

ATTACHMENT S

2010 NAMCS EMR/EHR Mail Survey Letters and Narrative Script

First Mailing:

February 1, 2010

John Doe, MD
Position (if provided, i.e. Director, Chief, etc)
Practice Name (if provided)
5 Smith Street
Nowhere, NC 99999-1111

Dear Dr. Doe,

You have been selected to respond to a brief mail survey on the use of electronic medical records in office-based practices. Results from the enclosed survey will be used to track adoption of electronic medical records nationwide. We are conducting this special survey as a supplement to the National Ambulatory Medical Care Survey (NAMCS) which routinely collects information about office-based practices. I would request that you please take the time to answer the questions in the survey and return it in the enclosed envelope. You are not being asked to provide any patient information for this mail survey.

Data collection for the NAMCS is authorized under Section 306 of the Public Health Service Act (Title 42, U.S. Code, 242k). Your responses are anonymous and we are required to keep your survey data confidential in accordance with Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). This information will be used for statistical purposes only. The National Center for Health Statistics' Research Ethics Review Board has approved this supplement to the NAMCS.

We are eager to get information from you for this survey. If you are unable to complete the survey yourself, then an office manager or another staff member could complete the survey on your behalf. As survey participation is voluntary, if you choose not to participate, please write that on the form and return it to us in the enclosed envelope.

We have routinely relied on the generosity of physicians like you to provide the much needed information to help policy makers, health services researchers, and medical associations understand the current issues with health care delivery in the United States. If you have any questions or comments regarding this study, please call the study coordinator at 1-866-635-4515. Additional information on the survey may be obtained by visiting the NAMCS participant Web site at www.cdc.gov/namcs.

Thank you for your valuable assistance with this worthy study.

Sincerely,

A handwritten signature in black ink, appearing to read "Ed Sondik". The signature is fluid and cursive, written over a white background.

Edward J. Sondik, Ph.D.
Director

Second Mailing:

February 1, 2010

John Doe, MD
Position (if provided, i.e. Director, Chief, etc)
Practice Name (if provided)
5 Smith Street
Nowhere, NC 99999-1111

Dear Dr. Doe,

About three weeks ago, I sent you a survey about an important research study on the use of electronic medical records in office-based practices. As of the date of this letter, we have not received your survey.

I am writing again because of the importance of your participation to us. Although the survey was sent to other physicians, the value of this study is dependent upon obtaining a good representation of physicians' unique insights and experiences. The data you provide are invaluable to track adoption of electronic medical records nationwide.

Your responses are anonymous and we are required to keep your survey data confidential in accordance with Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). We will publish and report only summary data and reports will not include any individual responses or identifiers. Although we hope that you will take part in the study, your participation is voluntary.

If you are no longer in practice or do not provide care for ambulatory patients, please answer Question 2 on the survey and return it in the postage-paid envelope. If you choose not to participate, please indicate this anywhere on the blank questionnaire and return it in the envelope.

Whether you have already mailed a completed survey, are planning to complete the survey, or decided not to participate, we want to thank you very much for your time, effort, and contribution to this important study. If you have any questions or comments regarding this study, please do not hesitate to contact the project coordinator at 1-866-635-4515.

Sincerely,

A handwritten signature in black ink, appearing to read "Ed Sondik". The signature is fluid and cursive, with the first name "Ed" and last name "Sondik" clearly distinguishable.

Edward J. Sondik, Ph.D.
Director

Third mailing:

February 1, 2010

John Doe, MD
Practice Name (if provided)
5 Smith Street
Nowhere, NC 99999-1111

Dear Dr. Doe,

We have been trying to reach you about an important research study on the use of electronic medical records in office-based practices. Results from the enclosed survey will be used to track adoption of electronic medical records nationwide. We are conducting this special survey as a supplement to the National Ambulatory Medical Care Survey (NAMCS) which routinely collects information about office-based practices. You are not being asked to provide any patient information for this mail survey and participation is voluntary.

This study is drawing to a close and one of our concerns is that those physicians who have not responded to the survey may have different experiences from those who have returned surveys. In order to make statistically valid conclusions from the study, we need to hear from all types of physicians. If you are unable to complete the survey yourself within the next week, then an office manager or another staff member could complete the survey on your behalf. I urge you to take about 15 minutes to complete the survey and return it in the postage-paid envelope.

If you are no longer in practice or do not provide care for ambulatory patients, please answer Question 2 on the survey and return it in the postage-paid envelope. If you choose not to participate, please write that on the form and return it to us in the enclosed envelope.

Whether you have already mailed a completed survey, are planning to complete the survey, or decided not to participate, we want to thank you very much for your time, effort, and contribution to this important study. If you have any questions or comments regarding this study, please do not hesitate to contact the study coordinator at 1-866-635-4515.

Sincerely,

A handwritten signature in black ink, appearing to read "Ed Sondik". The signature is fluid and cursive, with the first name "Ed" and last name "Sondik" clearly distinguishable.

Edward J. Sondik, Ph.D.
Director

Post Card Reminder:

Last week a questionnaire was mailed to you requesting your participation in an important study of electronic medical records in office-based practices.

If you have already returned the questionnaire, let me take this opportunity to thank you for your contribution to this research. If not, please do so today. Your participation in the study is critical to its success and to improving the understanding of the adoption of electronic medical records systems in the United States.

If you did not receive the questionnaire, or if you have misplaced it, please call our toll-free number at 1-866-635-4515 and we will be happy to send you with another one.

Thank you for your participation.

A handwritten signature in black ink, appearing to read "Ed Sondik". The signature is fluid and cursive, with the first name "Ed" and last name "Sondik" clearly distinguishable.

Edward J. Sondik, Ph.D.
Director

Final disposition entered:

____ / ____ / ____

by _____

Contact Information

Physician ID: _____ <ID>

Address: _____ <ADDRESS>

Phone Number: _____ <PHONE NUMBER>

Script 1: For first call in which we are able to speak with someone:

Hello. My name is _____ and I'm calling on behalf of the Centers for Disease Control and Prevention. Is this Dr. <LASTNAME>'s office? I'm calling to follow-up on a study survey that we sent to Dr. <LASTNAME> and the practice's usage of electronic medical records. I'd like to make sure that we sent the study survey to the correct address. We have it as <ADDRESS>. Is that correct? The study is ending soon and we would really like to include responses for your practice. Are you, your office manager or other representative available to speak with me for about five minutes so that we can include your offices responses in the study?
(If transferred to office manager or other representative, ***please*** ask for his or her name before transfer.)

Script 2: For calls made after address and doctor's presence at office have been confirmed and an office contact name is not known:

Hello. My name is _____ and I'm calling on behalf of the Centers for Disease Control and Prevention. I'm calling to follow-up on a study survey that we sent to Dr. <LASTNAME> on your practice's usage of electronic medical records. The study is ending soon and we would really like to include your practice's responses. Are you, your office manager or other representative available to speak with me for about five minutes so that we can include those responses in the study?
(If transferred to office manager or other representative, ***please*** ask for his or her name before transfer.)

Script 3: For calls made after address and doctor confirmation and you have a contact name for someone in the office, immediately ask to speak with that person.

Hello. May I speak with _____.
(Follow with Script 2.)

If they do not want to answer the survey, say "I understand. But, may I just ask..." Then ask questions 2 and 7 - 8 to determine eligibility.

"I have one last question. Would you mind telling me why you aren't interested in completing the study?"

New Phone Number Search:

Date	Outcome	Date	Outcome
1.		3.	
2.		4.	