on errors found using review tools, and strategies to overcome identified barriers to using the tools.

Keywords: Quality improvement; Analytics

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PS1-22:

Final Results from a Study of the Implementation of the Collaborative Care Model for Primary Care of Depression (DIAMOND) in 76 Clinics in Minnesota

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Background/Aims: The collaborative care model for primary care of depression has a very strong evidence base, but has been little implemented. A statewide initiative (called DIAMOND) to implement it widely in Minnesota along with a new payment provided an opportunity for an embedded partnership research study of its implementation and impacts on the use of evidence-based care processes and depression symptoms for patients with depression. **Methods:** All 76 clinics participating in the staggered implementation initiative agreed to cooperate with the study. Potential patient subjects were identified from weekly submission of new antidepressant fills by seven health plans for a baseline and 6 month follow-up survey of care received and PHQ9 scores. Medical and administrative leaders of clinics completed implementation surveys at baseline and 1 and 2 years after implementation. **Results:** 2,348 patients with depression completed baseline surveys and 1,578 (67%) subjects completed 6 month follow-ups. Of those with follow-up data, 245 received DIAMOND care, 466 received usual care in DIAMOND clinics pre-implementation, 559 received usual care post-implementation, and 308 received usual care in clinics that signed up for DIAMOND but never implemented it. We have data on the extent of implementation and depression remission rates for each of these groups and they will be ready for presentation at the conference. **Conclusions:** To be announced at the conference.

Keywords: Depression; Pragmatic trial

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PS1-35:

Transition to Electronic In-clinic Data Capture of Questionnaires Increases Collection Rates

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Background/Aims: Geisinger bariatric surgery patients complete questionnaires at various points throughout the program as part of their standard care. Until recently, this was done using paper copies completed at home, resulting in unacceptably low response rates. Opportunities to capture missed responses exist, but are difficult to identify in a busy medical clinic. The purpose of this study is to improve patient questionnaire completion rate using in-clinic capture while minimizing the impact on clinic efficiency. **Methods:** Planning meetings for implementation of the in-clinic collection process involved various stakeholders including researchers, clinicians, nurses, and front desk staff. Several options were considered for location (waiting room versus patient room) and for collection tool (tablets versus touch screens). The stakeholders agreed to implement a process using touch screens in the patient room. This process was piloted and patient interaction with the tool was evaluated. A 15 minute visit was prepended to the patients regularly scheduled visit to allow time for completion. Specialized software was used to implement and collect the touchscreen responses. Historical collection rates were compared to the pilot results. **Results:** During the pilot, 50 of 52 patients (96%) completed the touchscreen questionnaires. Mean time for completion of 140 questions was 15 minutes, which fell within the estimated time of our prepended visit. Time for the nurse to introduce the tool was under 2 minutes. While 38% of patients described some issue with using the tool, all patients rated the ease of use as 'Easy' or 'Very Easy'. Specific issues included patients understanding of the questions and first time use of

a touch screen. The completion rate during the pilot was significantly higher than the historical completion rate (96% versus 65%, $P < 0.0001$). **Conclusions:** Capture of in-clinic electronic questionnaires is feasible, but requires full support from providers, nurses, and front desk/scheduling staff. Long term integration may provide higher capture rates, which may result in improved patient care (i.e. allow the providers to directly address any issues raised by the responses) and better research.

Keywords: Questionnaire; Electronic capture

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PS1-49:

Comparative Health Systems Research among Integrated Delivery Systems and Managed Care Organizations: A Systematic Review

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Background/Aims: Due to rising health care costs and wide variations in quality, the U.S. health care system is undergoing rapid changes that include payment reform and movement towards integrated delivery systems (IDSs). Well-established IDSs, such as Kaiser Permanente (KP), must begin to identify the specific system-level factors that results in superior patient outcomes in response to policymakers' concerns. Comparative health systems research is one area that can provide insights into what particular aspects of the IDS results in improved care delivery. The objective of this systematic review was to examine the existing published studies on comparative health systems that relate to IDSs and KP to obtain a baseline understanding of the state of comparative health systems research to provide foundational knowledge. We also sought to identify the gaps in the literature on comparative health systems research. **Methods:** We conducted a literature search on PubMed and an internal KP Publications Library. Studies that compared KP as a system or organization to other health care systems, or across KP facilities internally were included. The literature search resulted in a total of 1,605 articles, of which 65 met the study inclusion and were examined by three reviewers. **Results:** The majority of comparative health system studies focused on intra-KP comparisons ($n = 42$). Fewer studies compared KP to other U.S. health care system ($n = 15$) or to international health care systems ($n = 12$). **Conclusions:** Of all studies published by or about KP, only a small proportion of articles were identified as being comparative health systems research. Additional empirical studies that compare the specific factors of the IDS model with other systems of care is urgently needed to better understand the "system-level" factors that result in improved and/or diminished care delivery.

Keywords: Integrated delivery systems; Comparative health systems

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Genetics

PS2-15:

Racial Disparities in Biobank Participation among Men in Southern California

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Background/Aims: Previous research suggests that participation of men in research is particularly low. We sought to identify predictors of participation among men in different racial groups in order to optimize future recruitment strategies. **Methods:** We assessed predictors of participation on randomly selected Kaiser Permanente Southern California male members = 18 years of age ($n = 90,199$) between November 2012 and June 2013. Men were asked to provide saliva samples for a research biobank. Potential predictors of participation were age, long-term membership (≥ 5 years), no significant gaps in health care coverage (< 3 month in last 3 years), physical examination within the last 3 years and neighborhood education and income. **Results:** Overall participation among men was 4.4%. Restricting recruitment to men with at least 5 years of membership, no significant gaps in health care coverage, and at least one physical examination, improved participation from