## Attachment H: Pretest Cover Letter and Reminder Notice for Medical Office VE Survey

Cover Letter of Support from Medical Office
[Insert medical office logo here]
Hello,
Unsart name of medical office is participating in an important survey sponsored by the

[Insert name of medical office] is participating in an important survey sponsored by the Agency for Healthcare Research and Quality. The survey asks for your opinions about the extent to which our medical office focuses on efficiency to improve the delivery of high-value patient care. Westat, a private research organization located in Rockville, Maryland, is conducting the survey.

The survey should take about 15 minutes to complete. Your feedback will help us find ways to improve value in our medical office. If you do not wish to answer a question, you may leave it blank. Westat will keep your individual responses to this survey private. Only group results will be reported.

If you have any questions or concerns, please contact [insert medical office point of contact name and phone number here]. We value and appreciate your participation in this important research!

Sincerely,

[Insert medical office manager/managing partner name and signature here]

## Attachment H: Pretest Cover Letter and Reminder Notice for Medical Office VE Survey (continued)

Reminder Notice Text

## WE WANT TO HEAR FROM YOU!

## **Value and Efficiency Survey**



Recently, a survey was distributed to you. The survey is part of a research project sponsored by the Agency for Healthcare Research and Quality (AHRQ) to assess provider and staff views on value and efficiency in hospitals.

If you have already completed your survey and mailed it back to *[pilot study data collection coordinator]*, THANK YOU VERY MUCH!

If you have not yet had a chance to complete your survey, please take a few minutes to fill it out and mail it back to [pilot study data collection coordinator] in the postage-paid envelope that was provided. Your opinions are important to us. Thank you!



If you have any questions, please call: [insert medical office point of contact name and phone number here]