**Attachment 2 - Invitational letter**

dhhs_logo

**DEPARTMENT OF HEALTH & HUMAN SERVICES** **Public Health Service**

**Centers for Disease Control and Prevention**

**National Center for Health Statistics**

**3311 Toledo Road**

**Hyattsville, Maryland 20782**

Date

Full name

Street address

City, State, Zip

Dear [Fill]:

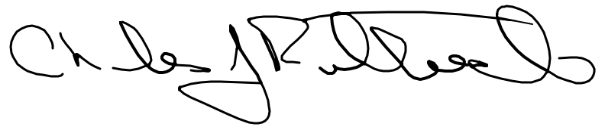
The Centers for Disease Control and Prevention’s National Center for Health Statistics plans to conducta self-administered Healthcare Systems ScoreCard (HSSC) Assessment Tool for Primary Care Practices. The purpose of this scorecard is to assist healthcare administrators better assess their policies, practices, and systems that guide the delivery of care for adult patients with chronic disease conditions. The scorecard will also help to prioritize strategies with the highest impact to better manage chronic disease conditions.

We hope that, as a healthcare administrator, who works at a primary care health system, you will be willing to advise us as we seek to improve the survey before it is fielded.  If you are willing to participate in a one-hour, in-person interview, you will receive $100 as a token of our appreciation.  Participation during the interview is, of course, voluntary, and you may refuse to answer any question or may stop participating at any time without penalty or loss of benefits.  All of the information you provide will be kept confidential.[[1]](#footnote-1)

**Someone from the National Center for Health Statistics’ Center for Questionnaire Design and Evaluation Research will call to ask if you are willing to participate in a research interview**. However, if you would like to schedule an interview or if you have any questions about this research, please call [Lauren Creamer at 301-458-4674/Amanda Titus at 301-458-4579]. If you have any questions about your rights as a respondent in this research study, please call the Research Ethics Review Board at the National Center for Health Statistics toll-free at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol #[INSERT # after ERB approval]. Your call will be returned as soon as possible.

We greatly appreciate your interest and your help, and do look forward to working with you on this important topic.

Sincerely,



Charles J. Rothwell

Director

National Center for Health Statistics

3311 Toledo Rd

Hyattsville, MD 20782

1. This study is authorized by Section 306 of the Public Health Service Act (Title 42, U.S. Code 242k). All information collected as part of this study will be used for statistical purposes only and held in the strictest confidence according to Section 308(d) of the Public Health Service Act (42, U.S. Code 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). [↑](#footnote-ref-1)