

Appendix B2. HSA Invitation Email

To: [HEALTH SYSTEMS ADVISOR]

Cc: [AHRQ COR]

Subject: LHS K12 Training Program Interview Invitation

Attachment: [APPENDIX B3. FREQUENTLY ASKED QUESTIONS (FAQS)]

Dear [FIRST NAME] [LAST NAME]:

The Agency for Healthcare Research and Quality (AHRQ) contracted with 2M Research (2M) to evaluate the Learning Health Systems (LHS) K12 Training Program. The purpose of this evaluation is to understand the impact of the LHS K12 training program from a health systems perspective.

We invite you to participate in a 1-hour telephone interview as part of the evaluation. As a health systems advisor and mentor of a scholar in the LHS K12 training program, we have identified you as a key person to speak with. While your participation is voluntary, this interview provides a valuable opportunity to share your experience with the LHS K12 program. The interview findings will help AHRQ better understand the value of the training program to health systems, degree of scholar embeddedness in their respective health systems, and scholar experience engaging patients, families, and other stakeholders in their research design and execution. We have attached a list of frequently asked questions for your reference.

We would like to schedule the interview in [MONTH OR DATE RANGE], although we have some flexibility depending on your availability. The interview will be confidential and does not require any preparation beforehand. The interview will be one of several interviews that we will conduct with other LHS K12 advisors, program directors, and scholars.

Please reply to this email by [DATE] to confirm your interest in participating in an interview. Then you will receive an email from 2M to schedule the interview. Please begin thinking about dates and times that work best for you.

Thank you in advance for your help and cooperation. Please contact me if you have any questions.

Sincerely,

[STUDY TEAM CONTACT INFORMATION]

According to the **Paperwork Reduction Act** of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. Public reporting burden for the collection of information is estimated to average 1 minute per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer, Attention: PRA, Paperwork Reduction Project (XXXX-XXXX), AHRQ, 540 Gaither Road, Room #5036, Rockville, MD 20850.