planned for the next few years. **Methods:** In November 2007 the HMORN Governing Board approved the VDW 5-Year Strategic Plan, including creation of a VDW Operational Committee (VOC), reporting to the Assets Stewardship Committee (ASC) and providing coordinated oversight of the development, maintenance, and enhancement of the VDW. The seven members of the VOC are investigators and analysts representing HMORN's major consortia projects: CERT, CVRN and CRN. **Results:** In 2008, the VOC accomplished two major short term goals: 1) Creation of a comprehensive data quality checking system, implemented by seven content area expert Working Groups (WGs) consisting of 23 investigators and 23 programmer/analysts. The content areas of the WGs are enrollment and demographics, pharmacy, utilization, tumor, vital signs, laboratory, and census. The WGs assessed data availability and completeness for their content area and reported findings to the VOC and ASC, including recommendations for changes and enhancements. WG reports will form the basis for ongoing VDW documentation that will be used to standardize HMORN VDW descriptions for grants and proposals; 2) Development of a budget, staffing plan and priorities for 2009. The 2009 priorities include development of VOC standard operating procedures for creating new data content areas and changing current data areas/definitions, documenting policies for use of the VDW, promoting use of the VDW, and creation of additional WGs for death (new VDW content area), informatics, implementation, and data documentation. The documentation WG will oversee issues such as data dictionaries, data checking documentation, programming resources, a clinical concepts library, user guides, and incorporating updated VDW information in the HMORN Collaboration Toolkit. Looking forward, the VDW 5-year Strategic Plan includes streamlining IRB approval for multisite research and enhancing HMORN informatics capabilities. **Conclusions:** The newly created VOC has made substantial progress in helping make the HMORN VDW an even more valuable and useful resource for the network.

PS1-22:

The VDW Vital Signs File: Strengths, Issues, and Recommendations for the Future

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Background/Aims: The Virtual Data Warehouse (VDW) Vital Signs file is an important data source for clinical information that is often used in VDW based research. Vital signs traditionally include pulse, diastolic blood pressure, systolic blood pressure, respiratory rate, and body temperature. This file contains multiple records of these data for each patient as well as related data such as measure date, height, weight, body mass index, and position for blood pressure reading. Despite this importance, it has not thus far been subjected to broad, systematic scrutiny for the extent and quality of the data at implementing sites. That is soon to be remedied by the subject effort of the proposed poster. We have devised an analysis plan and are writing code to generate copious amounts of descriptive data. These data and our group's cross-site analysis thereof will be documented in a report to the HMORN. The report will serve as a basis for establishing the current state of the Vital Signs files at implementing sites, and for making recommendations for future improvements. It should also prove quite useful as a reference for future grant writing efforts. **Methods:** Data set subject area committees were formed as part of the new HMORN governance of the VDW, composed of programmers and investigators from each site. Each committee has been charged with stewarding its particular dataset specification, and assuring the quality of the implemented files at the various HMORN sites. The Vital Signs subcommittee has prepared specifications for a set of descriptive tables, and a metadata survey inquiring about how the sites have interpreted the current Vitals file specification. Subcommittee members are in the process of writing a VDW program that will be run at each site to produce the desired descriptive tables. **Results:** Our report to the Operations Committee will focus on describing the extent and quality of the Vital Signs file data at the various sites, pointing out any inconsistencies in implementations and making recommendations for changes in the specifications. The proposed poster will highlight our findings. **Conclusions:** The report will evaluate the extent and quality of vital signs across HMORN sites and identify current ambiguities in the specification that will need to be remedied.

PS1-24:

Proof of Principle Demonstrations of a Distributed Research Network: Findings and Lessons Learned

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Researchers, policy makers and others commonly use electronic data routinely collected during the delivery of, or payment for, medical care to study the "real world" effectiveness, comparative effectiveness, safety, and costs of medical interventions. However, even very large individual healthcare data resources are often not big enough to adequately conduct post-marketing evidence studies. To improve the ability to use multiple distributed data resources, like the HMORN's Virtual Data Warehouse, the Developing Evidence to Inform Decisions about Effectiveness (DEcIDE) centers at the HMORN Center for Education and Research on Therapeutics (CERT) and the University of Pennsylvania are developing a design for a scalable distributed research network. Funded by AHRQ's Effective Health Care Program, the project intends to develop the framework for a distributed research network that will help close the knowledge gap regarding the "real world" effectiveness, comparative effectiveness, and safety of medical technologies. The network will have these important attributes: distributed architecture, strong local control of data uses, and federated querying. Constructing the network is a challenge, even among sites with fully operational local virtual data warehouse (VDW) installations, because of differences in computing environments and information systems, the need for responsible stewardship of clinical records, concerns related to data privacy, software development obstacles, the use of proprietary data, and the need to develop effective governance mechanisms. To investigate some of these issues, the project includes implementation of a proof of concept prototype involving these HMORN sites: Kaiser Permanente Northern California, Kaiser Permanente Colorado, Harvard Pilgrim Health Care, Group Health Cooperative, and Geisinger Health System. The goals of the proof of concept work are to distribute a query to separately stored data resources, execute the query remotely, and present aggregated results to an authorized system user. The proof of concept will be designed with a single network portal that manages the network software, including security, authorization, authentication, messaging, and query aggregation. We will present our findings from the proof of concept, including information on specific architecture and design used, the success of the proof of concept, and lessons learned from implementation.

PS1-26:

The VDW Demographic and Enrollment Files: Strengths, Issues, and Recommendations for the Future

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Background/Aims: The VDW Demographic and Enrollment data files contain basic demographic data on all HMO members. These data include details of membership (start and end dates, whether drug coverage was included, type of insurance [Medicare, Medicaid, etc]). Demographic data include birthdate, gender, race/ethnicity. Demographic and enrollment data give the information needed to enumerate and begin describing a potential or actual study population. These data can be combined to give interesting and informative views into the different populations at the participating HMOs. This poster will describe the variations in data validity and completeness between the various HMOs, including age distributions, Medicare/Medicaid enrollment, variations in availability of race/ethnicity data, and recommendations for future improvements. **Methods:** The VDW Demographic/Enrollment QA committee was formed as part of the new HMORN governance of the VDW. This committee is charged with analyzing the quality of the demographic and enrollment VDW files at the various