

[AHRQ Letterhead]

[DATE]

Dear {Pharmacist-Name}:

Two weeks ago, we mailed a letter informing you about the Evaluation of the Phase I Demonstrations for the Pharmacy Quality Alliance (PQA). As a pharmacist who is participating in the ~~demonstration at the~~ [\[Demonstration-Site-Name\] demonstration project](#), we would like you to complete the enclosed survey.

The primary purpose of this survey is to gain a better understanding of pharmacists' perspectives on the demonstration project. In addition, we seek to understand pharmacists' general beliefs about pharmacy quality improvement. Pharmacists across all five demonstration sites are being asked to complete the survey, so that the program can be evaluated at both the site and national level.

In order to participate, please complete the survey and return it in the enclosed envelope. For your convenience, the envelope has already been stamped and addressed.

The survey should require about 30 minutes of your time. Your consent to participate will be implicit in your return of the completed survey.

The survey is being administered on behalf of AHRQ by an evaluation team at CNA Corporation in partnership with Thomas Jefferson University. Your name and contact information will not be shared with others outside of this evaluation team. ~~Individual responses will be kept confidential~~ [Your responses will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3\(c\)](#); results will be shared only in aggregate with PQA leadership and your demonstration site. The survey has been reviewed by the Institutional Review Board at Thomas Jefferson University and approved for exemption.

Your participation in this survey is voluntary, though we urge you to take advantage of this important opportunity to provide us with your feedback. Findings from this evaluation will be instrumental in informing future PQA efforts, and will directly inform future tests of the PQA measures.

On behalf of AHRQ, the evaluation team, and your demonstration site, we appreciate your participation in the project. If you have questions about the survey, please contact [insert name, phone number and email address of evaluation team contact].

Thank you for your time.

Sincerely,
[signature]

[Linda Greenberg, PhD](#)

[Federal Project Officer, Agency for Healthcare Research and Quality \(AHRQ\)](#)

~~Carolyn Clancy,~~

~~MD~~

~~Director of the Agency for Healthcare Research and Quality (AHRQ)~~