

Attachment 4
MMP Provider Survey
Recruitment Materials



{Date}

Dear {Honorific LastName},

I am writing to enlist your help with a relatively simple, but important project that ultimately seeks to improve care for all persons with HIV infection. I am asking for approximately 30 minutes of your time, the time it will take you to answer the questions in our survey.

This information is being collected as part of collaboration between the Centers for Disease Control and Prevention (CDC) and {PROJECT AREA} to help us to learn more about providers of HIV care in the United States. You have been selected as part of a nationally representative sample of HIV care providers that will help us understand factors that impact access to and provision of effective HIV care in the US. The practice where you received this survey participates in the Medical Monitoring Project – a CDC surveillance project designed to learn more about the experiences and needs of people who are receiving care for HIV. Ultimately, data from this survey can be used locally and nationally to better understand the needs of all HIV-infected persons and the effectiveness of interventions designed to improve outcomes and prevent HIV transmission.

Because of your experience as an HIV care provider, your responses are very important to us. You can complete the survey online by typing the below URL into your Web browser and using the Username and password provided.

URL: <https://cdchiv.altarum.org>
Username: {unique username}
Password (case-sensitive): {CDC compliant password}

Or you may complete the paper copy of the survey and mail it using the enclosed postage-paid return envelope. All survey responses will be kept confidential.

We realize that your schedule is extremely busy and that there are many demands for your time. Participating in this survey is voluntary, but we hope that you can help us. Your responses matter.

Enclosed you will find \$20.00 in cash as a token of our appreciation for completing the survey. If you have any questions about the survey or experience technical difficulties with the online survey and need assistance, please call 800-xxx-xxxx or email the Study Director at Tom.Wilkinsom@Altarum.com.

Sincerely,

Jacek Skarbinski, MD
Team Leader, Clinical Outcomes Team
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention

MMP Reminder Postcard Text



Centers for Disease Control and Prevention
Medical Monitoring Project (MMP)
HIV Provider Survey

Several days ago, we mailed you an important survey questionnaire. If you have already completed the survey, please accept our thanks. If you have not had an opportunity to complete it, we urge you to take about 30 minutes to complete the survey and help us as we seek to improve care for all persons with HIV infection. The survey questionnaire packet contains \$20 as a token of our appreciation for completing the survey.

We realize that your schedule is extremely busy and that there are many demands for your time. Participation is voluntary, but we hope that you can help us. Your responses matter. If you have any questions about the survey, please call 800-xxx-xxxx or email the Study Director at tom.wilkinsin@altarum.org



{Date}

Dear {Honorific LastName},

About two weeks ago, we mailed you an important survey questionnaire aimed at learning more about providers of HIV care. If you have already completed the survey, please accept our thanks for helping with this important project. If you have not yet had a chance to complete it, I urge you to take approximately 30 minutes to complete the survey and help us as we seek to improve care for all persons with HIV infection.

This information is being collected as part of collaboration between the Centers for Disease Control and Prevention (CDC) and {PROJECT AREA} to help us to learn more about providers of HIV care in the United States. You have been selected as part of a nationally representative sample of HIV care providers that will help us understand factors that impact access to and provision of effective HIV care in the US. The practice where you received this survey participates in the Medical Monitoring Project – a CDC surveillance project designed to learn more about the experiences and needs of people who are receiving care for HIV. Ultimately, data from this survey can be used locally and nationally to better understand the needs of all HIV-infected persons and the effectiveness of interventions designed to improve outcomes and prevent HIV transmission.

Because of your experience as an HIV care provider, your responses are very important to us. You can complete the survey online by typing the below URL into Web browser and using the Username and password provided.

URL: <https://cdchiv.altarum.org>
Username: {unique username}
Password (case-sensitive): {CDC compliant password}

Or you may complete the paper copy of the survey and mail it using the enclosed postage-paid return envelope. All survey responses will be kept confidential.

We realize that your schedule is extremely busy and that there are many demands for your time. Participating in this survey is voluntary, but we hope that you can help us. Your responses matter.

Our first mailing to you contained \$20.00 in cash as a token of our appreciation for your time in completing the survey. If you have any questions about the survey or experience technical difficulties with the online survey and need assistance, please call 800-xxx-xxxx or email the Study Director at tom.wilkinson@altarum.org.

Sincerely,

Jacek Skarbinski, MD
Team Leader, Clinical Outcomes Team
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention

Subject Line: CDC HIV Study (Email 1 of 2)

Dear {Honorific LastName}:

I am emailing to enlist your help with a relatively simple, but important project that ultimately seeks to improve care for all persons with HIV infection. I am asking for approximately 30 minutes of your time, the time it will take you to answer the questions in our survey. Because of your experience as an HIV care provider, your responses are very important to us. All survey responses will be kept confidential.

You may choose from the following **two** methods to complete the survey.

1. Complete the *paper survey* we mailed to you a few days ago at {PROVIDER ADDRESS} and return it in the enclosed postage-paid envelope. The \$20.00 in cash enclosed within the envelope is a token of our appreciation for completing the survey.
2. Complete the *online survey* by clicking on the URL link below. You will need both a *Username* and a *password* to enter the survey Website. For security reasons, we send the *Username* and *password* in separate email messages. This email contains your *Username*. Check your inbox for the other email containing your case-sensitive *password* which was sent moments after this email.

Username:

{Unique Username}

Website URL (click or copy-and-paste into your browser): <https://cdchiv.altarum.org>

This information is being collected as part of collaboration between the Centers for Disease Control and Prevention (CDC) and {PROJECT AREA} to help us to learn more about providers of HIV care in the United States. This practice participates in the Medical Monitoring Project – a CDC surveillance project designed to learn more about the experiences and needs of people who are receiving care for HIV. You have been selected as part of a nationally representative sample of HIV care providers that will help us understand factors that impact access to and provision of effective HIV care in the US. Ultimately, data from this survey can be used locally and nationally to better understand the needs of all HIV-infected persons and the effectiveness of interventions designed to improve outcomes and prevent HIV transmission.

We realize that your schedule is extremely busy and that there are many demands for your time. Participating in this survey is voluntary, but we hope that you can help us. Your responses matter.

If you have any questions about the survey or experience technical difficulties with the online survey and need assistance, please call 800-xxx-xxxx or email the Study Director at tom.wilkinson@altarum.org. Do not reply directly to this message.

Sincerely,

Jacek Skarbinski, MD
Team Leader, Clinical Outcomes Team
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention

Subject Line: CDC HIV Study (**Email 2 of 2**)

Dear {Honorific LastName}:

I am emailing to enlist your help with a relatively simple, but important project that ultimately seeks to improve care for all persons with HIV infection. I am asking for approximately 30 minutes of your time, the time it will take you to answer the questions in our survey. Because of your experience as an HIV care provider, your responses are very important to us. All survey response will be kept confidential.

You may choose from the following **two** methods to complete the survey.

1. Complete the *paper survey* mailed to you a few days ago at {PROVIDER ADDRESS} and return it in the enclosed postage-paid envelope. The \$20.00 in cash enclosed within the envelope is a token of our appreciation for completing the survey.
2. Complete the *online survey* by clicking on the URL link below. You will need both a *Username* and a *password* to enter the survey Website. For security reasons, we send the *Username* and *password* in separate email messages. This email contains your *password*. Check your inbox for the other email containing your *Username* which was sent moments before this email.

Password (case-sensitive):

{CDC compliant password}

Website URL (click or copy-and-paste into your browser):

<https://cdchiv.altarum.org>

This information is being collected as part of collaboration between the Centers for Disease Control and Prevention (CDC) and {PROJECT AREA} to help us to learn more about providers of HIV care in the United States. This practice participates in the Medical Monitoring Project – a CDC surveillance project designed to learn more about the experiences and needs of people who are receiving care for HIV. You have been selected as part of a nationally representative sample of HIV care providers that will help us understand factors that impact access to and provision of effective HIV care in the US. Ultimately, data from this survey can be used locally and nationally to better understand the needs of all HIV-infected persons and the effectiveness of interventions designed to improve outcomes and prevent HIV transmission.

We realize that your schedule is extremely busy and that there are many demands for your time. Participating in this survey is voluntary, but we hope that you can help us. Your responses matter.

If you have any questions about the survey or experience technical difficulties with the online survey and need assistance, please call 800-xxx-xxxx or email the Study Director at tom.wilkinson@altarum.org. Do not reply directly to this message.

Sincerely,

Jacek Skarbinski, MD
Team Leader, Clinical Outcomes Team
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention

MMP Reminder Telephone Call Script

Common intro for all informants:

Hello, this is {interviewer} calling on behalf of the Centers for Disease Control and Prevention Medical Monitoring Project. This call is about the CDC's survey of HIV Providers. May I speak to {PROVIDER NAME}?

If Provider is on phone:

Several weeks ago, we mailed a survey questionnaire packet to you at {PROVIDER ADDRESS}. It was a large white envelope with a HHS / CDC logo. It contained a survey questionnaire booklet and \$20 cash as a token of our appreciation for your participation. We've also mailed two additional packets in the last few weeks. Do you recall seeing any of those? Do you still have the questionnaire and postage-paid return envelope available?

If YES: That's very good; our field period is drawing to a close, but there is still time to reply. Could you take the time to complete and return the questionnaire as soon as possible? If you prefer, you can also complete the survey online at our secure Website. Instructions to reach the Website are in the questionnaire packet, or I can give them to you right now if you have a pencil handy.

If NO: That's not a problem. Our field period is drawing to a close, but there is still time to reply. I can either send you a new questionnaire right away, or you can complete the survey online at our secure Website. Let me confirm that your mailing address is {PROVIDER ADDRESS}. And, I can give you instructions to reach the Website, if you have a pencil handy.

We realize that your schedule is extremely busy and that there are many demands for your time. Participating in this survey is voluntary, but we hope that you can help us. Your responses matter. Thank you very much.

If Provider is not available:

Several weeks ago, we mailed a survey questionnaire packet to {PROVIDER NAME} at {PROVIDER ADDRESS}. It was a large white envelope with a HHS / CDC logo. It contained a survey questionnaire booklet and \$20 cash as a token of our appreciation for his/her participation. We've also mailed two additional packets in the last few weeks. Do you know if {PROVIDER NAME} received any of those? Do you know if {PROVIDER NAME} still has the questionnaire and postage-paid return envelope available?

If YES: That's very good; our field period is drawing to a close, but there is still time to reply. Could you please ask {PROVIDER NAME} to complete and return the questionnaire as soon as possible? We also have an option where the survey can be completed online at our secure Website. Instructions for {PROVIDER NAME} to reach the Website are in the questionnaire packet, or I can give them to you right now if you have a pencil handy.

If NO: That's not a problem. Our field period is drawing to a close, but there is still time to reply. I can either send you a new questionnaire right away, or {PROVIDER NAME} can also complete the survey online at our secure Website. Let me confirm that your mailing address is {PROVIDER ADDRESS}. And, I can give you instructions for {PROVIDER NAME} to reach the Website, if you have a pencil handy.

We realize that {PROVIDER NAME}'s schedule is extremely busy and that there are many demands for his/her time. Participating in this survey is voluntary, but we hope that {PROVIDER NAME} can help us. His/her responses matter. Thank you very much.

If Website info is requested:

First I'll give you the Web address or URL. It's important that you write down the address exactly, so I'll ask you to repeat it back to me after you write it down. The address gets typed into the browser address line. The address is:

https:\\ cdchiv.altarum.org

OK, please read that back to me.

To ensure security, it is necessary to enter a login ID and a password once you get to the Website. Each survey participant has a unique ID and password. First, I'll read you (your login ID / the login ID for {PROVIDER NAME}) and then the password. Again, I'll ask you to read it back to me.

Login ID: {unique username}

OK, please read that back to me.

And now the password. Please note that there are both UPPER and lower case letters as well as numbers in the password.

Password: {CDC compliant password}

OK, please read that back to me.

If there are further questions, request to confirm legitimacy, etc.:

If you have any questions about the survey, I can provide you with contact information for the Study Director. You may contact Tom Wilkinson at our toll-free 1-800-xxx-xxxx or email him at tom.wilkinson@altarum.org.