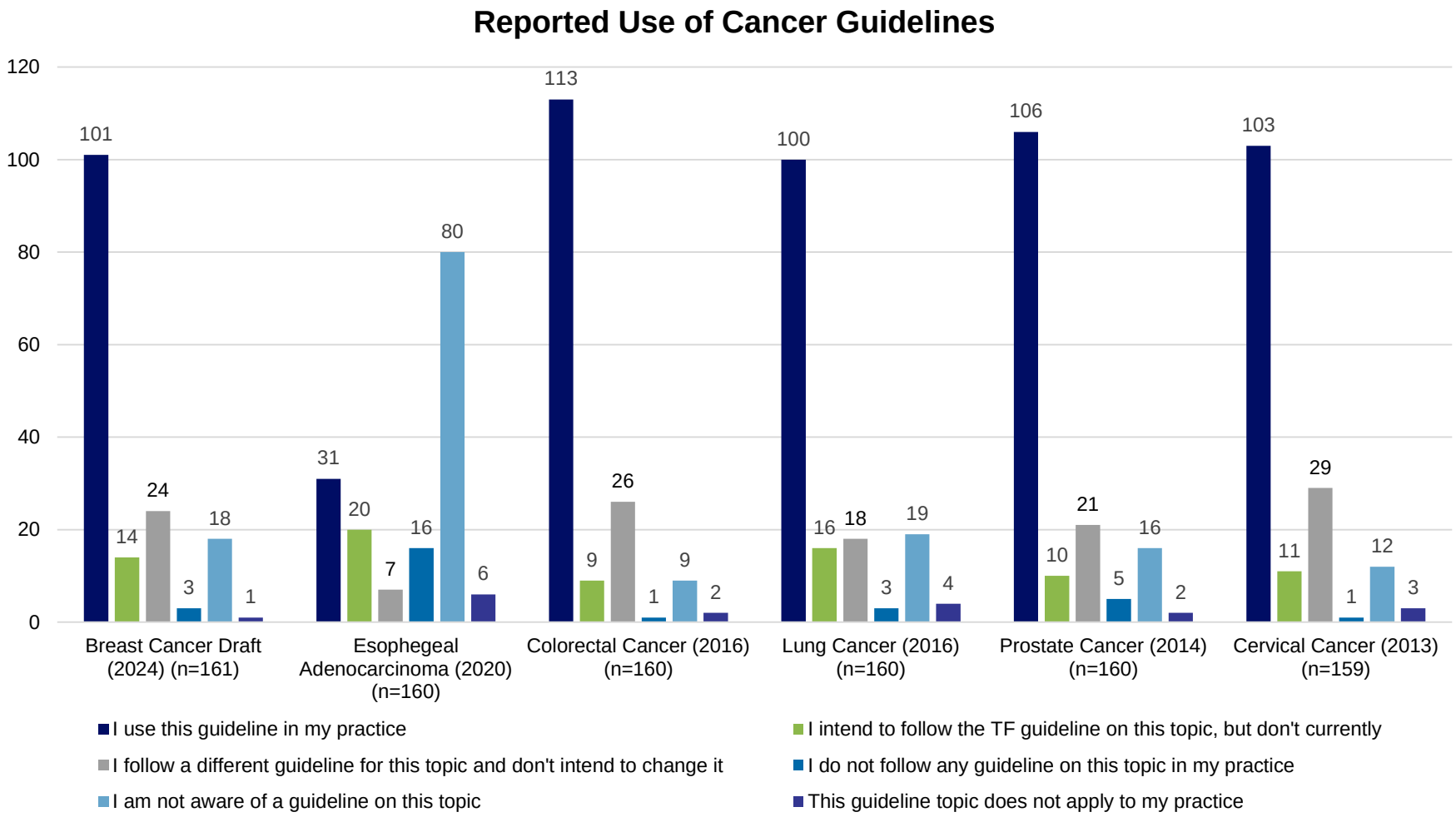
Participant Demographics

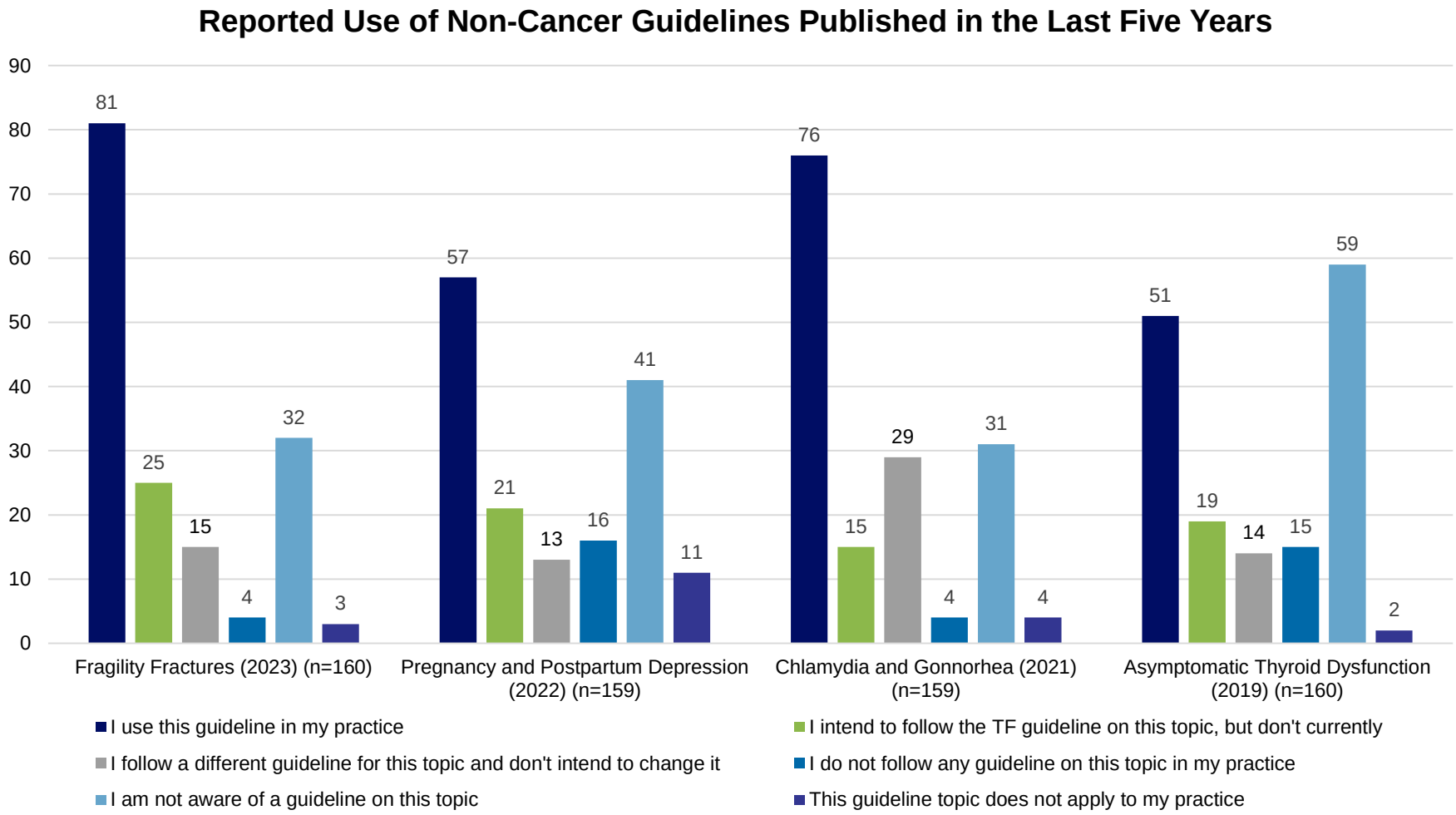


Note: Numbers may not add up to the total participants within a category because for some questions, respondents were allowed to select multiple options and were not required to answer all questions.

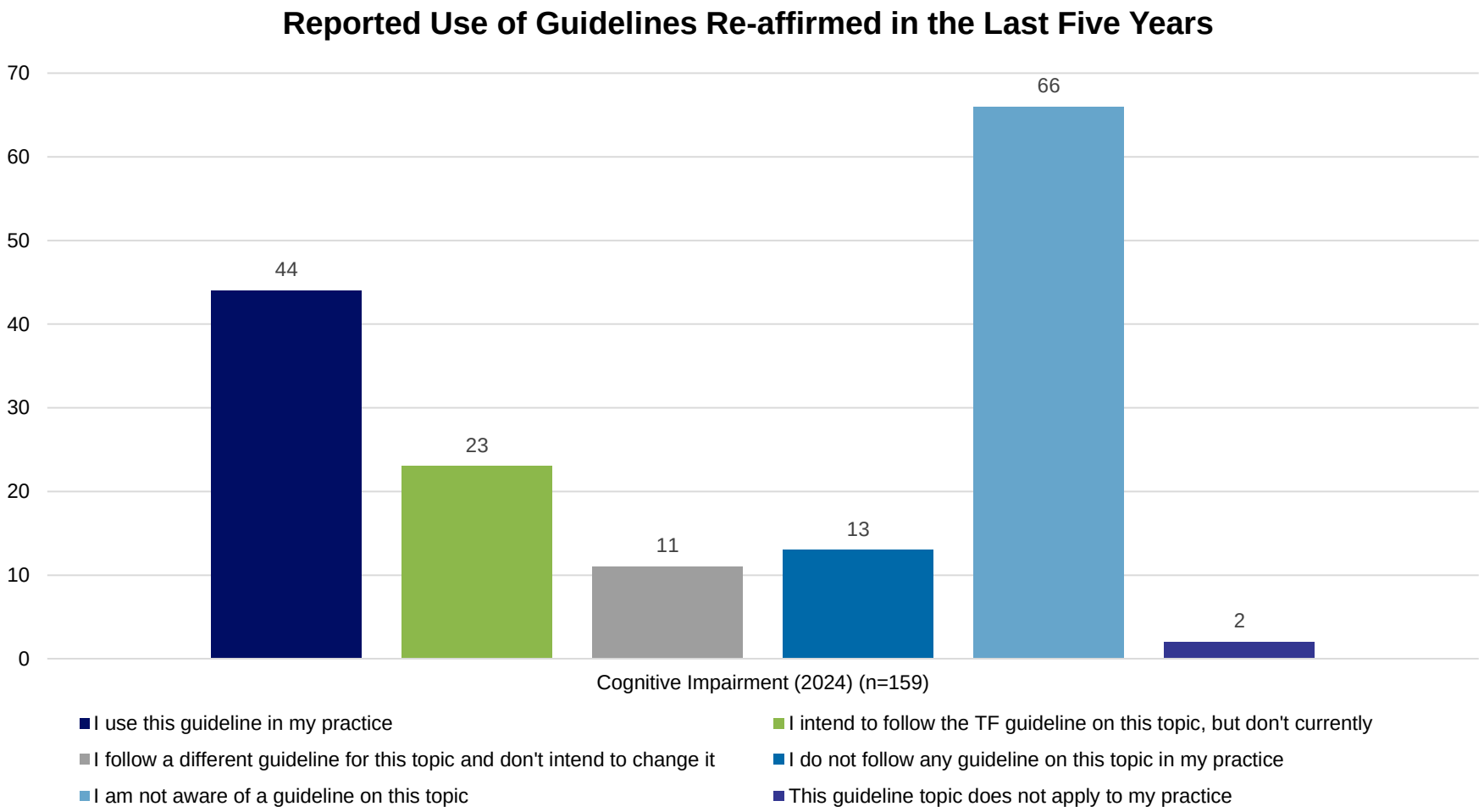
Use of Task Force Guidelines – Cancer Guidelines



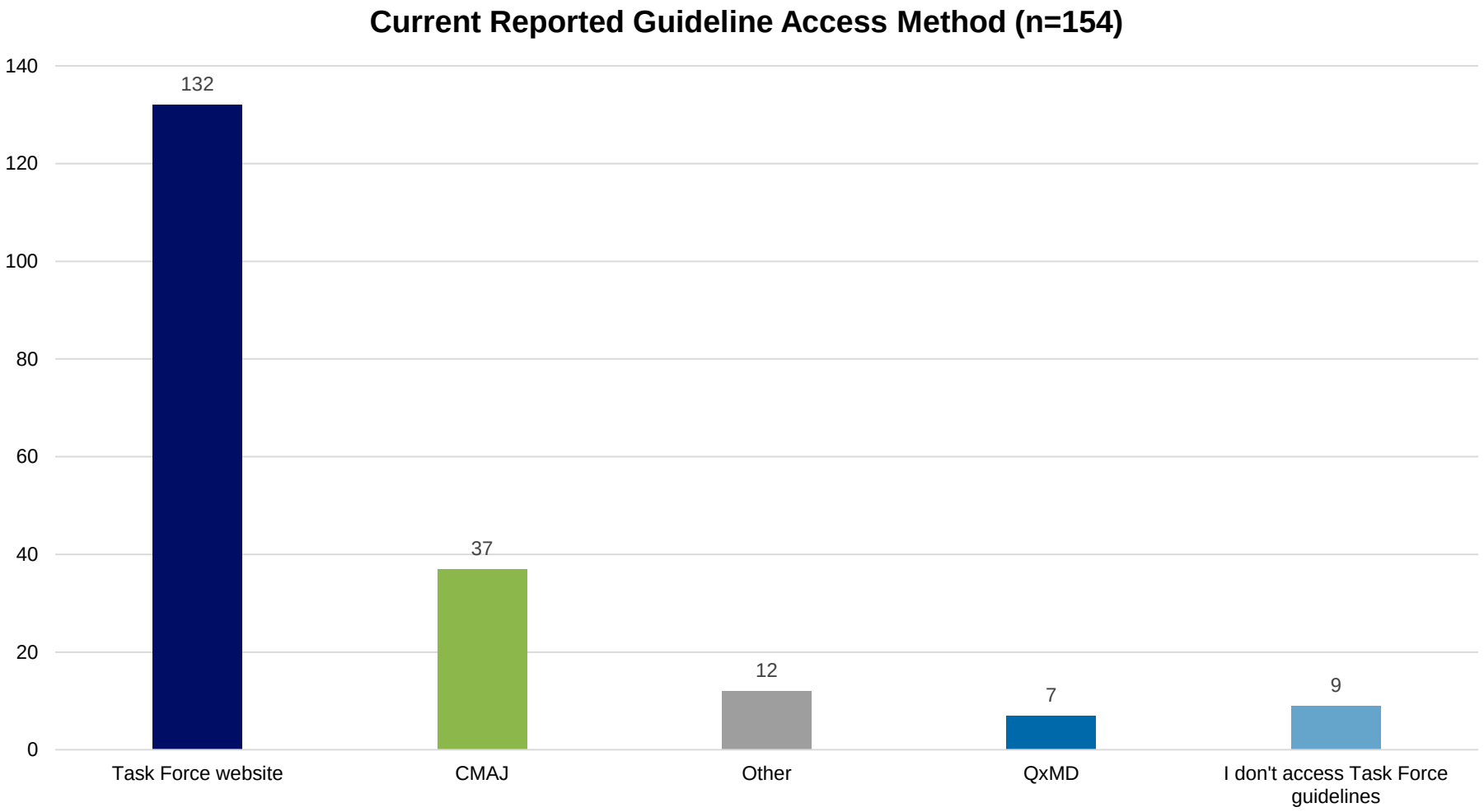
Use of Task Force Guidelines – Other Guidelines Published in the Last 5 Years



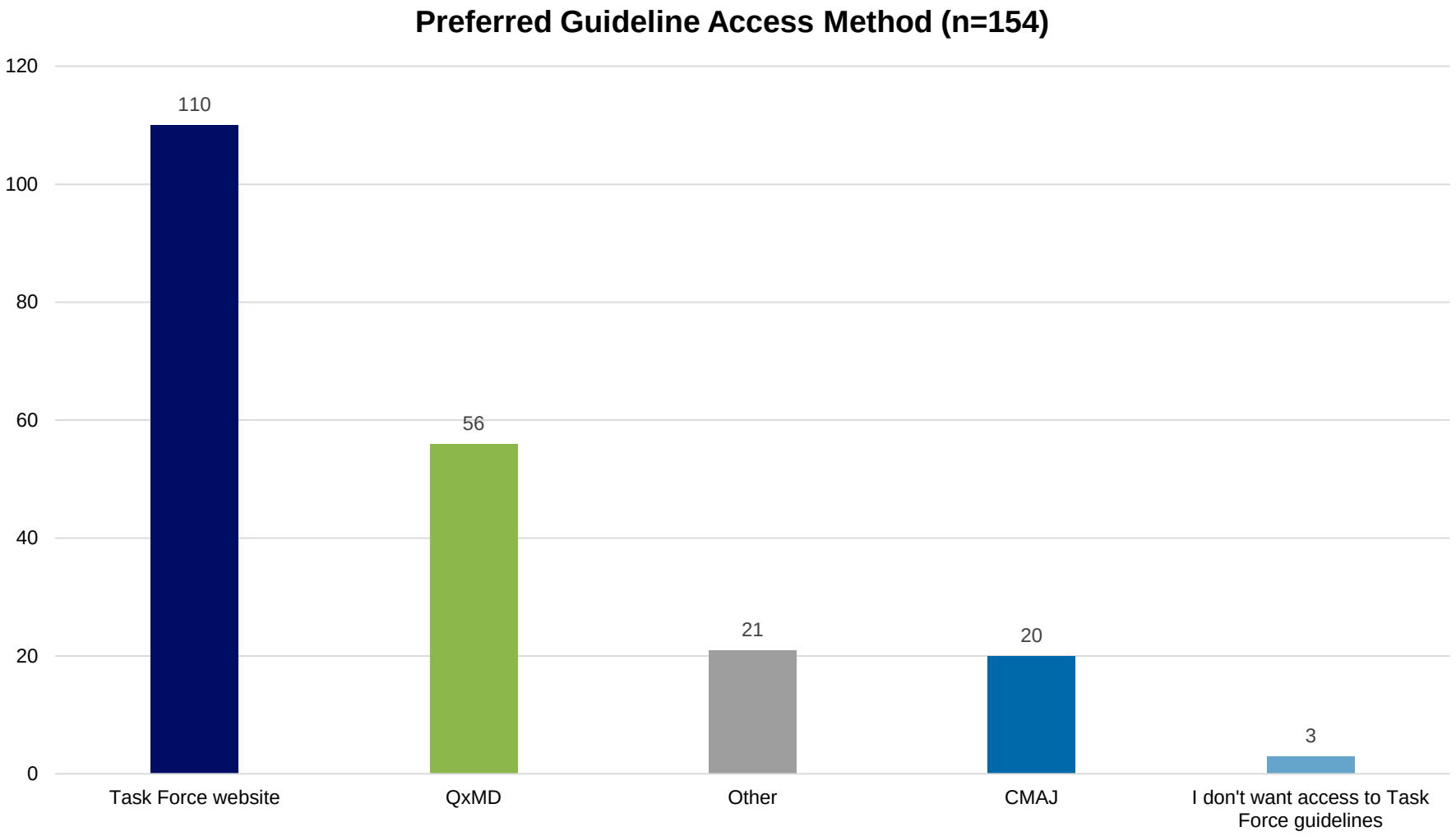
Use of Task Force Guidelines – Other Guidelines Re-affirmed in the Last Five Years



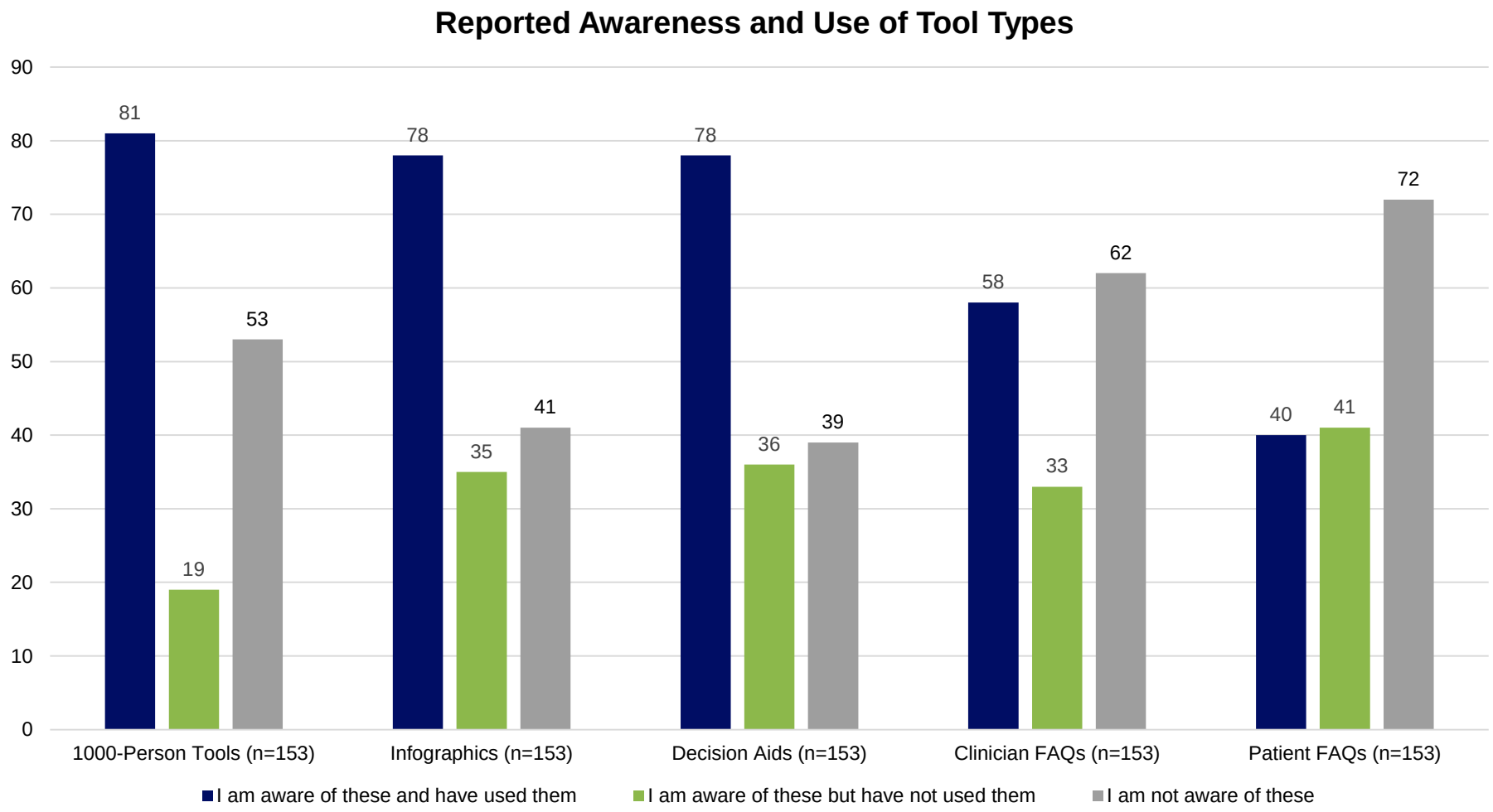
Guideline Dissemination



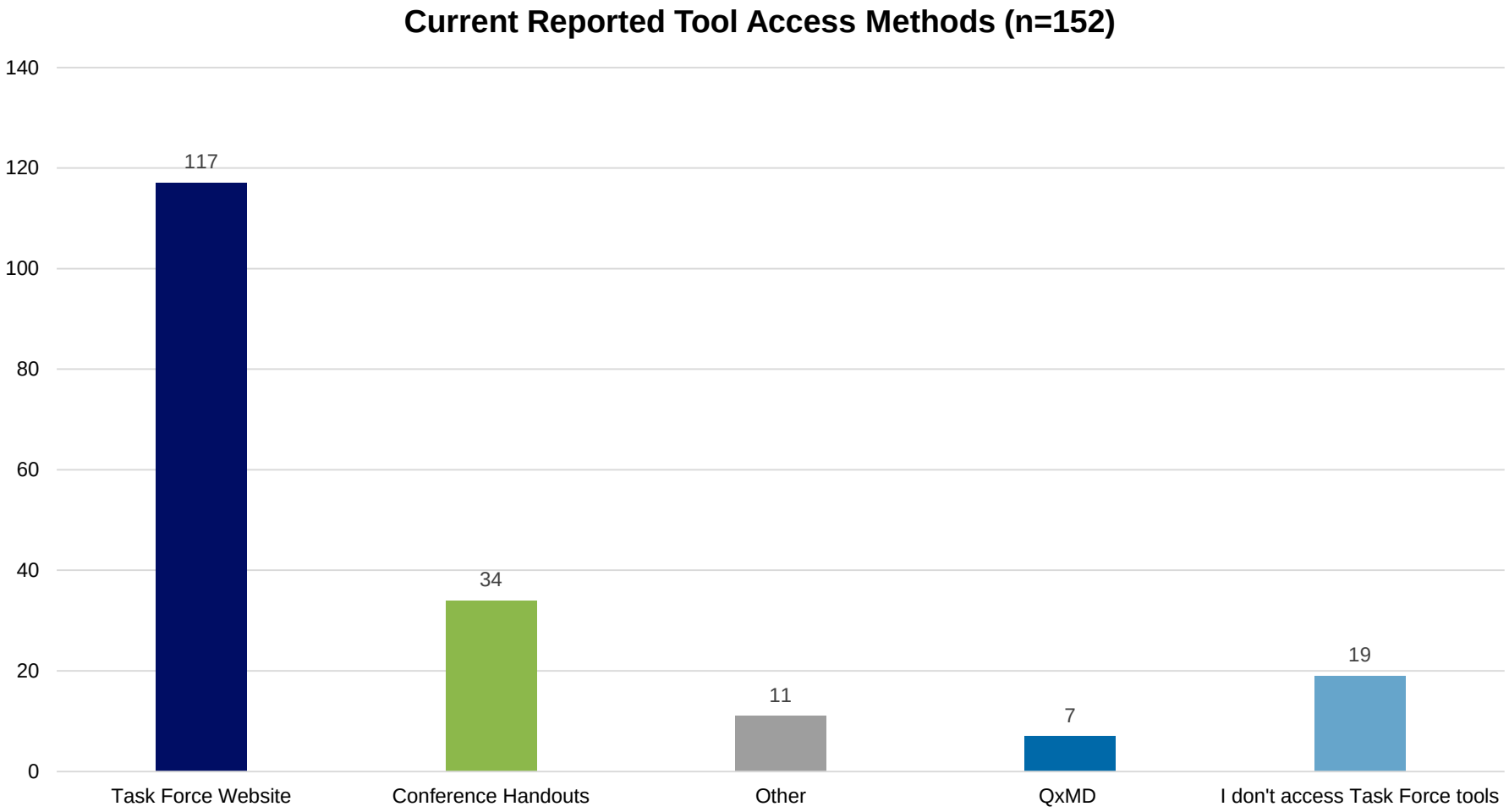
Guideline Dissemination



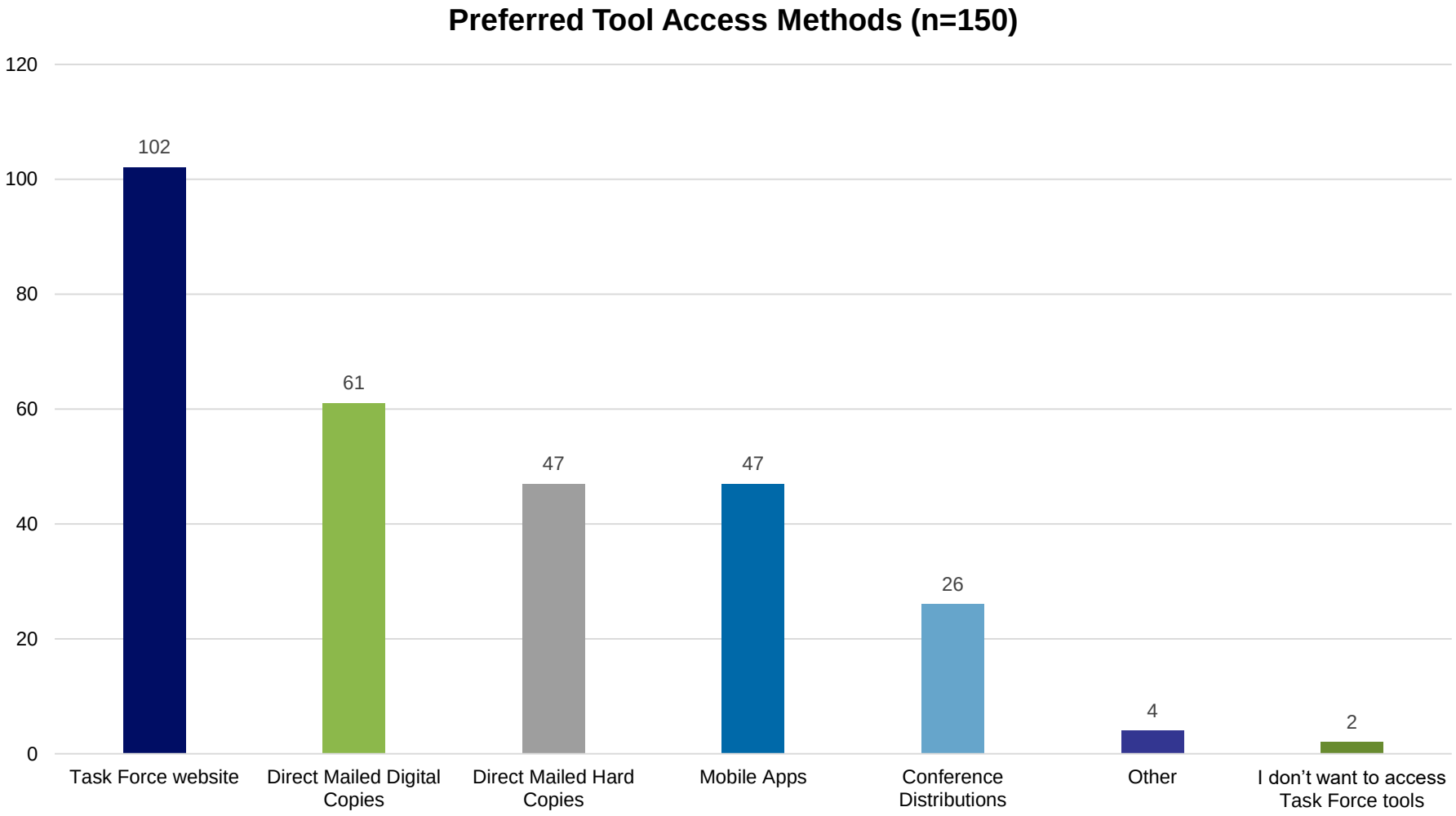
Tool Dissemination



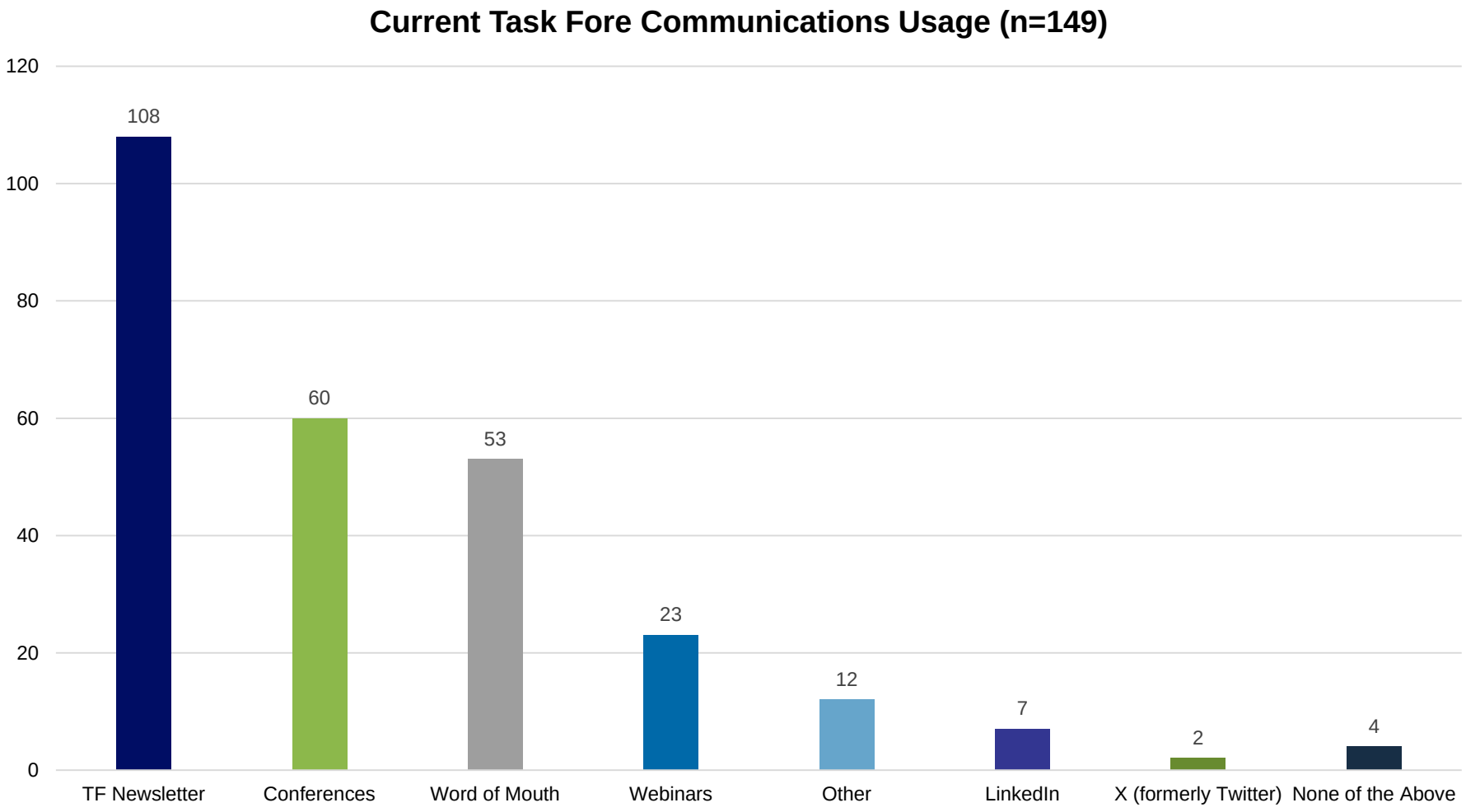
Tool Dissemination



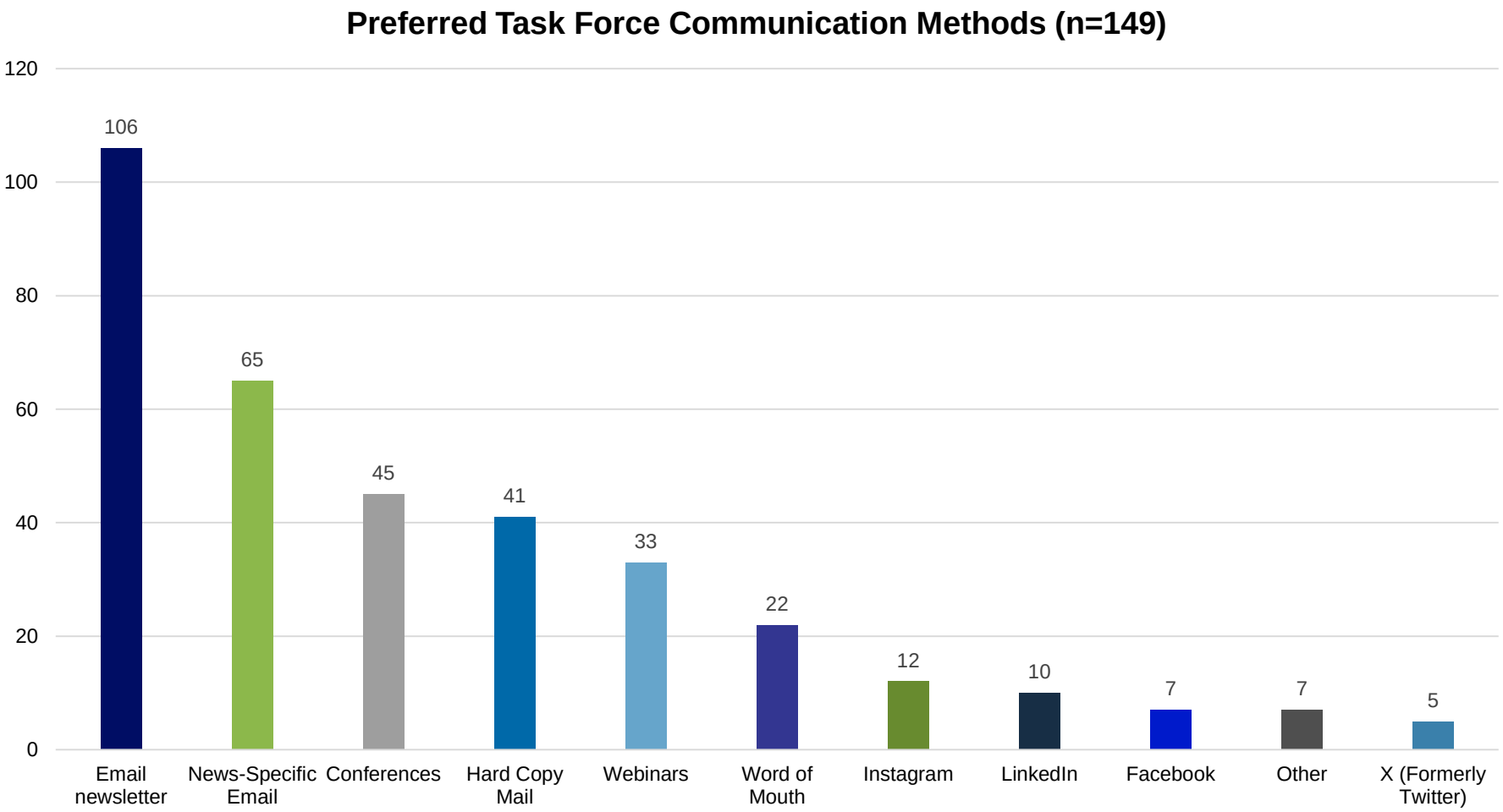
Tool Dissemination



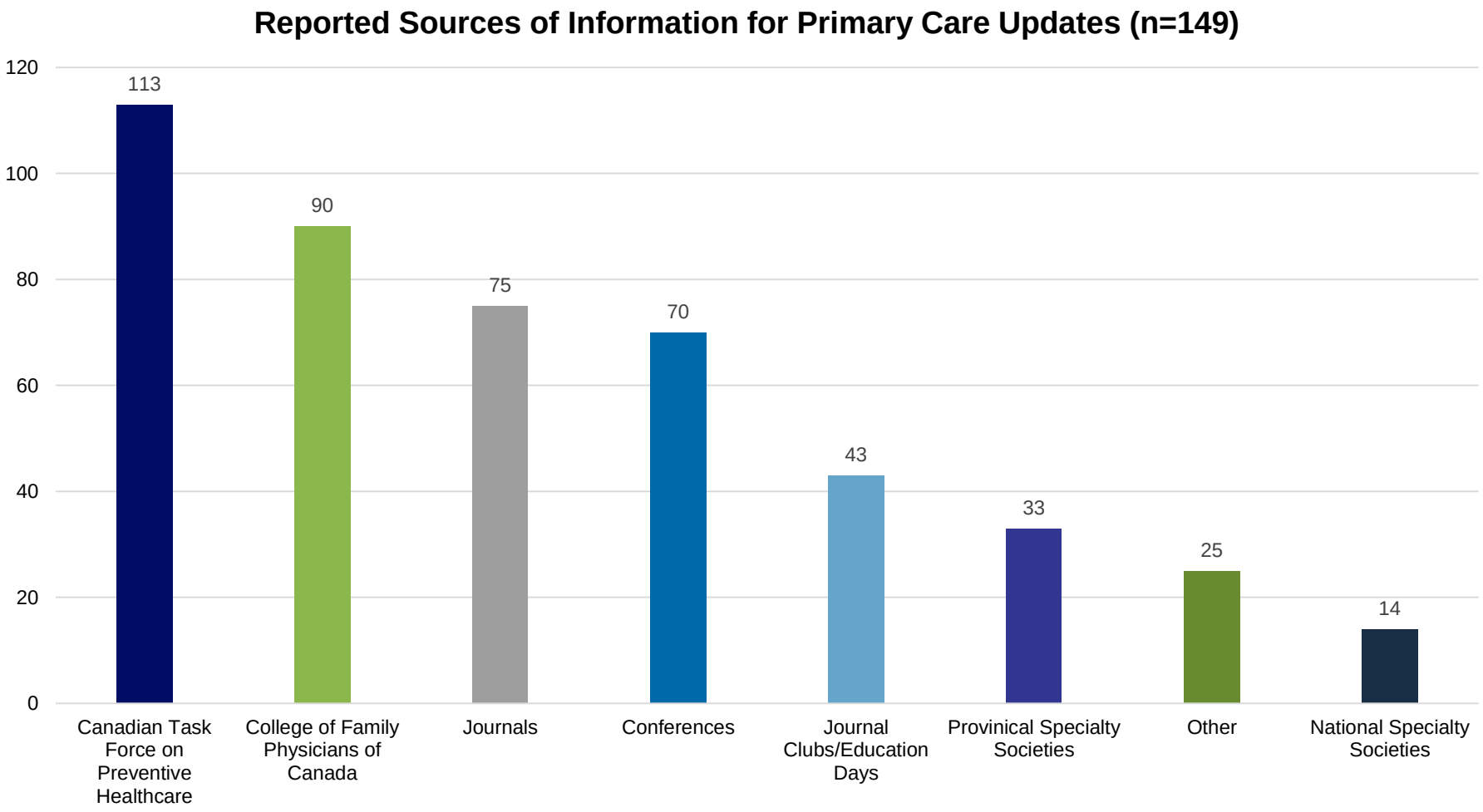
Communication Preferences



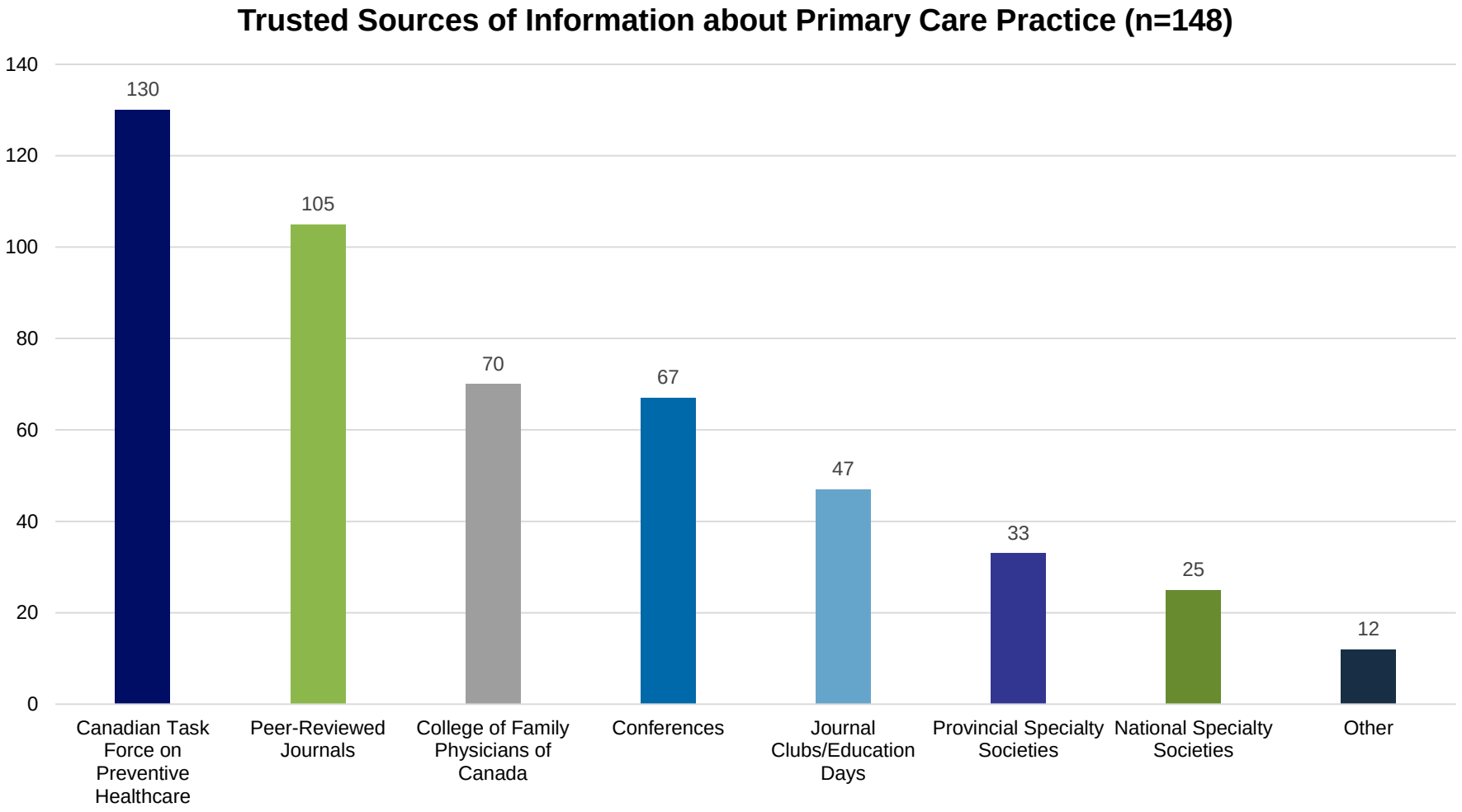
Communication Preferences



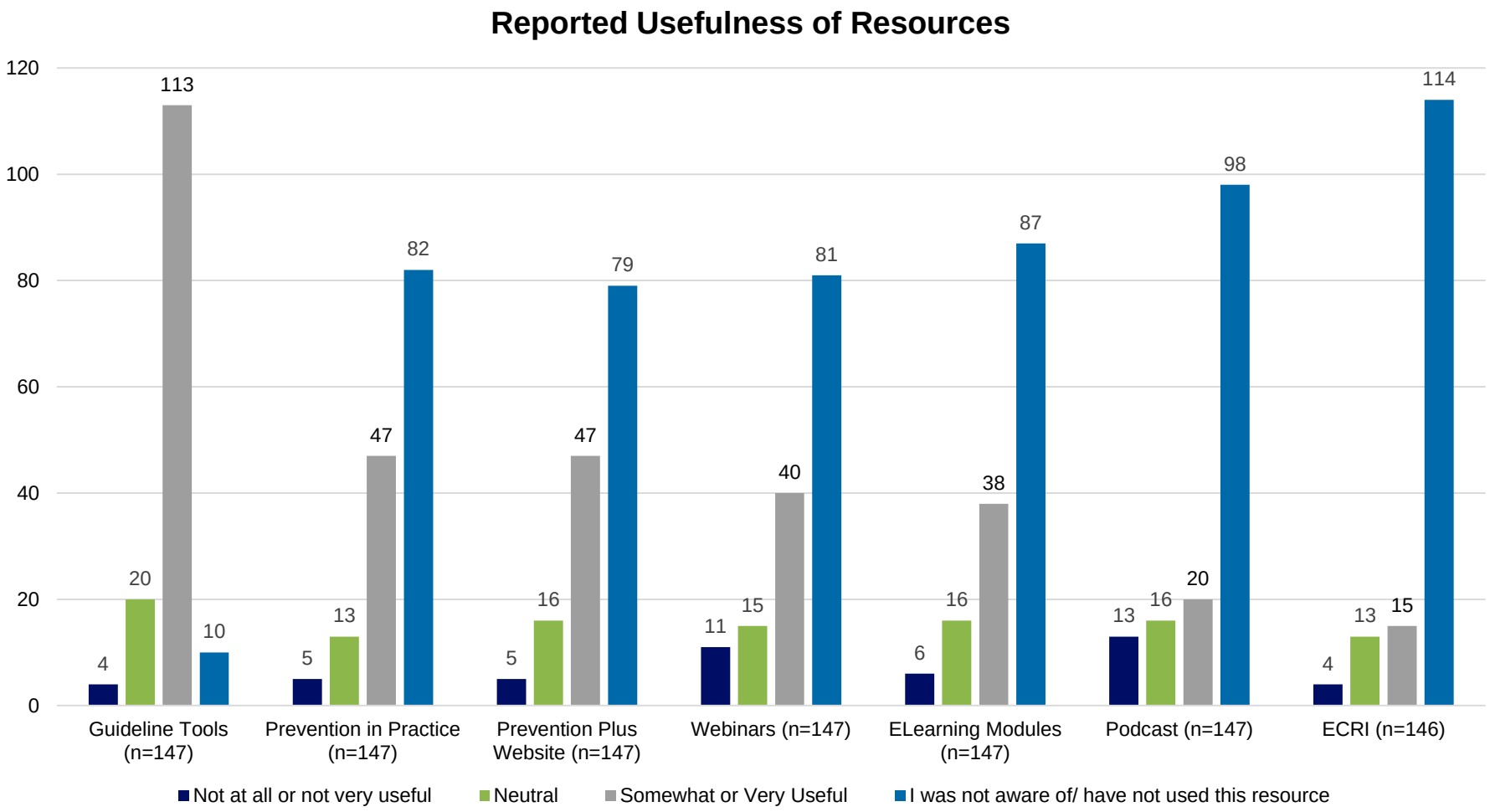
Information Seeking Preferences



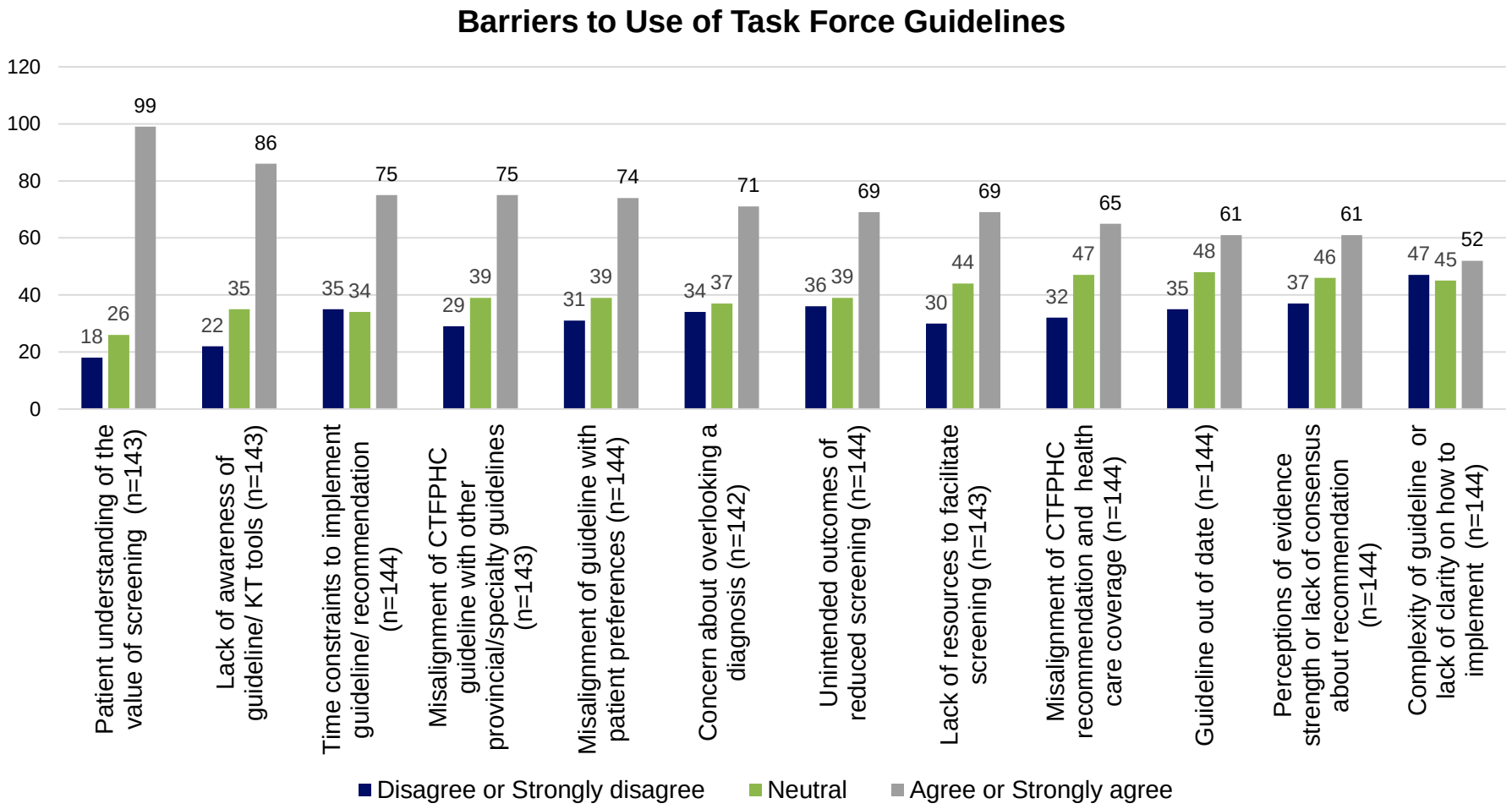
Information Seeking Preferences



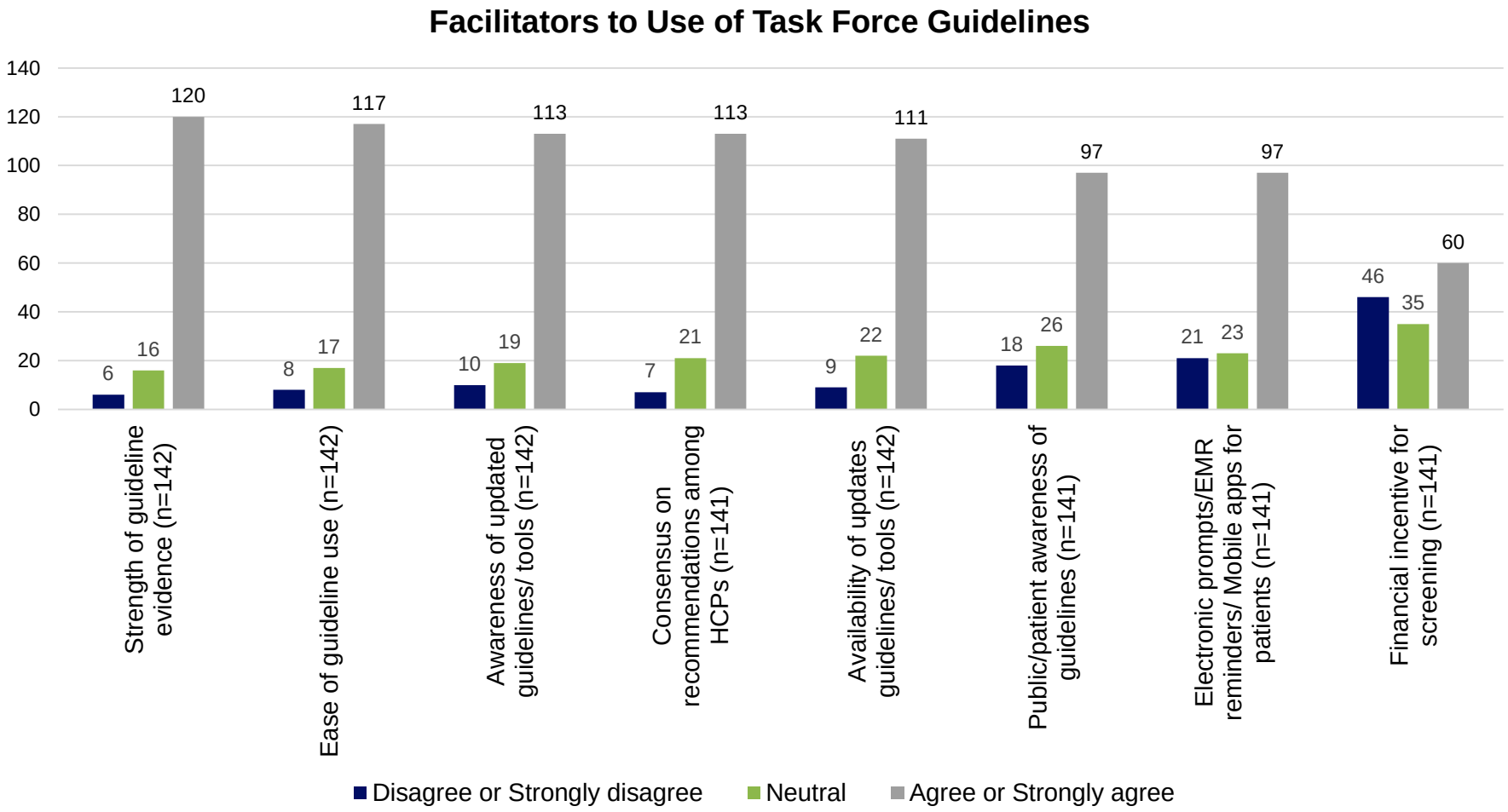
Resource Usefulness



Barriers to Guideline Use

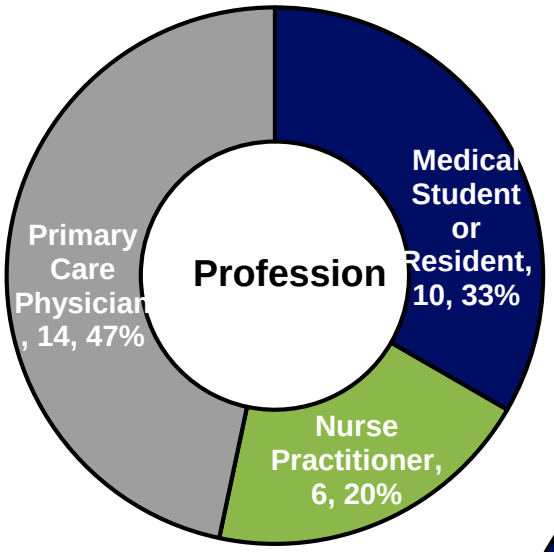


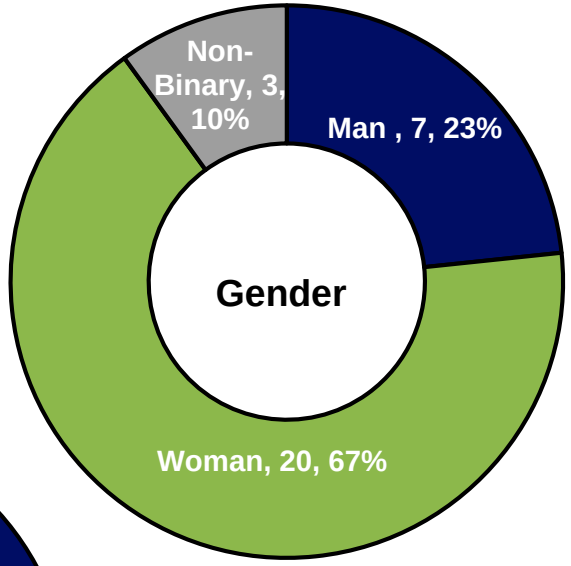
Facilitators to Guideline Use

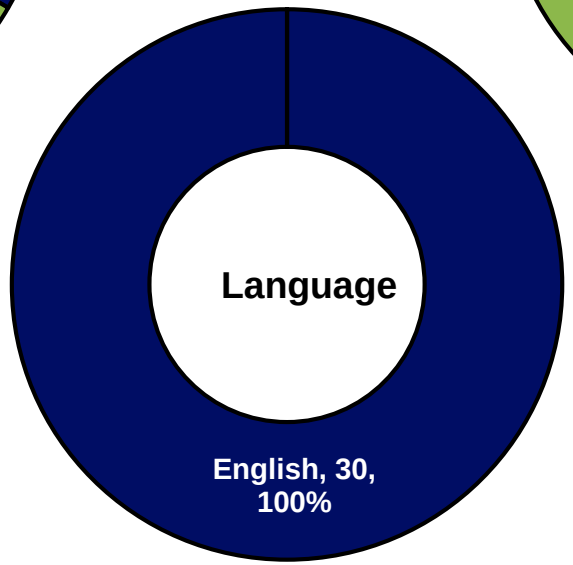


Uptake - Interview Demographics

Participant Demographics (N = 30)

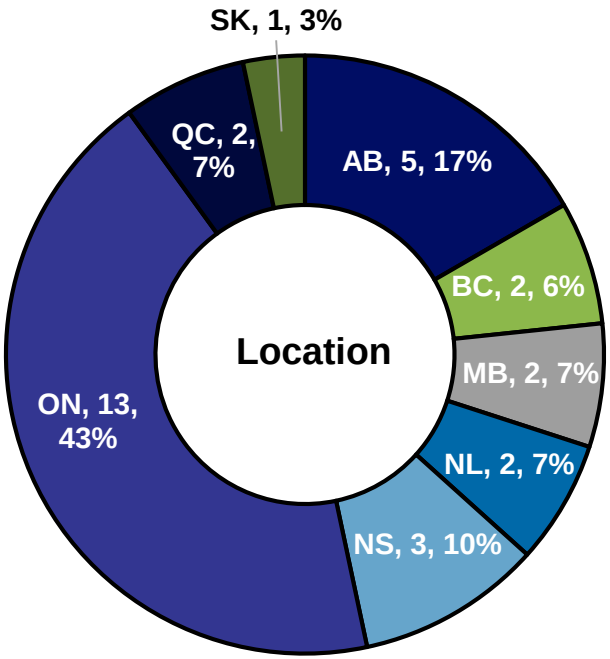


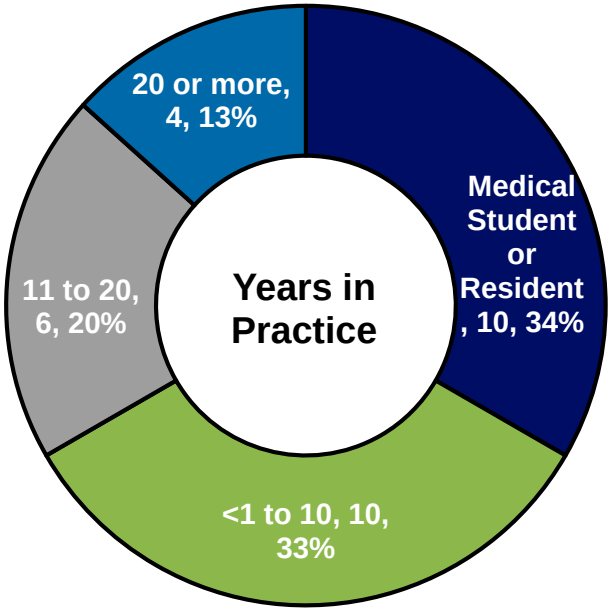




Note: French-speaking participants were recruited, but were lost to follow up before completing an interview

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 2024 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 2024 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 2024 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 Thyroid Dysfunction (2019) (18)	○	○	○	○	○	○
Esophageal Adenocarcinoma (2020) (19)	○	○	○	○	○	○
Chlamydia and Gonorrhea (2021) (20)	○	○	○	○	○	○
Depression During the Pregnancy and the Postpartum Period (2022) (21)	○	○	○	○	○	○
Fragility Fractures (2023) (22)	○	○	○	○	○	○
Breast Cancer Update - Draft Recommendations (2024) (16)	○	○	○	○	○	○
Cognitive Impairment (2024) (17)	○	○	○	○	○	○
Cervical Cancer (2013) (23)	○	○	○	○	○	○
Prostate Cancer (2014) (24)	○	○	○	○	○	○
Lung Cancer (2016) (25)	○	○	○	○	○	○
Colorectal Cancer (2016) (15)	○	○	○	○	○	○

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:

_____

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:

_____

Display this question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Chlamydia and Gonorrhea (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:

_____

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:

_____

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:

_____

Display this question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Breast Cancer Update - Draft Recommendations (2024) [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:

_____

Display this question:

If Please select the phrase that best reflects your use of Task Force Guidelines. = Cognitive Impairment (2024) [I follow a different guideline for this topic and don't intend to change it]

Q214 Please specify the guideline you use for cognitive impairment:

_____

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:

_____

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:

_____

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:

_____

Display this question:

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

Q8A Please specify the guideline you use for colorectal cancer:

_____

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)	○	○	○
Patient FAQs (2)	○	○	○
Infographics (3)	○	○	○
1000-Person tools (4)	○	○	○
Decision Aids (6)	○	○	○

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) _____
- [x] I 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) _____
- [x] I 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)
- ☐ Conference handouts (3)
- ☐ QxMD mobile app (4)
- ☐ Other (please specify): (5) _____
- ☒ I 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) _____
- ☒ I 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)
- [ ] Other (please specify): (8) _____
- [x] None of the above (7)

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) _____
- [x] 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) _____
- [x] 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)	○	○	○	○	○	○
Podcast (2)	○	○	○	○	○	○
Webinars (3)	○	○	○	○	○	○
E-learning modules (4)	○	○	○	○	○	○
CFP Prevention in Practice Series (5)	○	○	○	○	○	○
Prevention+ website (6)	○	○	○	○	○	○
ECRI Guidelines Trust website (7)	○	○	○	○	○	○

Page Break

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

Page Break

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)	○	○	○	○	○
Misalignment of Task Force guideline with other provincial/specialty guidelines or unsure which guideline to follow/use (2)	○	○	○	○	○
Perceptions of evidence strength or lack of consensus among health care professionals about recommendation (3)	○	○	○	○	○
Time constraints to implement guideline/ recommendation (4)	○	○	○	○	○
Complexity of guideline / tool or lack of clarity on how to implement recommendation (5)	○	○	○	○	○
Lack of awareness of guideline/ KT tools (6)	○	○	○	○	○
Misalignment of Task Force recommendation and provincial/territorial health care coverage/ fee-for-service billing scheme (7)	○	○	○	○	○
Guideline out of date/ not recently updated (8)	○	○	○	○	○
Concern about overlooking a diagnosis (10)	○	○	○	○	○
Unintended outcomes of reduced screening (11)	○	○	○	○	○

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)	○	○	○	○	○
Awareness of updated guidelines/ KT tools (2)	○	○	○	○	○
Availability of updates guidelines/ KT tools (3)	○	○	○	○	○
Public/patient awareness of guideline recommendations (4)	○	○	○	○	○
Consensus on recommendation among health care practitioners / colleagues (5)	○	○	○	○	○
Financial incentive for screening (6)	○	○	○	○	○
Ease of guideline use (7)	○	○	○	○	○
Strength of guideline evidence (8)	○	○	○	○	○

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 2024? Select all that apply.

- [ ] Feedback session on a draft tool (e.g., usability testing) (1)
- [ ] 2023 Annual Evaluation Survey (2)
- [ ] 2023 Annual Evaluation Interview (3)
- [ ] Guideline Webinar - Breast Cancer Update (4)
- [ ] Clinical Prevention Leaders Network Sessions (5)
- [ ] Breast Cancer public feedback survey (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 2025. 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 abou... = 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 2025. 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 helps us to improve the Task Force's impact and identify new opportunities. As a primary care practitioner, we are interested in your knowledge of, and experiences with, the Task Force, how you use guidelines in your practice, as well as what factors influence preventive health care in your practice']*

I will now go over the interview agreement.

1. Your participation in this interview is voluntary.
2. You can choose not to participate or you may withdraw at any time, even after the interview has started.
3. This interview is confidential.
4. We will record this interview.
5. 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.
6. 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)

1. How did you first learn about the Task Force?
    a) Probes: Were you exposed to the Task Force in medical school or your residency training? If so, what did they teach?
2. How do you typically hear about new or updated guidelines?
    a) Are you familiar with the Task Force's guidelines? If so, which ones?
    b) Have you heard about the guideline that was released in 2024 – the Breast Cancer (Update) – Draft Recommendations? If so, how did you hear about this guideline?

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

3. Do you routinely use the Task Force guidelines? If so, why? If not, why not?

4. What influences your decision to change your preventive health care practices, such as screening?
    a) Probe: Can you describe any instances where you changed your practice because of Task Force recommendations?
    b) Probe: Have you ever started following a Task Force recommendation and then stopped?
    c) 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)

7. Could you describe how you make decisions on which guidelines to use/follow?
    a) Probe: When a new Task Force recommendation comes out, how do you make a decision on whether or not to follow it?
8. From your perspective, where is the main decision-making power for guideline uptake? Who are the influencers that drive guidelines becoming practice?
    a) Probe: The practitioner, colleagues, the practice, leaders in the profession, the professional organization, the government, the public?

9. What makes a guideline trustworthy?
    a) Probes: What are your trusted sources for guidelines?
    b) Probe: In your opinion, how does Task Force compare to other sources for guidelines?
    c) Probe: Is Task Force trustworthy? Why or why not?
10. What makes a guideline easier to implement?
    a) Probe: What makes it difficult to implement?
11. When you have multiple sources of conflicting information on a preventive health care topic, how do you evaluate which information to follow?
    a) Probe: Is there a Task Force guideline that differs from others you might use? [if yes] How did you decide which recommendations to follow?

Engaging patients (Factors affecting Implementation) [~ 5 – 10 min]

12. 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).
13. Are there any resources that would support you or your team members to have these discussions in your practice?

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

14. 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?
15. Is there anything the Task Force can do to further support uptake of its guidelines and tools?

Final thoughts and thank you

16. 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]

Canadian Task Force
on Preventive Health Care

2024 ANNUAL EVALUATION HIGHLIGHTS

1 Draft guideline released

MAY
Draft Breast Cancer Guideline Update

Most downloaded guideline on CMAJ

Fragility Fractures

9,879
Downloads

12.2%
Increase in newsletter subscribers

834
conference booth visits

53
media interview requests

>2222
Media mentions of TF

Fragility Fractures Decision Aid (EN)

Diabetes type 2 Clinician FINDRISK (FR)

Most visited tools on TF website

2024 Draft Breast Cancer Update

Most visited guideline on TF website

531,631
Website visits

170,502
Website users

79,090
CMAJ guideline downloads

11,517
Tools distributed at conferences