(Email request to take web survey - survey link)

Dear Dr. Doe,

You have been randomly selected to participate in a brief survey on the adoption and use of electronic health records (EHRs) and electronic exchange of health information in office-based practices. Your email address was obtained from a database of physicians. The National Center for Health Statistics (NCHS), a Federal Statistical Agency, collects data from physicians to help health services researchers and policy makers understand changes in physician work environments and related topics. This includes clinicians' experience with electronic prescribing of controlled substances, the use of prescription drug monitoring programs, participation in value-based payment programs, provider burden associated with documentation and EHR use, and the use of EHRs and how it affects the delivery of health care in the United States.

Participation in this 30-minute survey is voluntary, and you may stop at any time. You are not being asked to provide any patient information. All information we collect is voluntary and used for statistical purposes only. There are no penalties for nonparticipation. We may carry out additional health care research by linking your survey responses to administrative medical information and other related records. The NCHS Ethics Review Board has approved this survey.

NCHS complies with numerous federal laws to protect your data, privacy, and confidentiality, as described in detail below. Data collection is authorized under Section 306 of the Public Health Service Act (42 U.S.C. 242k). NCHS is required to keep your survey data confidential in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Title 5 of PL 107-347). Data will be used for statistical purposes only.

The most efficient and easy way to respond is over the Internet at <u>https://www.cdc.gov/nchs/nehrs/</u>. The user ID and password to access the survey will be sent to you in a separate email for confidentiality reasons.

If you have questions or comments regarding this study, or you do not receive the second email, please call the study coordinator at (xxx) xxx-xxxx. If you have questions about your rights as a research participant, please call the NCHS Ethics Review Board at (800) 223-8118 and say you are calling about Protocol #2016-07.

Thank you in advance for your participation in this important study.

Sincerely,

1. WHO WILL SEE MY ANSWERS?

We take your privacy very seriously. The answers you give us are used for statistical research only. This means that your answers will be combined with other people's answers in a way that protects everyone's identity. As required by federal law, only those NCHS employees and our specially designated agents (such as the U.S. Census Bureau) who must use your personal information for a specific reason can see your answers.

(Email request to take web survey - user ID and password)

Dear Dr. Doe,

You have been randomly selected to participate in a brief survey on the use and adoption of electronic health records (EHRs) and electronic exchange of health information in office-based practices. The National Center for Health Statistics (NCHS), a Federal Statistical Agency, collects data from physicians to help health services researchers and policy makers understand changes in physician work environments and related topics, including the use of EHRs and how it affects the delivery of health care in the United States.

This survey covers a diverse array of topics, including: electronic exchange of health information; clinicians' experience electronic prescribing of controlled substances, including the use of prescription drug monitoring programs; participation in value-based payment programs; and provider burden associated with documentation and EHR use.

A separate email was sent to you with the survey link to access the survey. When prompted, enter the user ID and password provided below.

User ID: [user-name-here] Password: [6-char-password-here]

NCHS complies with numerous federal laws to protect your data, privacy, and confidentiality, as described in detail below. Data collection is authorized under Section 306 of the Public Health Service Act (42 U.S.C. 242k). NCHS is required to keep your survey data confidential in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Title 5 of PL 107-347). Data will be used for statistical purposes only.

If you have questions or comments regarding this study, please call the study coordinator at (xxx) xxx-xxxx. If you have questions about your rights as a research participant, please call the NCHS Ethics Review Board at (800) 223-8118 and say you are calling about Protocol #2016-07.

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(LETTER in US Mail to take web survey)

John Doe, MD Position (if provided, i.e. Director, Chief, etc) Practice Name (if provided) 5 Smith Street Nowhere, NC 99999-1111

Dear Dr. Doe,

You have been randomly selected to participate in a brief survey by the National Center for Health Statistics (NCHS) on the use of electronic health records (EHRs) in office-based practices. Results from the *National Electronic Health Records Survey*, which is affiliated with the National Ambulatory Medical Care Survey, will be used to inform health services researchers and policy makers about clinicians' experience with electronic prescribing of controlled substances, the use of prescription drug monitoring programs, participation in value-based payment programs, provider burden associated with documentation and EHR use, and the use of EHRs and how it affects the delivery of health care in the United States.

Participation in this 30-minute survey is voluntary, and you may stop at any time. You are not being asked to provide any patient information. All information we collect is voluntary and used for statistical purposes only. You may stop participation at any time. There are no penalties for nonparticipation. We may carry out additional health care research by linking your survey responses to administrative medical information and other related records. The NCHS Ethics Review Board has approved this survey.

NCHS complies with numerous federal laws to protect your data, privacy, and confidentiality, as described in detail on the back of this page. Data collection is authorized under Section 306 of the Public Health Service Act (42 U.S.C. 242k). NCHS is required to keep your survey data confidential in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242k). NCHS is 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Title 5 of PL 107-347). Data will be used for statistical purposes only.

The most efficient and easy way to respond is over the Internet at <u>https://www.cdc.gov/nchs/nehrs/</u>. Enter the user ID and password provided below.

User ID: [user-name-here] Password: [6-char-password-here]

If you have questions or comments regarding this study, please call the study coordinator at (xxx) xxx-xxxx. If you have questions about your rights as a research participant, please call the Ethics Review Board at the National Center for Health Statistics at (800) 223-8118 and say you are calling about Protocol #2016-07.

Thank you in advance for your participation in this important study.

Sincerely,

1. WHO WILL SEE MY ANSWERS?

We take your privacy very seriously. The answers you give us are used for statistical research only. This means that your answers will be combined with other people's answers in a way that protects everyone's identity. As required by federal law, only those NCHS employees and our specially designated agents (such as the U.S. Census Bureau) who must use your personal information for a specific reason can see your answers.

(First Mailing of Questionnaire)

John Doe, MD Position (if provided, i.e. Director, Chief, etc) Practice Name (if provided) 5 Smith Street Nowhere, NC 99999-1111

Dear Dr. Doe,

About two weeks ago, we contacted you about participating in a brief survey on the adoption and use of electronic health records (EHRs) and electronic exchange of health information in office-based practices. As of this mailing, we have not received your completed survey. Results from the enclosed *National Electronic Health Records Survey*, which is affiliated with the National Ambulatory Medical Care Survey (NAMCS), will provide information about clinicians' experience with electronic prescribing of controlled substances, the use of prescription drug monitoring programs, participation in value-based payment programs, provider burden associated with documentation and EHR use, and the use of EHRs and how it affects the delivery of health care in the United States. Please take the time to answer the questions and return the questionnaire in the enclosed envelope.

If you are unable to complete the survey yourself, an office manager or another staff member familiar with your workload and experiences with your EHR system could complete the survey on your behalf. If you choose not to participate, please answer Questions 2 and 4 and return it to us in the enclosed envelope.

You are not being asked to provide any patient information for this mail survey and participation is voluntary. You may stop participation at any time. There are no penalties for nonparticipation. Data will be used for statistical purposes only.

NCHS complies with numerous federal laws to protect your data, privacy, and confidentiality, as described in detail on the back of this page. Data collection is authorized under Section 306 of the Public Health Service Act (42 U.S.C. 242k). We are required to keep your survey data confidential in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242k). 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Title 5 of PL 107-347).

Please accept the enclosed pen as a token of our gratitude for completing this 30-minute research survey. If you have questions or comments regarding this study, please call the study coordinator at (xxx) xxx-xxxx. If you have questions about your rights as a research participant, please call the Ethics Review Board at the National Center for Health Statistics at (800) 223-8118 and say you are calling about Protocol #2016-07.

Thank you for your valuable assistance with this important study.

Sincerely,

1. WHO WILL SEE MY ANSWERS?

We take your privacy very seriously. The answers you give us are used for statistical research only. This means that your answers will be combined with other people's answers in a way that protects everyone's identity. As required by federal law, only those NCHS employees and our specially designated agents (such as the U.S. Census Bureau) who must use your personal information for a specific reason can see your answers.

(Second Mailing of Questionnaire)

John Doe, MD Position (if provided, i.e. Director, Chief, etc) Practice Name (if provided) 5 Smith Street Nowhere, NC 99999-1111

Dear Dr. Doe,

About three weeks ago, we sent you a questionnaire from the *National Electronic Health Records Survey*, which is an important study on the adoption and use of electronic health records (EHRs) and electronic exchange of health information in office-based practices. As of this mailing, we have not received your survey. If you are unable to complete the survey yourself, an office manager or another staff member familiar with your workload and experiences with your EHR system could complete the survey on your behalf. I urge you to complete the survey and return it in the enclosed envelope. It should take about 30-minutes to complete. If you are no longer in practice or do not provide care for ambulatory patients, please answer Question 2 on the survey and return it in the envelope. If you choose not to participate, please answer Questions 2 and 4 and return it in the envelope.

The National Center for Health Statistics (NCHS) collects data from physicians to help health services researchers and policy makers understand changes in the environments physicians work, including clinicians' experience with electronic prescribing of controlled substances, the use of prescription drug monitoring programs, participation in value-based payment programs, provider burden associated with documentation and EHR use, and the use of EHRs and how it affects the delivery of health care in the United States. Your participation is extremely important. We need to hear from you, as we cannot substitute your unique insight and experiences with those from another physician. You are not being asked to provide any patient information. The NCHS Ethics Review Board has approved this survey.

NCHS complies with numerous federal laws to protect your data, privacy, and confidentiality. Data collection is authorized under Section 306 of the Public Health Service Act (42 U.S.C. 242k). NCHS is required to keep your survey data confidential in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242k) and the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Title 5 of PL 107-347).

All information will be used for statistical purposes only. Also, we intend to do additional health care research by linking your responses to this survey to available administrative medical information and other related records. Your participation is voluntary. You may stop participation at any time. There are no penalties for nonparticipation.

Thank you in advance for your time, effort, and contribution to this important study. If you have questions or comments regarding this study, please do not hesitate to contact the study coordinator at (xxx) xxx-xxxx. If you have questions about your rights as a research participant, please call the Ethics Review Board at the National Center for Health Statistics at (800) 223-8118 and say you are calling about Protocol #2016-07.

Sincerely,

1. WHO WILL SEE MY ANSWERS?

We take your privacy very seriously. The answers you give us are used for statistical research only. This means that your answers will be combined with other people's answers in a way that protects everyone's identity. As required by federal law, only those NCHS employees and our specially designated agents (such as the U.S. Census Bureau) who must use your personal information for a specific reason can see your answers.

(Third mailing of Questionnaire)

John Doe, MD Practice Name (if provided) 5 Smith Street Nowhere, NC 99999-1111

Dear Dr. Doe,

We have been trying to reach you about an important study on electronic health records (EHRs) and electronic exchange of health information in office-based practices. Results from the enclosed questionnaire will be used to inform health services researchers and policy makers about clinicians' experience with electronic prescribing of controlled substances, the use of prescription drug monitoring programs, participation in value-based payment programs, provider burden associated with documentation and EHR use, and the use of EHRs and how it affects the delivery of health care in the United States.

This study period is drawing to a close, and a concern is that physicians who have not responded to the survey may have different experiences from those who responded. We need to hear from all types of physicians, and we cannot substitute responses from another physician for your responses. If you are unable to complete the survey yourself within the next week, then an office manager or another staff member familiar with your workload and experiences with your EHR system could complete the survey on your behalf. It should take about 30-minutes to complete. If you are no longer in practice or do not provide care for ambulatory patients, please answer Question 2 on the survey and return it in the postage-paid envelope. If you choose not to participate, please answer Questions 2 and 4 and return it to us in the enclosed envelope.

You are not being asked to provide any patient information, and participation is voluntary. You may stop participation at any time. There are no penalties for nonparticipation. Data will be used for statistical purposes only. Also, we intend to do additional health care research by linking your survey responses to available administrative medical information and other related records. The National Center for Health Statistics Ethics Review Board has approved this survey.

NCHS complies with numerous federal laws to protect your data, privacy, and confidentiality. Data collection is authorized under Section 306 of the Public Health Service Act (42 U.S.C. 242k). NCHS is required to keep your survey data confidential in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242k) and the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Title 5 of PL 107-347).

Thank you in advance for your time, effort, and contribution to this important study. If you have questions or comments regarding this study, please do not hesitate to contact the study coordinator at (xxx) xxx-xxxx. If you have questions about your rights as a research participant, please call the Ethics Review Board at the National Center for Health Statistics at (800) 223-8118 and say you are calling about Protocol #2016-07. I urge you to complete the survey and return it in the postage-paid envelope.

Sincerely,

1. WHO WILL SEE MY ANSWERS?

We take your privacy very seriously. The answers you give us are used for statistical research only. This means that your answers will be combined with other people's answers in a way that protects everyone's identity. As required by federal law, only those NCHS employees and our specially designated agents (such as the U.S. Census Bureau) who must use your personal information for a specific reason can see your answers.

Post Card Thank You/Reminder

Last week a questionnaire was mailed to you requesting your participation in an important study of electronic health records and electronic exchange of health information in office-based practices.

If you returned the questionnaire, thank you for your contribution to this research. If not, please do so today. Your participation is critical and helps improve our understanding of electronic health records systems and electronic exchange of health information use in the United States.

If you did not receive the questionnaire or have misplaced it, please call our toll-free number at (xxx) xxx-xxxx, and we will be happy to send you another one. If you have questions about your rights as a research participant, please call the Ethics Review Board at the National Center for Health Statistics at (800) 223-8118 and say you are calling about Protocol #2016-07.

Thank you for your participation.