

mainly Asian/Pacific Islanders (APIs). Disparity by race exists for APIs which makeup approximately 4% of the U.S. population and more than 2% of these races are affected with chronic HBV. The purpose of this study is to investigate the demographic differences between the foreign-born and US-born HBV infected APIs of Kaiser Permanente, Hawai'i (KPHI). **Methods:** This substudy is a part of a prospective, dynamic, longitudinal and observational study, the Chronic Hepatitis Cohort Study (CHeCS). Patients included in this analysis were APIs identified from electronic medical records who met the CHeCS definition for chronic HBV infection at KPHI. Date of birth, race, gender, and country of origin (COO), household income and education were obtained from the Virtual Data Warehouse (VDW) demographic and census tables. Information about the country of origin was also supplemented by surveys and chart abstractions. **Results:** Of the 513 HBV infected APIs, 76% were foreign-born and 24 % were US-born. HBV infected foreign-born APIs were significantly younger than the US-born APIs; approximately 50% of HBV infected foreign-born APIs were in 40-59 years old age group compared to 32% of the US-born. Foreign-born APIs also had significantly higher proportion of females (55%) than US-born (50%). Most of the HBV infected APIs had a median household income between 50,000 and 75,000 with no significant differences between the groups. Approximate prevalence was also calculated using the KPHI utilization data. APIs had an overall HBV prevalence of 0.7%; foreign-born APIs had 2.6% and US-born APIs had 0.3% prevalence. **Discussion:** In summary, foreign-born APIs have higher prevalence of chronic HBV infections compared to US-born APIs in Kaiser Permanente Hawai'i. Foreign-born APIs infected with HBV are younger and more likely to be females than US-born APIs.

**Keywords:** Hepatitis B; Asia Pacific Islanders; Healthcare Disparities  
doi:10.3121/cmr.2012.1100.cb3-02

## HMORN Administrative and Technical

PS2-05:

### New HMORN Member: The Essentia Institute of Rural Health

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**Background/Aims:** The Essentia Institute of Rural Health (EIRH) conducts clinical, translational and health services research. Essentia Health (EH), headquartered in Duluth, MN, is EIRH's parent organization. EH was created in 2004, and is an integrated health system serving mostly rural populations in Wisconsin, Minnesota, North Dakota and Idaho. EIRH's mission is to improve the health and health care for the rural population in the United States through research and education. The vision of the institute is: by 2018 to be recognized as a national leader for research and education for the health and health care of patients in the rural United States. In 2011, EIRH became a member of HMORN. **Methods:** The purpose of this poster is to describe the EIRH including its: organizational resources, scientists, recent publications and current grants. **Results:** EIRH, established in 2010, has a staff of seven senior-level doctoral-trained scientists and plans to hire seven additional scientists over the next 2 years. There are also two biostatisticians on staff. Dr. Tom Elliott, executive director of the institute, has a successful record of community-based research projects, leading research teams, and building research programs. The EIRH has an established Institutional Review Board that is currently chaired by Charles Gessert, MD—a senior research scientist at the institute. There is also a scientific review board co-chaired by two institute scientists: Drs. Cathy McCarty and Nawal Lutfiyya. Dr. Irina Haller is the director of the newly established informatics division and Mr. Brian Johnson is the manager of the virtual data warehouse project. All scientists at the institute have active research programs and in 2011 produced approximately 25 peer-reviewed publications; 23 national or international conference presentations; and 2 international plenary presentations. With 20-some active grants funded by federal agencies and other foundations, research grant procurement is ongoing. Research interests range from Alzheimer's disease, human genetics, chronic illness, palliative care, to rural health disparities. **Discussion:** As the EIRH grows over the next several

years to realize its vision we anticipate continued high research productivity with procurement of more federal funding, additional peer-reviewed publications and elevated visibility both nationally and internationally.

**Keywords:** New HMORN Member; Essentia Institute of Rural Health HMORN Administrative and Technical

doi:10.3121/cmr.2012.1100.ps2-05

PS2-06:

### Best Practices for Advancing Multi-site Chart Abstraction Research

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**Background/Aims:** Multi-site chart abstraction studies are becoming increasingly common within the HMORN. Differences in systems among HMORN sites can pose significant obstacles to the success of these studies. It is therefore crucial to standardize abstraction activities by following best practices for multi-site chart abstraction, as consistency of processes across sites will increase efficiencies and enhance data quality. **Methods:** Over the past few months the authors have been meeting to identify obstacles to multi-site chart abstraction and to address ways in which multi-site chart abstraction processes can be systemized and standardized. The aim of this workgroup is to create a best practice guide for multi-site chart abstraction studies. Focus areas include: abstractor training, format for chart abstraction (database, paper, etc), data quality, redaction, mechanism for transferring data, site specific access to medical records, IRB/HIPAA concerns, and budgetary issues. **Results:** The results of the workgroup's efforts (the best practice guide) will be presented by a panel of experts at the 2012 HMORN conference. The presentation format will also focus on discussion among attendees to elicit further input and to identify areas that need to be further addressed. Subsequently, the best practice guide will be posted on the HMORN website. **Discussion:** The best practice guide for multi-site chart abstraction studies will establish sound guidelines and serve as an aid to researchers embarking on multi-site chart abstraction studies. Efficiencies and data quality will be further enhanced with standardized multi-site chart abstraction practices.

**Keywords:** Chart Abstraction; Multi-site Studies; HMORN Administrative and Technical

doi:10.3121/cmr.2012.1100.ps2-06

PS2-07:

### Institutional Review Board Review of Inter-institutional Research Conducted in the HMO Research Network

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**Background/Aims:** The member institutions of the HMORN have long been concerned about their ability to conduct multi-site research in a timely and efficient manner. Frequently in the past, investigators in multi-site studies have felt constrained by the requirement of submitting proposed research to multiple IRBs. In June 2008, the HMORN Governing Board approved a Standard Operating Procedure (SOP) that streamlined this submission process for data-only studies (Version 1), and in September 2010, the SOP was revised (Version 2) to permit the inclusion of all HMORN multi-site research except clinical trials. Version 3 of the SOP was approved by the Governing Board in July 2011. IRB Administrators and Directors from around the HMORN meet regularly to discuss strategies for harmonizing review as well as establishing a Network-wide IRB Authorization Agreement for the conduct of HMORN multi-site research. In addition, the section on IRB in the HMORN Collaboratory submission provides a roadmap for future activities. **Methods:** Investigators from around the HMORN will have been queried regarding their knowledge of and experiences with the SOP, with an aim being to improve both the visibility and efficiency of the process. **Results:** Data are in the process of collection, and will be reported on at the 2012 HMORN Conference in Seattle. In addition, future activities will be