



# PRACTICE CASE STUDY

## BC CLINICAL PRACTICE GUIDELINE EVALUATION

### THEMES

- **Support Primary Care Providers**
- **Swift Diagnosis**
- **Seamlessness** (Primary Care Providers and Specialists Collaboration and Information-Sharing, Case Conferencing)

“ *These guidelines are useful as they give a [family physician] a map and allow the patient to understand why we are doing things in a certain way.* ”

–Clinical Practice  
Evaluation Report  
Interview Subject



All.Can Canada

The British Columbia Cancer Survivorship Program evaluation completed in 2015 investigated to what extent the BC Guidelines and Protocols Advisory Committee’s Clinical Practice Guidelines issued in 2013 had been effectively utilized in the primary care setting following cancer care. One of the key deliverables of this evaluation was a set of five actionable recommendations to share with guideline developers and stakeholders.

The evaluation included evidence-based resources and tools and aimed to identify whether collaboration and communication between oncologists and primary care physicians had improved due to the evaluated guidelines.\*

### ISSUES

The evaluation showed mixed results regarding physicians’ awareness of the 2013 breast cancer guidelines. Interview feedback indicated a strong level of awareness amongst primary care practitioners; however, there was mixed awareness among specialists, with some confusion between the BC GPAC Guidelines for primary care practitioners and the BC Cancer Agency guidelines.

Although most respondents felt that the GPAC guidelines reflected current clinical evidence, some respondents felt evidence on screening patients 40-49 years of age, the role of clinical breast exams in screening, the use of breast cytology, and the risks and benefits of screening, treatment, and outcomes were not adequately reflected. Interview respondents felt confident with the GPAC guidelines as clinical tools. However, the importance of updates when new evidence is available was also noted as important for gaining practitioner confidence.

The Family Practice Oncology Network (FPON), the educational program within the broader Survivorship Program at BC Cancer, developed and offered small group in-person, case-based educational programs between family physicians, general practitioners in oncology, and specialists to support expanding awareness and implementation of these primary care guidelines in partnership with University of British Columbia Continual Professional Development. Yet, due to funding constraints, these were not always able to be optimally implemented.



# PRACTICE CASE STUDY

## BC CLINICAL PRACTICE GUIDELINE EVALUATION

---

Before and during the COVID-19 pandemic, work was undertaken to transform these learning sessions into online educational modules. While initial evaluation reports on utilizing these modules have been made available to BC Cancer, the effectiveness and impact of the modules to influence practice change have yet to be evaluated.

## ACHIEVEMENTS

The guidelines were effective in the following clinical settings:

- Enhancing collaboration between oncologists and primary care physicians;
- Clarifying the roles of oncologists and primary care physicians in screening and follow-up care;
- Assessing the effectiveness of guidelines as a tool to improve the flow of information between oncology and primary care settings;
- Narrowing the implementation gap between procedures by ensuring seamless integration and application of guidelines in clinical cases; and
- Tackling systemic fragmentation by fostering communication and relationship building between family physicians and other specialists.

## LESSONS LEARNED

- The evaluation examined the dissemination process of the guidelines, assessed physician loyalty to the guidelines, and provided insights into the effectiveness of the Family Practice Oncology Network (FPON) and continuing medical education (CME) for translating recommendations into practice.
- Specific funding for knowledge mobilization of new guidelines is important.
- At times, it can be challenging to isolate the diagnostic phase from the continuum of care. The breast and colorectal cancer guidelines recognize that screening, diagnosis, management, and follow-up are distinct parts of the continuum that require input from different providers. While these phases are interconnected on the continuum of care, they should not feel separated when looking at the patient journey as a whole.



## PRACTICE CASE STUDY

### BC CLINICAL PRACTICE GUIDELINE EVALUATION

---

## FURTHER INFORMATION

Medical Education  
Lead & Medical  
Director, Family  
Practice Oncology  
Network (FPON)  
[fpon@bccancer.bc.ca](mailto:fpon@bccancer.bc.ca)

## NEXT STEPS

Implement the following recommendations:

- Include a guideline implementation strategy for new or revised guidelines;
- Improve access to clinical practice guidelines;
- Increase collaboration between specialty and primary care to clarify roles and develop tools to improve communications about transitions in care; and
- Integrate guideline development with other provincial programs/committees to address barriers to implementing clinical recommendations.

### Sources

1. Clinical Practice Guidelines Evaluation (2015). British Columbia Cancer Agency (full report, 63 pages).
2. Government of British Columbia. Practitioner and Professional Resources (website).

\* It is important to note that the evaluation of the GPAC Guideline content was outside the scope of this review.



[all.can@saveyourskin.ca](mailto:all.can@saveyourskin.ca)  
[all-can.org/national-initiatives/canada](http://all-can.org/national-initiatives/canada)