

Attachment B: Eligible Professional and Administrator Surveys and Correspondence

- Eligible Professional Survey – Electronic
- Eligible Professional Survey – Hardcopy
- Administrator Survey – Electronic
- Administrator Survey – Hardcopy
- Eligible Professional and Administrator Survey Correspondence

Attachment B1. Eligible Professional Survey—Electronic

Note: Question B1 is designed as a drop-down menu. If the survey participant’s main specialty does not appear in the list of items available, the survey participant will select the “Other specialty” option and enter the appropriate text in the corresponding box below this option.

The contents of Question B1 are as follows:

Anesthesiology
Cardiovascular diseases
Chiropractor
Counseling/Psychology
Dentistry
Dermatology
Emergency medicine
Family practice
Gastroenterology
General surgery
General internal medicine
Nephrology
Neurology
Nurse anesthetist
Nurse practitioner
Obstetrics and Gynecology

Oncology
Ophthalmology
Optometry
Orthopedic surgery
Otolaryngology
Physical/Occupational therapy
Podiatry
Psychiatry
Pulmonology
Radiology
Registered nurse
Social work
Urology
Other specialty (enter text below)

Evaluation of PQRS and eRx: Eligible Professional Survey

Date

Centers for Medicare & Medicaid Services
United States Department of Health and Human Services

Survey Instructions

The following survey asks questions about your participation in the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program. As you answer each question, please remember there is no right or wrong answer; we are just interested in your thoughts and opinions on this topic.

Answer each question by clicking your cursor on the box to the left of your answer.

Sometimes the survey will skip over certain questions automatically based on your response.

If you have any questions or need help completing the survey, please contact Econometrica toll-free at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. CST or send an email to PQRSeRx@econometricainc.com.

Please begin the survey now.

A: SURVEY ELIGIBILITY

A1. Are you a physician, a nurse practitioner, a physician assistant, or some other type of health care provider?

- Physician (MD/DO)*
- Nurse Practitioner*
- Physician Assistant*
- Not a Health Care Provider*
- Other (please specify):*

A2. Do you accept payment from Medicare?

- Yes*
- No*

A3. How many years have you been in practice since you completed your training?

- Still in residency or training (e.g., completing field work, clinical experience) Stop*
- Less than 1 year*
- 1-5 years*
- 6-10 years*
- Greater than 10 years*

A4. In a typical week, how many hours of direct patient care do you provide?

(Patient care includes seeing patients, reviewing tests, preparing for and performing surgical procedures, and providing other related patient-care services.)

- None Stop*
- 1-9 hours Stop*
- 10-19 hours Stop*
- 20-29 hours*
- 30 or more hours*

B: BACKGROUND

B1. What is the main specialty in which you practice?

B2. Which of the following best describes your *main* practice setting?

- Hospice*
- Hospital, teaching*
- Hospital, non-teaching*
- Laboratory*
- Multi-specialty group practice or clinic*
- Physician's office, single specialty group practice*
- Physician's office, solo practice*
- Skilled nursing facility*
- Urgent care facility*

Other (please specify):

B3. Including yourself, how many full-time equivalent (FTE) health practitioners are in your practice?

(Full-time equivalent health practitioners are clinicians who work 20 hours or more, per week. Each person who works more than 20 hours is counted as 1 FTE.)

Number of FTE physicians: _____
Number of FTE nurse practitioners: _____
Number of FTE physician assistants: _____
Number of other clinical providers (excluding clinic assistants) _____

B4. Are you a full-owner or part-owner of your practice?

- Yes*
- No*

C: PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PARTICIPATION

C1. Have you heard of the PQRS program, formerly known as the Physician Quality Reporting Initiative (PQRI)?

- Yes
- No

C2. Did you participate in the 2013 PQRS program?

- Yes
- No

C3. Which of the following influenced your decision to participate in PQRS in 2013? (Select all that apply.)

- Believe it is important to continuously improve patient care
- Incentives from private payers for participation in quality reporting initiatives
- Internal cost reduction effort
- Public reporting/transparency
- Required by my practice/organization
- To avoid Medicare penalty or reduction in payment
- To earn Medicare incentive payment for PQRS
- To prepare for a time when quality is a significant factor in Medicare reimbursement

Other (please specify):

C4. Please rate the extent to which you agree that PQRS participation has:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
a. Helped me improve the quality of care I provide to my Medicare patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Enhanced my ability to provide preventive care to my Medicare patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Improved the overall health for a majority of my Medicare patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Reduced avoidable health care costs for my Medicare patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C5. As a program participant, how likely would you be to recommend PQRS to other practitioners?

- Highly unlikely
- Somewhat unlikely
- Neither likely nor unlikely
- Somewhat likely
- Highly likely

C6. What impact does the level of incentive you receive from participating in PQRS have on your ability to provide better care?

- No impact*
- A small impact*
- A moderate impact*
- A large impact*

D: PQRS FEEDBACK REPORT

D1. Have you ever read a PQRS feedback report from CMS?

- Yes*
- No*

**D2. If yes, what year(s) was the PQRS feedback report for?
(Select all that apply.)**

- 2007*
- 2008*
- 2009*
- 2010*
- 2011*
- 2012*
- 2013*

D3. How helpful was the PQRS feedback report in providing you with the information needed to improve care for your Medicare patients?

- Not at all helpful*
- Neither helpful nor unhelpful*
- Somewhat helpful*
- Very helpful*

E: PQRS NON-PARTICIPATION

E1. Have you ever participated in the PQRS program, formerly known as the Physician Quality Reporting Initiative (PQRI)?

- Yes*
- No*

**E2. If yes, what year(s) did you participate in PQRS?
(Select all that apply.)**

- 2007*
- 2008*
- 2009*
- 2010*
- 2011*
- 2012*

E3. To what extent do you agree or disagree that each of the following factors prevents you from participating in the PQRS program?

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
a. Financial cost of implementation is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of appropriately trained personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Current measures do not apply to my practice specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Unsure of how to implement the program in my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feel that the program is unnecessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feel that it is not the government's role to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F: ELECTRONIC PRESCRIBING (eRx) INCENTIVE PROGRAM PARTICIPATION

F1. Have you heard of the eRx program?

- Yes
- No

F2. Did you participate in the 2013 eRx program?

- Yes
- No
- No, I am exempt.

F3. Which of the following influenced your decision to participate in eRx? (Select all that apply.)

- Believe it is important to continuously improve patient care*
- Incentives from private payers for participation in quality reporting initiatives*
- Internal cost reduction effort*
- Public reporting/transparency*
- Required by my practice/organization*
- To avoid Medicare penalty or reduction in payment*
- To earn Medicare incentive payment for eRx*
- To prepare for a time when quality is a significant factor in Medicare reimbursement*

Other (please specify):

F4. What is the effect of eRx participation on coordination of care efforts with other practitioners within or outside of your practice?

- No effect*
- A small effect*
- A moderate effect*
- A large effect*

F5. Please rate the extent that you agree that eRx participation has:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
a. Helped me reduce the prescription of medication that is contraindicated or could cause adverse reactions for my Medicare patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Helped me improve the quality of care that I provide to my Medicare patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Improved the overall health for a majority of my Medicare patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Reduced avoidable health care costs for my Medicare patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Increased patient satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F6. As a program participant, how likely would you be to recommend eRx to other practitioners?

- Highly unlikely*
- Somewhat unlikely*
- Neither likely nor unlikely*
- Somewhat likely*
- Highly likely*

F7. Did you receive a penalty in eRx?

- Yes*
- No*
- No, I am exempt.*

F8. If yes, what year(s) was the penalty received? (Select all that apply.)

- 2012*
- 2013*

G: eRx FEEDBACK REPORT

G1. Have you ever read any eRx feedback report from CMS?

- Yes
- No

**G2. If yes, what year(s) was the eRx feedback report for?
(Select all that apply.)**

- 2009
- 2010
- 2011
- 2012
- 2013

G3. How helpful was the eRx feedback report in improving care for your patients?

- Not at all helpful*
- Neither helpful nor unhelpful*
- Somewhat helpful*
- Very helpful*

H: eRx NON-PARTICIPATION

H1. Have you ever participated in eRx?

- Yes
- No

**H2. If yes, what year(s) did you participate in eRx?
(Select all that apply.)**

- 2009
- 2010
- 2011
- 2012

H3. To what extent do you agree or disagree that each of the following factors prevents your practice from participating in the eRx program?

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
a. Financial cost of implementation is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of appropriately trained personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unsure of how to implement the program in my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feel that the program is unnecessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feel that it is not the government's role to monitor physician quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H4. Did you receive a penalty in eRx?

- Yes
- No
- No, I am exempt

H5. If yes, what year(s) was the penalty received? (Select all that apply.)

- 2012
- 2013

I: DEMOGRAPHICS

I1. Please indicate your gender.

- Male
- Female

I2. Please indicate your four-digit year of birth.

J: CONCLUSION

J1. Who completed the survey?

- The professional to whom the survey was addressed
- Administrative staff
- Other eligible professional

Other (please specify):

J2. We appreciate your feedback. Feel free to use this space to comment on the survey or program issues you would like to see addressed in future evaluations.

J3. Please include your name, email, and phone number in case we have a question about your survey.

Title:

First name:

Last name:

Phone number:

Alternate phone number:

Email:

J4. Would you like to receive the \$100 incentive that will be sent electronically to the email above?

- Yes
- No

J5. Are you willing to participate in a 30-minute follow-up phone interview to talk more about your reasons for your participation decision, if applicable, and your experiences with the PQRS/eRx program(s)?

You will receive an additional \$100 gift card if you participate in the phone interview in addition to completing this survey.

- Yes
- No

THERE ARE NO MORE QUESTIONS.

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!

Evaluation of PQRS and eRx: Eligible Professional Survey

Date

Centers for Medicare & Medicaid Services
United States Department of Health and Human Services

Survey Instructions

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over certain questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **Go to B.**
 No

- If you have any questions or need help completing the survey, please contact Econometrica toll-free at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. CST or send an email to PQRSeRx@econometricainc.com.

Please begin the survey now.

A: SURVEY ELIGIBILITY

A1. Are you a physician, a nurse practitioner, a physician assistant, or some other type of health care provider?

Physician (MD/DO)

Nurse Practitioner

Physician Assistant

Other (please specify): _____

Not a Health Care Provider → **Stop**

Do not continue. Please return the survey in the enclosed envelope and we will remove your name from our list.

A2. Do you accept payment from Medicare?

Yes

No

→ **Stop**

Do not continue. Please return the survey in the enclosed envelope and we will remove your name from our list.

A3. How many years have you been in practice since you completed your training?

Still in residency or training
(e.g., completing field work,
clinical experience)

→ **Stop**

Do not continue. Please return the survey in the enclosed envelope and we will remove your name from our list.

Less than 1 year

1–5 years

6–10 years

Greater than 10 years

A4. In a typical week, how many hours of direct patient care do you provide?

(Patient care includes seeing patients, reviewing tests, preparing for and performing surgical procedures, and providing other related patient-care services.)

None

→ **Stop**

1–9 hours

→ **Stop**

10–19 hours

→ **Stop**

20–29 hours

30 or more hours

Do not continue. Please return the survey in the enclosed envelope and we will remove your name from our list.

B: BACKGROUND

B1. What is the **main** specialty in which you practice?

- Cardiovascular diseases
- Emergency medicine
- Family practice
- General internal medicine
- Nephrology
- Oncology
- Ophthalmology
- Psychiatry
- Urology
- Other (please specify): _____

B2. Which of the following best describes your **main** practice setting?

- Hospice
- Hospital, teaching
- Hospital, non-teaching
- Laboratory
- Multi-specialty group practice or clinic
- Physician's office, single specialty group practice
- Physician's office, solo practice
- Skilled nursing facility
- Urgent care facility
- Other (please specify): _____

B3. Including yourself, how many full-time equivalent (FTE) health practitioners are in your practice?
(Full-time equivalent health practitioners are clinicians who work 20 hours or more, per week. Each person who works more than 20 hours is counted as 1 FTE.)

Number of FTE physicians: _____

Number of FTE nurse practitioners: _____

Number of FTE physician assistants: _____

Number of other clinical providers (excluding clinic assistants): _____

B4. Are you a full-owner or part-owner of your practice?

- Yes
- No

C: PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PARTICIPATION

C1. Have you heard of the PQRS program, formerly known as the Physician Quality Reporting Initiative (PQRI)?

- Yes
- No

C2. Did you participate in the 2013 PQRS program?

- Yes
- No → **Go to E.**

C3. Which of the following influenced your decision to participate in PQRS in 2013? *(Select all that apply.)*

- Believe it is important to continuously improve patient care
- Incentives from private payers for participation in quality reporting initiatives
- Internal cost reduction effort
- Public reporting/transparency
- Required by my practice/organization
- To avoid Medicare penalty or reduction in payment
- To earn Medicare incentive payment for PQRS
- To prepare for a time when quality is a significant factor in Medicare reimbursement
- Other (please specify): _____

C4. Please rate the extent to which you agree that PQRS participation has:

- a. Helped me improve the quality of care I provide to my Medicare patients
 - Strongly disagree
 - Disagree
 - Agree
 - Strongly agree

- b. Enhanced my ability to provide preventive care to my Medicare patients
 - Strongly disagree
 - Disagree
 - Agree
 - Strongly agree

- c. Improved the overall health for a majority of my Medicare patients
 - Strongly disagree
 - Disagree
 - Agree
 - Strongly agree

- d. Reduced avoidable health care costs for my Medicare patients
 - Strongly disagree
 - Disagree
 - Agree
 - Strongly agree

C5. As a program participant, how likely would you be to recommend PQRS to other practitioners?

- Highly unlikely
- Somewhat unlikely
- Neither likely nor unlikely
- Somewhat likely
- Highly likely

C6. What impact does the level of incentive you receive from participating in PQRS have on your ability to provide better care?

- No impact
- A small impact
- A moderate impact
- A large impact

D: PQRS FEEDBACK REPORT

D1. Have you **ever** read a PQRS feedback report from CMS?

- Yes
- No → **Go to E.**

D2. If yes, what year(s) was the PQRS feedback report for?

(Select all that apply.)

- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013

D3. How helpful was the PQRS feedback report in providing you with the information needed to improve care for your Medicare patients?

- Not at all helpful
- Neither helpful nor unhelpful
- Somewhat helpful
- Very helpful

E: PQRS NON-PARTICIPATION

E1. Have you **ever** participated in the PQRS program, formerly known as the Physician Quality Reporting Initiative (PQRI)?

- Yes
- No → **Go to E3.**

E2. If yes, what year(s) did you participate in PQRS?

(Select all that apply.)

- 2007
- 2008
- 2009
- 2010
- 2011
- 2012

E3. To what extent do you agree or disagree that each of the following factors prevents you from participating in the PQRS program?

- a. Financial cost of implementation is too high
- Strongly disagree
 - Disagree
 - Agree
 - Strongly agree
- b. Lack of time
- Strongly disagree
 - Disagree
 - Agree
 - Strongly agree
- c. Lack of appropriately trained personnel
- Strongly disagree
 - Disagree
 - Agree
 - Strongly agree
- d. Current measures do not apply to my practice specialty
- Strongly disagree
 - Disagree
 - Agree
 - Strongly agree
- e. Unsure of how to implement the program in my practice
- Strongly disagree
 - Disagree
 - Agree
 - Strongly agree
- f. Feel that the program is unnecessary
- Strongly disagree
 - Disagree
 - Agree
 - Strongly agree
- g. Feel that it is not the government's role to monitor physician quality
- Strongly disagree
 - Disagree
 - Agree
 - Strongly agree

**F: ELECTRONIC PRESCRIBING (eRx)
INCENTIVE PROGRAM
PARTICIPATION**

F1. Have you heard of the eRx program?

- Yes
- No

F2. Did you participate in the 2013 eRx program?

- Yes
- No, because I am exempt. → **Go to I.**
- No → **Go to H.**

F3. Which of the following influenced your decision to participate in eRx?

(Select all that apply.)

- Believe it is important to continuously improve patient care
 - Incentives from private payers for participation in quality reporting initiatives
 - Internal cost reduction effort
 - Public reporting/transparency
 - Required by my practice/organization
 - To avoid Medicare penalty or reduction in payment
 - To earn Medicare incentive payment for eRx
 - To prepare for a time when quality is a significant factor in Medicare reimbursement
 - Other *(please specify)*: _____
- _____

F4. What is the effect of eRx participation on coordination of care efforts with other practitioners within or outside of your practice?

- No effect
- A moderate effect
- A small effect
- A large effect

F5. Please rate the extent that you agree that eRx participation has:

a. Helped me reduce the prescription of medication that is contraindicated or could cause adverse reactions for my Medicare patients

- Strongly disagree
- Disagree
- Agree
- Strongly agree

b. Helped me improve the quality of care that I provide to my Medicare patients

- Strongly disagree
- Disagree
- Agree
- Strongly agree

c. Improved the overall health for a majority of my Medicare patients

- Strongly disagree
- Disagree
- Agree
- Strongly agree

d. Reduced avoidable health care costs for my Medicare patients

- Strongly disagree
- Disagree
- Agree
- Strongly agree

e. Increased patient satisfaction

- Strongly disagree
- Disagree
- Agree
- Strongly agree

F6. As a program participant, how likely would you be to recommend eRx to other practitioners?

- Highly unlikely
- Somewhat unlikely
- Neither likely nor unlikely
- Somewhat likely
- Highly likely

F7. Did you receive a penalty in eRx?

- Yes
- No → **Go to G.**
- No, I am exempt. → **Go to H.**

F8. If yes, what year(s) was the penalty received? (Select all that apply.)

- 2012
- 2013

G: eRx FEEDBACK REPORT

G1. Have you **ever** read any eRx feedback report from CMS?

- Yes
- No → **Go to H.**

G2. If yes, what year(s) was the eRx feedback report for?

(Select all that apply.)

- 2009 2011 2013
- 2010 2012

G3. How helpful was the eRx feedback report in improving care for your patients?

- Not at all helpful
- Neither helpful nor unhelpful
- Somewhat helpful
- Very helpful

H: eRx NON-PARTICIPATION

H1. Have you **ever** participated in eRx?

- Yes
- No → **Go to I.**

H2. If yes, what year(s) did you participate in eRx? (Select all that apply.)

- 2009 2011
- 2010 2012

H3. To what extent do you agree or disagree that each of the following factors prevents your practice from participating in the eRx program?

a. Financial cost of implementation is too high

- Strongly disagree
- Disagree
- Agree
- Strongly agree

b. Lack of time

- Strongly disagree
- Disagree
- Agree
- Strongly agree

c. Lack of appropriately trained personnel

- Strongly disagree
- Disagree
- Agree
- Strongly agree

d. Unsure of how to implement the program in my practice

- Strongly disagree
- Disagree
- Agree
- Strongly agree

e. Feel that the program is unnecessary

- Strongly disagree
- Disagree
- Agree
- Strongly agree

f. Feel that it is not the government's role to monitor physician quality

- Strongly disagree
- Disagree
- Agree
- Strongly agree

H4. Did you receive a penalty in eRx?

- Yes
- No → **Go to I.**
- No, I am exempt. → **Go to I.**

H5. If yes, what year(s) was the penalty received?
(Select all that apply.)

- 2012
- 2013

I: DEMOGRAPHICS

I1. Please indicate your gender.

- Male
- Female

I2. Please indicate your four-digit year of birth.

— — — —

J: CONCLUSION

J1. Who completed the survey?

- The professional to whom the survey was addressed
 - Administrative staff
 - Other eligible professional
 - Other (*please specify*): _____
- _____

J2. We appreciate your feedback. Feel free to use this space to comment on the survey or program issues you would like to see addressed in future evaluations.

Comments: _____

J3. Please include your name, email, and phone number in case we have a question about your survey.

Title: _____ First name: _____ Last name: _____

Phone number: (_____) _____ - _____ Alternate phone number: (_____) _____ - _____

Email: _____@_____

J4. Would you like to receive the \$50 incentive that will be sent electronically to the email above?

- Yes
- No

J5. Are you willing to participate in a 30-minute follow-up phone interview to talk more about your reasons for your participation decision, if applicable, and your experiences with the PQRS/eRx program(s)?

You will receive an additional \$100 gift card if you participate in the phone interview in addition to completing this survey.

- Yes
- No

THERE ARE NO MORE QUESTIONS.

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!

PLEASE RETURN THE COMPLETED SURVEY TO ECONOMETRICA IN THE ENCLOSED POSTAGE-PAID ENVELOPE.

Evaluation of PQRS and eRx: Administrator Survey-Electronic

Date

Centers for Medicare & Medicaid Services United States Department of Health and Human Services

Survey Instructions

The following survey asks questions about your participation in the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program. As you answer each question, please remember there is no right or wrong answer; we are just interested in your thoughts and opinions on this topic.

Answer each question by clicking your cursor on the box to the left of your answer.

Sometimes the survey will skip over certain questions automatically based on your response.

If you have any questions or need help completing the survey, please contact Econometrica toll-free at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. CST or send an email to PQRSeRx@econometricainc.com.

Please begin the survey now.

A: SURVEY ELIGIBILITY

A1. Does your practice accept payment from Medicare?

- Yes
- No

B: BACKGROUND

B1. What is the main specialty in which you practice?

- Cardiovascular diseases*
- Emergency medicine*
- Family practice*
- General internal medicine*
- Nephrology*
- Oncology*
- Ophthalmology*
- Psychiatry*
- Urology*

Other (please specify):

B2. Which of the following best describes your *main* practice setting?

- Hospice*
- Hospital, teaching*
- Hospital, non-teaching*
- Laboratory*
- Multi-specialty group practice or clinic*
- Physician's office, single specialty group practice*
- Physician's office, solo practice*
- Skilled nursing facility*
- Urgent care facility*

Other (please specify):

B3. Including yourself, how many full-time equivalent (FTE) health practitioners are in your practice?

(Full-time equivalent health practitioners are clinicians who work 20 hours or more, per week. Each person who works more than 20 hours is counted as 1 FTE.)

Number of FTE physicians: _____

Number of FTE nurse practitioners: _____

Number of FTE physician assistants: _____

Number of other clinical providers _____

(excluding clinic assistants):

C: PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PARTICIPATION

C1. Have you heard of the PQRS program, formerly known as the Physician Quality Reporting Initiative (PQRI)?

- Yes*
- No*

C2. Did your practice, or any providers in your practice, participate in the 2013 PQRS program?

- Yes*
- No*

C3. Which of the following influenced your decision to participate in PQRS in 2013?
(Select all that apply.)

- Believe it is important to continuously improve patient care*
- Incentives from private payers for participation in quality reporting initiatives*
- Internal cost reduction effort*
- Public reporting/transparency*
- Required by my practice/organization*
- To avoid Medicare penalty or reduction in payment*
- To earn Medicare incentive payment for PQRS*
- To prepare for a time when quality is a significant factor in Medicare reimbursement*

Other (please specify):

D: PQRS REPORTING PROCESS

D1. What factor(s) influenced the selection of PQRS measures to report? (Select all that apply.)

- Area targeted for improvement*
- Current high level of performance*
- Ease of submission*
- High volume for practice*
- Importance of measure on quality of care*

Other (please specify):

D2. Which PQRS reporting option(s) has your practice selected? (Select all that apply.)

- Claims*
- Data Submission Vendor*
- Electronic Health Record Product*
- Registry*

Other (please specify):

D3. What is the typical weekly number of hours spent on reporting for the following staff at your practice?

Physician	_____
Registered nurse	_____
Licensed practical nurse	_____
Nursing assistant	_____
Billing staff	_____
Administrative staff	_____
<i>Other (please specify):</i>	_____

D4. How would you characterize the process for preparing measures?

- Very difficult*
- Difficult*
- Easy*
- Very easy*

D5. How would you characterize the process for submitting measures?

- Very difficult*
- Difficult*
- Easy*
- Very easy*

D6. What difficulties did you have submitting data? (Select all that apply.)

- Difficulty with electronic billing software (e.g., stripping of quality data codes)*
- Gaining access to CMS computer portal (IACS) (e.g., role assignment, password expiration)*
- Inadequate Electronic Health Record (EHR)*
- Insufficient data*
- Insufficient staff time*
- Medicare carrier submission issues*
- Missed deadline due to access issue with CMS computer portal (IACS)*
- Problem with measure submission vendor (registration EHR vendor)*
- QualityNet system not online/available*
- Unforeseen change in business practice*

Other (please specify):

E: PQRS FEEDBACK REPORT

E1. Have you successfully downloaded any PQRS feedback reports from CMS?

- Yes*
- No*

**E2. If yes, what year(s) did you successfully download the PQRS feedback report?
(Select all that apply.)**

- 2007*
- 2008*
- 2009*
- 2010*
- 2011*
- 2012*
- 2013*

E3. How easy was it to download the PQRS feedback report?

- Very difficult*
- Difficult*
- Easy*
- Very easy*

E4. Did you share the PQRS feedback report with any health practitioners at your practice?

- Yes*
- No*

F: PQRS NON-PARTICIPATION

F1. Have you ever participated in the PQRS program, formerly known as the Physician Quality Reporting Initiative (PQRI)?

- Yes*
- No*

F2. If yes, what year(s) did you participate in PQRS? (Select all that apply.)

- 2007*
- 2008*
- 2009*
- 2010*
- 2011*
- 2012*

F3. To what extent do you agree or disagree that each of the following factors prevents your practice from participating in the PQRS program?

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
a. Financial cost of implementation is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of appropriately trained personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Current measures do not apply to my practice specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Unsure of how to implement the program in my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feel that the program is unnecessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feel that it is not the government's role to monitor physician quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G: ELECTRONIC PRESCRIBING (eRx) INCENTIVE PROGRAM PARTICIPATION

G1. Have you heard of the eRx program?

- Yes
- No

G2. Did your practice, or any providers in your practice, participate in the 2013 eRx program?

- Yes
- No

G3. Which of the following influenced the practice's decision to participate in eRx?
(Select all that apply.)

- Believe it is important to continuously improve patient care*
- Incentives from private payers for participation in quality reporting initiatives*
- Internal cost reduction effort*
- Public reporting/transparency*
- Required by my practice/organization*
- To avoid Medicare penalty or reduction in payment*
- To earn Medicare incentive payment for eRx*
- To prepare for a time when quality is a significant factor in Medicare reimbursement*

Other (please specify):

G4. Did your practice receive a penalty in eRx?

- Yes
- No
- No, I am exempt*

G5. If yes, what year(s) was the penalty received? (Select all that apply.)

- 2012
- 2013

H: eRx FEEDBACK REPORT

H1. Have you successfully downloaded any eRx feedback reports from CMS?

- Yes
- No

H2. What year(s) did you successfully download the eRx feedback report? (Select all that apply.)

- 2009
- 2010
- 2011
- 2012
- 2013

H3. How easy was it to download the eRx feedback report?

- Very difficult*
- Difficult*
- Easy*
- Very easy*

H4. Did you share the eRx feedback report with any health practitioners at your practice?

- Yes
- No

I: eRx REPORTING PROCESS

I1. Which eRx reporting option(s) has your practice selected? (Select all that apply.)

- Claims*
- Data Submission Vendor*
- Electronic Health Record (EHR) Product*
- Registry*

Other (please specify):

I2. What is the typical weekly number of hours spent on reporting for the following staff at your practice?

Physician	_____
Registered nurse	_____
Licensed practical nurse	_____
Nursing assistant	_____
Billing staff	_____
Administrative staff	_____
<i>Other (please specify):</i>	_____

I2a. If other providers assisted in the reporting process, please specify:

I3. How would you characterize the process for preparing measures?

- Very difficult*
- Difficult*
- Easy*
- Very easy*

I4. How would you characterize the submission process?

- Very difficult*
- Difficult*
- Easy*
- Very easy*

I5. What difficulties did you have submitting data? (Select all that apply.)

- Difficulty with electronic billing software (e.g., stripping of quality data codes)*
- Gaining access to CMS computer portal (IACS) (e.g., role assignment, password expiration)*
- Inadequate Electronic Health Record (EHR)*
- Insufficient data*
- Insufficient staff time*
- Medicare carrier submission issues*
- Missed deadline due to access issue with CMS computer portal (IACS)*
- Problem with measure submission vendor (registration EHR vendor)*
- QualityNet system not online/available*
- Unforeseen change in business practice*

Other (please specify):

J: eRx NON-PARTICIPATION

J1. Have you ever participated in eRx?

- Yes*
- No*

J2. If yes, what year(s) did you participate in eRx? (Select all that apply.)

- 2009*
- 2010*
- 2011*
- 2012*

J3. To what extent do you agree or disagree that each of the following factors prevents your practice from participating in the eRx program?

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
a. Financial cost of implementation is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of appropriately trained personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Unsure of how to implement the program in my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feel that the program is unnecessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feel that it is not the government's role to monitor physician quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J4. Did you receive a penalty in eRx?

- Yes
- No
- No, I am exempt

J5. If yes, what year(s) was the penalty received? (Select all that apply.)

- 2012
- 2013

K: QUALITYNET HELP DESK

K1. Did you contact the QualityNet help desk?

- Yes
- No

K2. To what extent were the responses to the questions you submitted to the QualityNet help desk useful?

- Not useful at all
- Not very useful
- Somewhat useful
- Very useful

K3. What was the timeliness of the responses to the questions you submitted to the QualityNet help desk?

- Within one day
- Within two to three days
- Within a week
- Longer than a week

L: CONCLUSION

L1. Who completed the survey?

- The professional to whom the survey was addressed*
- Another administrator*

Other (please specify):

L2. We appreciate your feedback. Feel free to use this space to comment on the survey or program issues you would like to see addressed in future evaluations.

L3. Please include your name, email, and phone number in case we have a question about your survey.

Title: _____

First name: _____

Last name: _____

Phone number: _____

Alternate phone number: _____

Email: _____

L4. Would you like to receive the \$100 incentive that will be sent electronically to the email above?

- Yes*
- No*

L5. Are you willing to participate in a 30-minute follow-up phone interview to talk more about your reasons for your participation decision, if applicable, and your experiences with the PQRS/eRx program(s)?

You will receive an additional \$100 gift card if you participate in the phone interview in addition to completing this survey.

- Yes*
- No*

THERE ARE NO MORE QUESTIONS.

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!

Evaluation of PQRS and eRx: Administrator Survey-Hardcopy

Date

Centers for Medicare & Medicaid Services
United States Department of Health and Human Services

Survey Instructions

The following survey asks questions about your participation in the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program. As you answer each question, please remember there is no right or wrong answer; we are just interested in your thoughts and opinions on this topic.

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over certain questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **Go to B.**
 No

- If you have any questions or need help completing the survey, please contact Econometrica toll-free at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. CST or send an email to PQRSeRx@econometricainc.com.

Please begin the survey now.

A: SURVEY ELIGIBILITY

A1. Does your practice accept payment from Medicare?

Yes

No → **Stop**

Do not continue. *Please return the survey in the enclosed envelope and we will remove your name from our list.*

B: BACKGROUND

B1. What is the **main** specialty in which you practice?

- Cardiovascular diseases
- Emergency medicine
- Family practice
- General internal medicine
- Nephrology
- Oncology
- Ophthalmology
- Psychiatry
- Urology
- Other (*please specify*): _____

B2. Which of the following best describes your **main** practice setting?

- Hospice
- Hospital, teaching
- Hospital, non-teaching
- Laboratory
- Multi-specialty group practice or clinic
- Physician's office, single specialty group practice
- Physician's office, solo practice
- Skilled nursing facility
- Urgent care facility
- Other (*please specify*): _____

B3. Including yourself, how many full-time equivalent (FTE) health practitioners are in your practice?

(Full-time equivalent health practitioners are clinicians who work 20 hours or more, per week. Each person who works more than 20 hours is counted as 1 FTE.)

Number of FTE physicians: _____

Number of FTE nurse practitioners: _____

Number of FTE physician assistants: _____

Number of other clinical providers (*excluding clinic assistants*): _____

C: PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PARTICIPATION

C1. Have you heard of the PQRS program, formerly known as the Physician Quality Reporting Initiative (PQRI)?

- Yes
- No

C2. Did your practice, or any providers in your practice, participate in the 2013 PQRS program?

- Yes
- No → **Go to E.**

C3. Which of the following influenced your decision to participate in PQRS in 2013? (*Select all that apply.*)

- Believe it is important to continuously improve patient care
- Incentives from private payers for participation in quality reporting initiatives
- Internal cost reduction effort
- Public reporting/transparency
- Required by my practice/organization
- To avoid Medicare penalty or reduction in payment
- To earn Medicare incentive payment for PQRS
- To prepare for a time when quality is a significant factor in Medicare reimbursement
- Other (*please specify*): _____

D: PQRS REPORTING PROCESS

D1. What factor(s) influenced the selection of PQRS measures to report? (*Select all that apply.*)

- Area targeted for improvement
- Current high level of performance
- Ease of submission
- High volume for practice
- Importance of measure on quality of care
- Other (*please specify*): _____

D2. Which PQRS reporting option(s) has your practice selected?

(Select all that apply.)

- Claims
- Data Submission Vendor
- Electronic Health Record Product
- Registry
- Other (please specify): _____

D3. What is the typical weekly number of hours spent on reporting for the following staff at your practice?

- Physician _____
- Registered nurse _____
- Licensed practical nurse _____
- Nursing assistant _____
- Billing staff _____
- Administrative staff _____
- Other (please specify): _____

D4. How would you characterize the process for preparing measures?

- Very difficult
- Difficult
- Easy
- Very easy

D5. How would you characterize the process for submitting measures?

- Very difficult
- Difficult
- Easy → **Go to E.**
- Very easy → **Go to E.**

D6. What difficulties did you have submitting data? (Select all that apply.)

- Difficulty with electronic billing software (e.g., stripping of quality data codes)
- Gaining access to CMS computer portal (IACS) (e.g., role assignment, password expiration)
- Inadequate Electronic Health Record (EHR)
- Insufficient data
- Insufficient staff time
- Medicare carrier submission issues

- Missed deadline due to access issue with CMS computer portal (IACS)
- Problem with measure submission vendor (registration EHR vendor)
- QualityNet system not online/available
- Unforeseen change in business practice
- Other (please specify): _____

E: PQRS FEEDBACK REPORT

E1. Have you successfully downloaded any PQRS feedback reports from CMS?

- Yes
- No → **Go to G.**

E2. If yes, what year(s) did you successfully download the PQRS report? (Select all that apply.)

- 2007 2011
- 2008 2012
- 2009 2013
- 2010

E3. How easy was it to download the PQRS report?

- Very difficult
- Difficult
- Easy
- Very easy

E4. Did you share the PQRS feedback report with any health practitioners at your practice?

- Yes
- No

F: PQRS NON-PARTICIPATION

F1. Have you **ever** participated in the PQRS program, formerly known as the Physician Quality Reporting Initiative (PQRI)?

- Yes
- No → **Go to F3.**

F2. If yes, what year(s) did you participate in PQRS? (Select all that apply.)

- 2007 2010
- 2008 2011
- 2009 2012

F3. To what extent do you agree or disagree that each of the following factors prevents your practice from participating in the PQRS program?

a. Financial cost of implementation is too high

- Strongly disagree
- Disagree
- Agree
- Strongly agree

b. Lack of time

- Strongly disagree
- Disagree
- Agree
- Strongly agree

c. Lack of appropriately trained personnel

- Strongly disagree
- Disagree
- Agree
- Strongly agree

d. Current measures do not apply to my practice specialty

- Strongly disagree
- Disagree
- Agree
- Strongly agree

e. Unsure of how to implement the program in my practice

- Strongly disagree
- Disagree
- Agree
- Strongly agree

f. Feel that the program is unnecessary

- Strongly disagree
- Disagree
- Agree
- Strongly agree

g. Feel that it is not the government's role to monitor physician quality

- Strongly disagree
- Disagree
- Agree
- Strongly agree

G: ELECTRONIC PRESCRIBING (eRx) INCENTIVE PROGRAM PARTICIPATION

G1. Have you heard of the eRx program?

- Yes
- No

G2. Did your practice, or any providers in your practice, participate in the 2013 eRx program?

- Yes
- No → **Go to H.**

G3. Which of the following influenced the practice's decision to participate in eRx? (Select all that apply.)

- Believe it is important to continuously improve patient care
- Incentives from private payers for participation in quality reporting initiatives
- Internal cost reduction effort
- Public reporting/transparency
- Required by my practice/organization
- To avoid Medicare penalty or reduction in payment
- To earn Medicare incentive payment for eRx
- To prepare for a time when quality is a significant factor in Medicare reimbursement
- Other (please specify): _____

G4. Did your practice receive a penalty in eRx?

- Yes
- No → **Go to H.**
- No, I am exempt. → **Go to K.**

G5. If yes, what year(s) was the penalty received? (Select all that apply.)

- 2012
- 2013

H: eRx FEEDBACK REPORT

H1. Have you successfully downloaded any eRx feedback reports from CMS?

- Yes
- No → **Go to I.**

H2. What year(s) did you successfully download the eRx report?

(Select all that apply.)

- 2009 2011 2013
 2010 2012

H3. How easy was it to download the eRx report?

- Very difficult
 Difficult
 Easy
 Very easy

H4. Did you share the report with any health practitioners at your practice?

- Yes
 No

I: eRx REPORTING PROCESS

I1. Which eRx reporting option(s) has your practice selected?

(Select all that apply.)

- Claims
 Data Submission Vendor
 Electronic Health Record (EHR) product
 Registry
 Other (please specify): _____

I2. What is the typical weekly number of hours spent on reporting for the following staff at your practice?

- Physician ___ ___
 Registered nurse ___ ___
 Licensed practical nurse ___ ___
 Nursing assistant ___ ___
 Billing staff ___ ___
 Administrative staff ___ ___
 Other (please specify) ___ ___
_____ ___ ___

I3. How would you characterize the process for preparing measures?

- Very difficult
 Difficult
 Easy
 Very easy

I4. How would you characterize the submission process?

- Very difficult
 Difficult
 Easy → **Go to K.**
 Very easy → **Go to K.**

I5. What difficulties did you have submitting data? (Select all that apply.)

- Difficulty with electronic billing software (e.g., stripping of quality data codes)
 Gaining access to CMS computer portal (IACS) (e.g., role assignment, password expiration)
 Inadequate Electronic Health Record (EHR)
 Insufficient data
 Insufficient staff time
 Medicare carrier submission issues
 Missed deadline due to access issue with CMS computer portal (IACS)
 Problem with measure submission vendor (registration EHR vendor)
 QualityNet system not online/available
 Unforeseen change in business practice
 Other (please specify): _____

J: eRx NON-PARTICIPATION

J1. Have you ever participated in eRx?

- Yes
 No → **Go to K.**

J2. If yes, what year(s) did you participate in eRx? (Select all that apply.)

- 2009 2011
 2010 2012

J3. To what extent do you agree or disagree that each of the following factors prevents your practice from participating in the eRx program?

a. Financial cost of implementation is too high

- Strongly disagree
- Disagree
- Agree
- Strongly agree

b. Lack of time

- Strongly disagree
- Disagree
- Agree
- Strongly agree

c. Lack of appropriately trained personnel

- Strongly disagree
- Disagree
- Agree
- Strongly agree

d. Unsure of how to implement the program in my practice

- Strongly disagree
- Disagree
- Agree
- Strongly agree

e. Feel that the program is unnecessary

- Strongly disagree
- Disagree
- Agree
- Strongly agree

f. Feel that it is not the government's role to monitor physician quality

- Strongly disagree
- Disagree
- Agree
- Strongly agree

J4. Did you receive a penalty in eRx?

- Yes
- No → **Go to K.**
- No, I am exempt. → **Go to K.**

J5. If yes, what year(s) was the penalty received?
(Select all that apply.)

- 2012
- 2013

K: QUALITYNET HELP DESK

K1. Did you contact the QualityNet help desk?

- Yes
- No → **Go to L.**

K2. To what extent were the responses to the questions you submitted to the QualityNet help desk useful?

- Not useful at all
- Not very useful
- Somewhat useful
- Very useful

K3. What was the timeliness of the responses to the questions you submitted to the QualityNet help desk?

- Within one day
- Within two to three days
- Within a week
- Longer than a week

L: CONCLUSION

L1. Who completed the survey?

- The professional to whom the survey was addressed
 - Another administrator
 - Other (*please specify*): _____
- _____

L2. We appreciate your feedback. Feel free to use this space to comment on the survey or program issues you would like to see addressed in future evaluations.

Comments: _____

L3. Please include your name, email, and phone number in case we have a question about your survey.

Title: _____ First name: _____ Last name: _____

Phone number: (_____) _____ - _____ Alternate phone number: (_____) _____ - _____

Email: _____ @ _____

L4. Would you like to receive the \$50 incentive that will be sent electronically to the email above?

- Yes
- No

L5. Are you willing to participate in a 30-minute follow-up phone interview to talk more about your reasons for your participation decision, if applicable, and your experiences with the PQRS/eRx program(s)?

You will receive an additional \$100 gift card if you participate in the phone interview in addition to completing this survey.

- Yes
- No

THERE ARE NO MORE QUESTIONS.

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!

PLEASE RETURN THE COMPLETED SURVEY TO ECONOMETRICA IN THE ENCLOSED POSTAGE-PAID ENVELOPE.

CMS Pre-Notification Letter to Eligible Professionals and Administrators

(CMS Letterhead)

Date

Dear Dr./Mr./Ms. [LAST NAME]:

The **Centers for Medicare & Medicaid Services (CMS)** of the U.S. Department of Health and Human Services is sponsoring a national study to better understand motivations for the **Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program** participation and your participation experience, if applicable. CMS will use the findings to evaluate how well PQRS/eRx meets the aims of better care, healthy people, and affordable care, as set forth by the National Quality Strategy (NQS).

As part of this study, CMS is conducting a national survey of physicians, other clinicians, and practice managers who are eligible to participate in PQRS/eRx. You have been randomly selected to participate in this survey because, based on a review of recent program and claims data, you or your practice is eligible to participate in PQRS and/or eRx.

Within 10 days, Econometrica, our contractor for the survey, will mail you a letter that will provide you with the link for taking the survey online. The survey should take only 15 minutes to complete. It is very important that we hear back from you; your response is critical for obtaining an accurate and unbiased picture of the motivation for PQRS and/or eRx program participation.

Econometrica will send you a \$100 gift card for completing the survey. None of the information you provide will be associated with your name or your practice; survey results will be presented in summary form only. Econometrica is prepared to address any concerns you may have about the privacy of the data you provide.

The enclosed fact sheet has additional information about the study. If you have any questions about this survey, please contact Econometrica toll-free at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. (EST) or via email at PQRSeRx@econometricainc.com, and survey staff will be happy to assist you.

Thank you in advance for your participation in this important study. We look forward to hearing from you.

Sincerely,

Kate Goodrich, M.D., M.H.S.
Acting Director
Quality Measurement & Health Assessment Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services

Enclosure: (1)

ECONOMETRICA, INC.

Thomas R. Jackson
Evaluation of PQRS and eRx Project Director

4416 East West Highway, Suite 215
Bethesda, MD 20814
www.econometricainc.com

Invitation Letter From Econometrica to Eligible Professionals and Administrators

Date

Dear Dr./Mr./Ms. [LAST NAME]:

The **Centers for Medicare & Medicaid Services (CMS)** recently sent you a letter about an important study of the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program. And, in that letter, Econometrica, CMS's survey contractor, was introduced.

CMS' goal in sponsoring the Evaluation of PQRS and eRx program is to learn how well PQRS/eRx meets the aims of better care, healthy people, and affordable care, as set forth by the National Quality Strategy (NQS). **Regardless of your PQRS and eRx program participation status, your input is important to us!** The survey asks questions regarding your decisions to participate or not to participate in the programs, and, for those participating, the effect on your practice, cost to participate, impact on beneficiary health, and your experience with the reporting method.

We have included the link to complete the survey online. Once you start, you may stop and return to the online survey as necessary. If you qualify for the survey and complete it online, we will send you a **\$100 gift card**. Below is the URL for the online survey:

<WEB LINK WILL BE INSERTED HERE>

The survey will take no more than 15 minutes to complete. To provide CMS with the information it needs in a timely manner, please complete the survey by [10 days from mailing date].

The enclosed fact sheet has additional information about the study. If you have any questions about the survey or concerns about the privacy of the information you provide, please contact Econometrica at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. (EST) or send an email to PQRSerX@econometricainc.com.

Thank you for your participation in this important study. We look forward to receiving your survey.

Sincerely,

Thomas R. Jackson
Project Director
Evaluation of PQRS and eRx

Enclosure: (1)

ECONOMETRICA, INC.

Thomas R. Jackson
Evaluation of PQRS and eRx Project Director

4416 East West Highway, Suite 215
Bethesda, MD 20814
www.econometricainc.com

Reminder Letter #1 From Econometrica to Eligible Professionals and Administrators

Date

Dear Dr./Mr./Ms. [LAST NAME]:

Recently, Econometrica, Inc., the **Centers for Medicare & Medicaid Services (CMS)** evaluation contractor, sent you a letter with information for completing the Evaluation of the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program survey.

CMS' goal in sponsoring the Evaluation of PQRS and eRx is to address how well PQRS/eRx meets the aims of better care, healthy people, and affordable care, as set forth by the National Quality Strategy (NQS). We recognize that your time is very valuable, but given the importance of this study not only to national policy but to you in your role as a health care provider or administrator, we urge you to take 15 minutes to complete and return the survey.

It would help us meet the goals of the PQRS/eRx evaluation and provide CMS with the information it needs to help meet the goals of NQS if you could **complete the survey within the next 7 days**. To express our thanks, Econometrica will send you a gift card for \$100 if you complete the survey. Below is the URL for the online survey:

<WEB LINK WILL BE INSERTED HERE>

If you have already completed the survey online, thank you very much. Econometrica's records will catch up with you shortly. If you have questions or concerns or need additional information, please contact Econometrica at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. (EST) or send an email to **PQRSeRx@econometricainc.com**.

Sincerely,

Thomas R. Jackson
Project Director
Evaluation of PQRS and eRx

ECONOMETRICA, INC.

Thomas R. Jackson
Evaluation of PQRs and eRx Project Director

4416 East West Highway, Suite 215
Bethesda, MD 20814
www.econometricainc.com

Reminder Letters #2 and #3 From Econometrica to Eligible Professionals and Administrators

Date

Dear Dr./Mr./Ms. [LAST NAME]:

Recently, Econometrica, Inc., the **Centers for Medicare & Medicaid Services (CMS)** evaluation contractor, sent you a letter with information for completing the Evaluation of the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program survey. CMS' goal in sponsoring the Evaluation of PQRS and eRx is to address how well PQRS/eRx meets the aims of better care, healthy people, and affordable care, as set forth by the National Quality Strategy (NQS).

Unfortunately, we have not yet received your completed survey. Given the importance of this study not only to national policy but to you in your role as a health care provider or administrator, we urge you to take 15 minutes to complete and return the survey today.

The survey can be completed online by going to the following URL:

<WEB LINK WILL BE INSERTED HERE>

For your convenience, we have enclosed a hardcopy version of the survey. If you prefer, complete the hardcopy version and return it to us using the business-reply envelope provided or via fax, using the fax cover sheet provided.

If you have already completed the survey, thank you very much. Econometrica's records will catch up with you shortly.

To express our thanks, we will send you a gift card for \$100 if you complete the online survey, or a \$50 gift card if you complete the paper version of the survey and return it to us.

If you have questions or concerns or need additional information, please contact Econometrica at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. (EST) or send an email to **PQRSeRx@econometricainc.com**.

Sincerely,

Thomas R. Jackson
Project Director
Evaluation of PQRS and eRx

Enclosures: (3)

ECONOMETRICA, INC.

Thomas R. Jackson
Evaluation of PQRS and eRx Project Director

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Final Letter From Econometrica to Eligible Professionals and Administrators

Date

Dear Dr./Mr./Ms. [LAST NAME]:

If you have already completed and returned your Evaluation of the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program survey, thank you very much. Our records will catch up with you shortly. **If you have not had a chance to complete it, we encourage you to please take 15 minutes or less to do so.** The study will be ending soon.

For your convenience, we have included the online link below. **To express our thanks, we will send you a gift card for \$100 if you complete the online survey.**

Your response would help us conduct a survey with a high response rate to meet the goals of the Evaluation of PQRS and eRx study and provide CMS with the information it needs to help meet the goals of the National Quality Strategy. **We would greatly appreciate it if you could complete the survey within the next 7 days.**

If you prefer to complete the survey via the Web, please visit the following URL:

<WEB LINK WILL BE INSERTED HERE>

We previously sent you a hardcopy of the survey. If you prefer, simply complete the survey and mail or fax it back to us. If you need another copy of the survey, please call or email us (information below). **To express our thanks, we will send you a gift card for \$50 after receiving your completed hardcopy survey.**

If you have questions about completing the survey or would like for us to send you another hardcopy of the survey, please contact Econometrica at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. (EST) or send an email to **PQRSeRx@econometricainc.com**, and we will respond right away.

Sincerely,

Thomas R. Jackson
Project Director
Evaluation of PQRS and eRx

E-Mail for Combined Interview Topic Guides with Eligible Professionals and Administrators

Date

Dear Dr./Mr./Ms. [LAST NAME]:

Thank you for volunteering for a 30-minute phone interview in addition to completing the brief survey evaluating the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program.

CMS' goal in including interviews as part of the Evaluation of PQRS and eRx programs is to learn more about how well PQRS and eRx meet the aims of better care, healthy people, and affordable care, set forth by the National Quality Strategy (NQS). Regardless of your PQRS and eRx program participation status, your input is important to us!

We will contact you or your scheduler to set up a half-hour time that works with your schedule. If you complete the interview, you will receive **an additional \$100 gift card**.

If you have any questions about the interview or concerns about the privacy of the information you provide, please contact Econometrica at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. (CST) or send an email to **PQRSeRx@econometricainc.com**.

Thank you for your participation in this important study and we look forward to interviewing you.

Sincerely,

Thomas R. Jackson
Project Director
Evaluation of PQRS and eRx