

# Improving primary prevention and screening: Knowledge synthesis and actionable recommendations for the BETTER Program

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## Context

- Primary care providers lack time, resources and tools to comprehensively address cancer and chronic disease prevention and screening (CCDPS).
- Guidelines and resources are usually focused on one specific disease, organ system, or lifestyle risk.
- The BETTER Program:
  - Uses a comprehensive, personalized approach that proactively targets patients to address their CCDPS needs;
  - Engages patients 40-69 years of age to become active participants in their health; and
  - Involves an evidence-based intervention provided by a healthcare professional with enhanced skills in CCDPS, the Prevention Practitioner (PP).

- The PP meets with patients one-on-one and uses the BETTER toolkit, created using a rigorous process of knowledge synthesis and harmonization of available clinical evidence, to determine which CCDPS actions patients are eligible to receive.

## Objectives

- To describe the evidence review and knowledge synthesis process used to identify and synthesize high-quality clinical practice guidelines; and
- To illustrate the evidence-based clinical practice tools developed for the BETTER Program that can help inform primary care.

## Setting

- Rural, remote, and urban primary care settings in Canada.
- Patient population eligible for screening recommendations – adults 40-69 years of age.

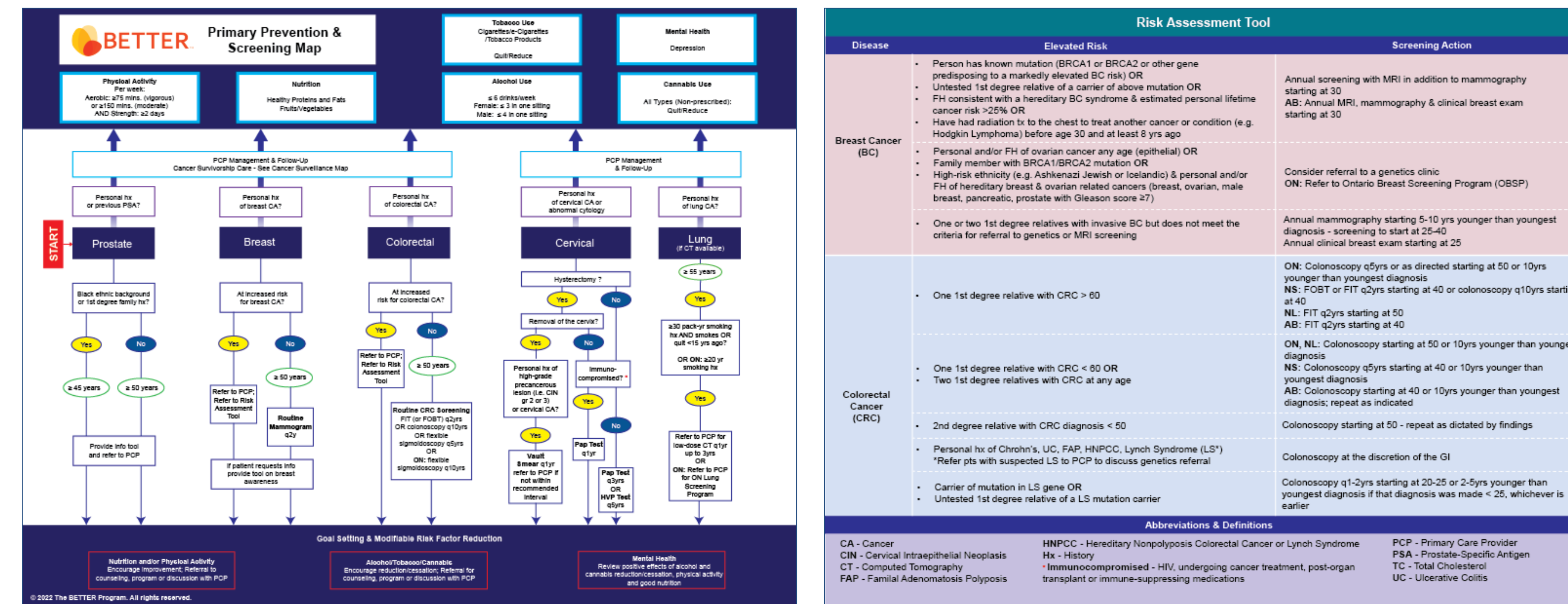
## Methods

**Who?** Clinical Working Group (CWG) composed of decision-makers, researchers, clinicians and a patient representative across Canada.

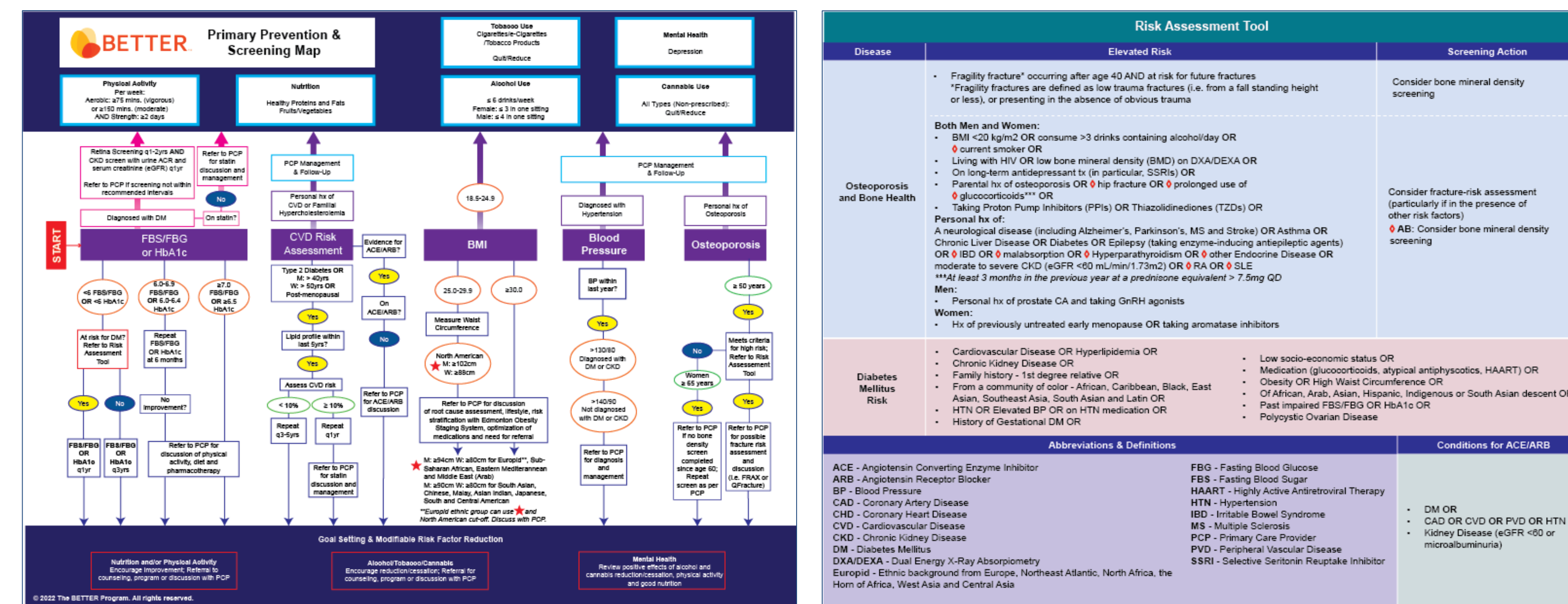
### References

- Campbell-Scherer et al. Guideline harmonization and implementation plan for the BETTER Trial (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Family Practice). Canadian Medical Association Journal Open (CMAJ Open) January 22, 2014; 2(1): E1-10.
- Manca, D. et al., Developing clinical decision tools to implement chronic disease prevention and screening in primary care: The BETTER 2 Program (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care). Implementation Science 2015; 10 (107).

Figures 1 and 2. The BETTER Primary Prevention and Screening Care Map – Cancer



Figures 3 and 4. The BETTER Primary Prevention and Screening Care Map – Chronic Disease



Figures 5 and 6. The Prevention Prescription and S.M.A.R.T. Goals sheet

## Methods (cont'd)

**How?** Building on previous work<sup>1,2</sup> and working with the Centre for Effective Practice (Toronto, Ontario, Canada), high-quality international, Canadian, and Provincial CPGs published between 2016 and 2021, focusing on primary prevention and screening of cancer and chronic disease, and applicable to our population of interest were identified to update the existing BETTER toolkit.

**What?** Three topic review teams were assembled based on CWG members' area(s) of expertise to review and synthesize the guideline recommendations based on evidence for their topic. A total of 19 CCDPS topics within scope for BETTER were reviewed by the teams:

- Cancer team – breast, cervical, colorectal, lung, and prostate cancer
- Chronic disease team – cardiovascular disease, COPD, depression, diabetes, hepatitis C, obesity, and osteoporosis
- Lifestyle team – alcohol, cannabis, diet, drug use, physical activity, tobacco, vaping & e-cigarettes

## Results

Nuanced for family history and other risk factors, the BETTER Primary Prevention and Screening Maps (Figures 1-4) guide clinicians as to the appropriate care paths for primary prevention of cancer and chronic disease for patients 40-69 years of age.

The final CWG recommendations informed the updated BETTER toolkit:

- Patient health survey focused on information not well documented in charts, including a detailed family history.
- Agenda setting and patient teaching tools – the male and female Bubble Diagrams.
- The Prevention Prescription and S.M.A.R.T. Goals sheet (Figures 5 and 6).

## Conclusion

Synthesized and evidence-based integrated care plans can be used to assess patients' CCDPS risk and health priorities in diverse populations in Canada.

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