

Attachment I. Invitation/Follow up Email

Form Approve
OMB No: 0920-xxxx
Exp. Date: xx-xx-xxxx

Public Reporting burden of this collection of information is estimated at 3 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-xxxx).

Dear Respondent,

You are invited to participate in an important study to evaluate the effects of your health system's implementation of policies and guidelines regarding chronic pain management and opioid prescribing, including access to medications for opioid use disorder (MOUD).

This 10-minute survey aims to get a better understanding of your health system's implementation of such policies and guidelines, and their effects on patient outcomes. This study is funded by the Centers for Disease Control and Prevention (CDC).

Please use this unique link for the survey. Your responses will be kept confidential. Your participation in the study is voluntary. You may refuse to answer any of the questions and can discontinue your participation at any time.

Your participation in this study is highly valued. If you have questions about the study, please contact [*Insert name and contact information of health system liaison*]. Thank you in advance for your consideration.

Sincerely,

Abt Associates