

[AHRQ Letterhead]

[DATE]

Dear [Pharmacist Name]:

As a pharmacist who is participating in the Phase I Demonstrations for the Pharmacy Quality Alliance at [Demonstration Site Name], we are writing to inform you of a survey that will be mailed to you in approximately two weeks.

The primary purpose of the 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 will be asked to complete the survey, so that the program can be evaluated at both the site and national level.

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

The survey will be 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; 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]
Carolyn Clancy, MD
Director of the Agency for Healthcare Research and Quality (AHRQ)