

Attachment C: Recruitment Communications

Communication #1: Advance email to state staff implementing the MAPCP Demonstration

Email subject: MAPCP Demonstration provider survey to be fielded [insert date range that starts 3 months after OMB approval and extends for 6 weeks]

[First name of state staff member(s) leading state's MAPCP Demonstration] –

We wanted to let you know that RTI International, the CMS contractor conducting the MAPCP Demonstration evaluation, will be emailing all practices in the demonstration in the coming weeks to ask them to complete two online surveys: one for practice managers, and one for health care providers. We are hoping you can help us get the word out to practices about these surveys, assure them that this is an official part of the federal demonstration evaluation, and encourage them to take the surveys.

We will be asking each provider in a practice (i.e., all MDs, DOs, NPs, and PAs) to complete an online survey, which will ask them about the extent to which they engage in various care processes related to the medical home model of care. We estimate that the survey will take 12 minutes to complete.

We will be asking a practice manager or administrator in each practice to complete a separate online survey, which will ask them a few basic questions about their practice's characteristics (e.g., medical specialty, number of staff). We estimate that this survey will take 6 minutes to complete.

Both surveys will be available to be completed online for 6 weeks (from [insert date range that starts 3 months after OMB approval and extends for 6 weeks]).

Could you please let your practices know that we will be in touch with them in the coming weeks to invite them to take this survey? Just a brief mention during already-scheduled webinars, conference calls, and/or meetings would be really helpful – and/or if you'd like to send out an email about this, that would also be great.

Thanks,

[Email signature block of CMS project officer for Evaluation of MAPCP Demonstration, Suzanne Wensky]

Communication #2: Advance letter to practice managers before start of survey administration period

[RTI letterhead]

[Date]

[Name of practice manager]

[Mailing Address]

Re: Provider survey for evaluation of [state abbreviation]’s [state-specific name of MAPCP Demonstation initiative] / CMS’s MAPCP Demonstration

Dear [Dr./Mr./Ms.] [LastName] –

We are writing to request your assistance in completing two short online surveys that will be fielded in the coming weeks by researchers evaluating [state]’s [state-specific name of MAPCP Demonstration], which is part of the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration sponsored by the Centers for Medicare & Medicaid Services (CMS).

We will be asking you to complete a short survey asking for basic information about your practice (e.g., medical specialty, number of staff). It should take about 6 minutes for you to complete this survey.

We will also be asking you to help us get all of the providers in your practice to complete a separate online survey that will ask which activities associated with the patient-centered medical home model of care they engage in. We will send you an email with links to forward to the providers in your practice (e.g., the medical doctors, doctors of osteopathy, nurse practitioners, and physician’s assistants). It should take about 12 minutes for each of them to complete this survey.

The deadline for completing both of these surveys is [insert date that is 4.5 months after OMB approves these surveys].

Responses to these surveys will be analyzed by an independent research team (from RTI International, the Urban Institute, and the National Academy for State Health Policy) to produce de-identified, aggregated results for CMS. Individual responses to survey questions will not be shared with CMS, your state’s Medicaid agency, private insurance companies, nor any other parties.

Enclosed is a \$50 [gift card / check] to thank you for your assistance in conveying this information to the providers in your practice. In addition, we are hoping you can help us by forwarding reminder emails that we will occasionally send about completing this survey.

If you have any questions, please feel free to contact us.

Thank you,

Donald Nichols, Ph.D., Principal Investigator

Stephen Zuckerman, Ph.D.

[Email signature block with full contact info for Donald Nichols and Stephen Zuckerman]

Communication #3: Email to practice managers at start of survey administration period

Email Subject: Online surveys for evaluation of [state abbreviation]'s [state-specific name of MAPCP Demonstration initiative] / MAPCP Demonstration

Dear [Dr./Mr./Ms.] [LastName] –

I am writing to request your help in getting your practice's staff to complete two short online surveys that are being fielded as part of the federal evaluation of [state]'s [state-specific name of MAPCP Demonstration], which is part of the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration sponsored by the U.S. Centers for Medicare & Medicaid Services (CMS).

The first survey is designed to be filled out by you, and asks for basic information about your practice (e.g., medical specialty, number of staff). It should take about **6 minutes** to complete:

Practice Characteristics Survey

[[Hyperlink to online practice characteristics survey for practice managers](#)]

The second survey is designed to be filled out by each provider in your practice (e.g., medical doctors, doctors of osteopathy, nurse practitioners, and physician's assistants). It asks about medical home activities they each engage in, and should take about 12 minutes for each of them to complete.

Could you please complete the above survey, and forward the following email about our medical home survey to the providers in your practice?

Thanks,

[Email signature block with full contact info for a RTI/Urban/NASHP research assistant]

Dear [Dr./Mr./Ms.] [LastName], [Dr./Mr./Ms.] [LastName], [etc.] –

A team of researchers working with the Centers for Medicare & Medicaid Services (CMS) is evaluating its Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration, which includes [state]'s [state-specific name of MAPCP Demonstration].

All providers (MDs, DOs, NPs, and PAs) participating in [state]'s [state-specific name of MAPCP Demonstration] are asked to complete the following online survey [in Minnesota: regardless of whether they are receiving payments through this initiative or not].

This voluntary survey asks providers whether they engage in various activities and care processes associated with the patient-centered medical home model of care. It should take about **12 minutes** to complete.

Responses will be analyzed by a research team from RTI International, the Urban Institute, and the National Academy for State Health Policy to produce de-identified, aggregated findings for CMS. Individual responses to questions will be kept private to the extent permitted by law, and not shared with CMS, your state’s Medicaid agency, private insurers, nor any other parties.

Providers who are willing to participate in this research are asked to complete the survey **by [insert date that is 4.5 months after OMB approval of this survey]**. Custom hyperlinks for each provider in your practice appear below:

Medical Home Survey

[Dr./Mr./Ms.] [Last name of provider #1 in practice]: [[Hyperlink to online survey](#)]

[Dr./Mr./Ms.] [Last name of provider #2 in practice]: [[Hyperlink to online survey](#)]

[Dr./Mr./Ms.] [Last name of provider #3 in practice]: [[Hyperlink to online survey](#)]

We have asked the person who forwarded you this email to remind you and your colleagues about the deadline for completing this survey on a periodic basis, to help us obtain an adequate response rate – so you may receive occasional reminders from them.

If you have any questions, please feel free to contact Stephen Zuckerman, Ph.D., at 202-261-5679 or szuckerman@urban.org.

Thank you for considering this request,

[Email signature block with full contact info for a RTI/Urban/NASHP research assistant]

Communication #4: Follow-up email to practice managers to be sent weekly by CMS's evaluation contractors

Email Subject: Online survey for evaluation of [state abbreviation]'s [state-specific name of MAPCP Demonstration initiative] / MAPCP Demonstration

Dear [Dr./Mr./Ms.] [LastName] –

As a follow-up to our previous email(s) (below), we wanted to remind you and your practice's staff about the online survey we are conducting as part of our evaluation of [state]'s [state-specific name of MAPCP Demonstration], which is part of CMS's Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration.

Providers who are willing to participate in our research are asked to **complete our online survey by [insert date that is 4.5 months after OMB approval of these surveys]**. Our records indicate that the following individuals in your practice have not yet completed our survey[s]. If they are willing to participate in our research, these individuals should click on the custom hyperlink next to their name below:

Practice Characteristics Survey

[Dr./Mr./Ms.] [Last name of practice manager]: [[Hyperlink to online survey](#)]

Medical Home Survey

[Dr./Mr./Ms.] [Last name of provider #1 in practice]: [[Hyperlink to online survey](#)]

[Dr./Mr./Ms.] [Last name of provider #2 in practice]: [[Hyperlink to online survey](#)]

[Dr./Mr./Ms.] [Last name of provider #3 in practice]: [[Hyperlink to online survey](#)]

Thank you,

[Email signature block with full contact info for a RTI/Urban/NASHP research assistant]

[Include full text of previously-sent Communication #3 email here]

Communication #5: Follow-up email to state staff, asking them to remind providers about survey, to be sent 2 weeks into the survey administration period by CMS’s evaluation contractors

Email subject: MAPCP Demonstration provider survey ([insert date range that starts 3 months after OMB approval and extends for 6 weeks])

[First name of state staff member(s) leading state’s MAPCP Demonstration] –

As a follow-up to our email from [xx/xx/xx] (below), we wanted to ask if you would be willing to remind practices participating in [state]’s [state-specific name of MAPCP Demonstration] about our online surveys, which we are currently in the middle of fielding. A practice manager survey asks about basic practice characteristics (e.g., medical specialty, number of staff), and a provider survey asks each provider in the practice to identify which medical home activities they engage in.

Could you please urge practices to **complete our surveys by [insert date that is 4.5 months after OMB approval of surveys]** on any upcoming conference calls or in-person meetings you have scheduled with providers?

We have sent emails to each practice with custom hyperlinks to use to take our surveys. If anyone has not received such an email request, could you please have them email [Name of an RTI/Urban/NASHP research assistant assigned to this state] at [their email address]?

Thanks,

[Signature block of staff member employed by CMS’s evaluation contractor who has been the primary point of contact with that state]

[Include full text of previously-sent Communication #1 email here]

Communication #6: Follow-up emails to be sent to state staff by CMS 4 weeks and 5 weeks into survey administration period if 80% response rate not yet reached

Email Subject: Provider survey for evaluation of [state abbreviation]'s [state-specific name of MAPCP Demonstation initiative] / MAPCP Demonstration

[First name of state staff member(s) leading state's MAPCP Demonstration] –

[I'm pleased to report that [##]% of practice managers and [##]% of providers participating in [state]'s [state-specific name of MAPCP Demonstation] have already completed the online survey being fielded by RTI as part of its evaluation of the MAPCP Demonstration. Thanks for your efforts to get the word out about this survey!

OR

I wanted to let you know that the MAPCP Evaluation Team is seeing a relatively low response rate among [state] providers and practice managers to the online surveys they are currently fielding as part of their evaluation of the MAPCP Demo. So far, only [##]% of practice managers and [##]% of providers participating in [state]'s [state-specific name of MAPCP Demonstation] have completed the survey. This low response rate is troubling because it has the potential to really curtail what the federal evaluators are able to say about the changes practices in [state] have made as a part of this demonstration. Is there anything you could do to increase practice awareness of these surveys, and to convey the importance of completing these surveys? The MAPCP Demonstration is the largest medical home pilot of its kind, and it would be a shame to not learn as much as we can about its impact, given how much money has been spent on this.]

To make sure the evaluators of the MAPCP Demonstration hit their goal of an 80% response rate to this survey, **could you please convey some additional reminders to your practices about these surveys?** Although they are voluntary, it is very important to CMS that these surveys be completed, to allow us to have a complete understanding of the practices participating in the demonstration and the impact of the MAPCP Demonstration on providers' adoption of the medical home model of care.

There are two surveys: a 6-minute survey for practice managers asks about basic practice characteristics (e.g., medical specialty, number of staff); a 12-minute survey for health care providers asks about medical home activities, and should be completed by all physicians, nurse practitioners, and physician assistants in all practices participating in the MAPCP Demonstration [if applicable: , regardless of whether they are receiving payments through this initiative or not].

Responses will be analyzed by our evaluators (RTI, the Urban Institute, and NASHP) to produce de-identified, aggregated findings. Individual responses to questions will be kept private to the extent permitted by law, and not shared with CMS, your state's Medicaid agency, private insurance companies, nor any other parties.

Practices have been emailed customized hyperlinks for each of their practice manager and all providers to use to take these surveys. If they did not receive these hyperlinks or need them to be re-sent, please have them contact [Name of an RTI/Urban/NASHP research assistant assigned to this state] at [their email address]. Any questions about the survey can be directed to Stephen Zuckerman, Ph.D., at 202-261-5679 or szuckerman@urban.org.

Thanks for your help with this,

[Email signature block of CMS project officer for Evaluation of MAPCP Demonstration,
Suzanne Wensky]

Communication #7: Final email to practices with non-responders, offering a PDF-and-fax or mail option, to be sent by CMS’s evaluation contractors at the end of the 6-week survey administration period

Email Subject: Surveys for evaluation of [state abbreviation]’s [state-specific name of MAPCP Demonstration initiative] / MAPCP Demonstration

Dear [Dr./Mr./Ms.] [LastName] –

Since [you] [and] [some of] the health care providers in your practice have not yet completed our online surveys (being conducted as part of our evaluation of [state]’s [state-specific name of MAPCP Demonstration]), we would like to offer [you] [and] them the option of completing hard copy versions of these surveys (attached) and faxing or mailing them back to us at [xxx-xxx-xxxx], or completing them online (which is still an option).

These surveys are being administered as part of a federally-funded evaluation of CMS’s Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration, which [state] is participating in through its [state-specific name of MAPCP Demonstration].

We are asking [you] [and] all physicians, nurse practitioners, and physician assistants in your practice to complete these surveys. Our records indicate that the following individuals have not yet completed a survey:

Practice Characteristics Survey

[Dr./Mr./Ms.] [Last name of practice manager]: [[Hyperlink to online survey](#)]

Medical Home Survey

[Dr./Mr./Ms.] [Last name of provider #1 in practice]: [[Hyperlink to online survey](#)]

[Dr./Mr./Ms.] [Last name of provider #2 in practice]: [[Hyperlink to online survey](#)]

[Dr./Mr./Ms.] [Last name of provider #3 in practice]: [[Hyperlink to online survey](#)]

We estimate that it will take [**12 minutes** for you to complete the Practice Characteristics Survey] [and] [12 minutes for the above providers to complete the Medical Home Survey].

If [you] [or] [any of these providers] are willing to complete this survey, we would be happy to accept it by mail (at the address below) or by fax at [xxx-xxx-xxxx].

Thank you,

[Email signature block with full contact info for a RTI/Urban/NASHP research assistant]

[Include full text of previously-sent Communication #3 and #4 emails here]