

Appendix B: Participating Physicians Advance Letter

[CMS Letterhead]

[DATE]

Dr. [FIRST NAME] [LASTNAME]

[ADDR1]

[ADDR2]

[CITY], [STATE] [ZIP]

Dear Dr. [FIRSTNAME] [LASTNAME]:

We would like to invite you to participate in an important evaluation regarding the *2006 Medicare Oncology Demonstration Program*, a national program that uses evidence-based practice guidelines to encourage quality care for patients with a primary diagnosis of cancer in one of 13 major diagnostic categories. While current quality initiatives such as the Physician Quality Reporting Initiative (PQRI) assess 74 diverse quality measures applicable to many Medicare physicians, the 2006 Demonstration, which ended in December of 2006, gathered information specific to oncologists and hematologists regarding patients' treatments, the spectrum of care they received, and the frequency with which physician's used clinical practice guidelines. Your participation in the survey is crucial to help us better understand the impact of the demonstration on your practice, as well as your overall experience with the demonstration. Your participation in the survey and perspective on the demonstration will be crucial in helping us to improve Medicare's approach to cancer care.

The National Cancer Institute (NCI) and Centers for Medicare & Medicaid Services (CMS) are conducting this study in collaboration with L&M Policy Research and The National Opinion Research Center (NORC), a non-profit research center affiliated with the University of Chicago that has been conducting research in the public interest for over 60 years. You will receive a survey packet in the mail shortly from NORC.

The packet will contain a check for \$25 to show our appreciation for taking part in this important survey. **The survey will take 10 minutes to complete.** You can return the survey either via postage-paid envelope, which will be enclosed, fax, or e-mail. All the information that would identify you or your practice will be kept confidential. No individual providers will be identified in any of the analyses or reports from this evaluation and your decision on whether or not to participate in the survey will not affect your eligibility in the Medicare demonstration. Taking part in the survey is voluntary. You may elect to skip any questions. Please know all your answers are very important to us; your responses will help inform how Medicare pays for cancer care in the future.

If you have questions or would like more information about the evaluation, please call NORC toll-free at 1-800-XXX-XXXX or via e-mail at emailaddress@norc.org. For questions regarding your rights as a research subject, please contact NORC's IRB Administrator at 1-866-309-0542.

We hope you decide to join us in this important evaluation.

Sincerely,

CMS Signature (MD)

Title

Agency

If you have not participated in the 2006 or 2005 Medicare Oncology Demonstration Program, please call us at 1-800-XXX-XXXX so that we can send you the non-participant survey.