discussed and input will be sought from the researcher community. **Discussion:** In order to maintain and improve efficiency and effectiveness, as well as meet the turn- around times of funding agencies, it is imperative that multi-site research review strives to continuously improve quality without sacrificing the imperative to conduct rigorous ethical and regulatory reviews of proposed research. The processes established in the HMORN work toward this goal, and require the cooperation of the Network-wide research enterprise.

Keywords: Inter-Institutional Research; IRB; HMORN Administrative and Technical

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PS2-08:

"I Didn't Know They Did That!" Discovering and Maximizing the Capacity of the HMO Research Network

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Background/Aims: The HMO Research Network (HMORN) is a national consortium of research centers working within or in close partnership with integrated health systems. HMORN sites conduct public domain health research on a wide range of diseases and cross-cutting topics. While the HMORN has established large topical research networks, the HMORN's collective capacity remains relatively untapped for the majority of topics. We illustrate the variation and concentration of topical and methodological expertise across the Network, and suggest ways the HMORN could leverage existing capacities more fully. **Methods:** Written surveys indicating ongoing local research capacity were completed by 14 HMORN sites in the 2nd quarter of 2011. Sites classified 45 research topics as "Powerhouse area" (multiple studies per year, particular depth or breadth exists), "Some Expertise" or "Not an emphasis." These survey data were collected, synthesized and tabulated by the HMO Collaboratory team. We will survey the remaining 5 HMORN sites prior to HMORN 2012 and report capacity information for the entire Network. **Results:** Eleven of the 14 delivery systems (78.6%) directly owns or partners closely with an insurance entity; HMOs were a major component of these systems. Special research capacities of HMORN centers include facilities to fill prescriptions, facilities to perform research lab tests, survey departments, and dedicated research clinics. While significant capacity exists across the Network in topics with well established consortia (e.g., cancer, cardiovascular disease, infectious disease), capacity existed in multiple centers for every topic surveyed. Multiple HMORN centers reported "powerhouse areas" on topics around which the HMORN has not significantly mobilized. These included alcohol and drug abuse, arthritis, neurological disorders, oral health, aging, health disparities, pain management, pediatrics, and reproductive health among others. **Discussion:** Many opportunities for expanding multicenter research to new areas exist in the HMORN. Continuing to improve documentation of where expertise exists in the Network (both organizationally and individually) would help connect HMORN investigators to funding agencies, to new opportunities, and to one another. Additional scientific interest groups are one potential strategy to mobilize researchers with topical affinities and position the HMORN to expand its portfolio into new research topics in the future.

Keywords: Research Capacity; Research Expertise; HMORN Administrative and Technical

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PS2-09:

The HMO Research Network: Growth, Governance and Administrative Gaps

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Background/Aims: The HMO Research Network (HMORN) is a virtual organization with formalized structures and processes to both facilitate new and support existing research collaborations. As both the size and success of the HMORN and the breadth of research associated with it have grown in recent years, governance and operations have become more complex. Recent activities of a supplemental award to plan for an HMO Collaboratory Coordinating Center can inform overall HMORN governance and operational strategies. This poster summarizes HMORN growth and complexity over time, mapping significant infrastructure and governance milestones over the same period. In addition, key facilitators and barriers to effective Coordinating Center governance are presented and related to ongoing work by the HMORN Governing Board to improve executive functioning. Finally, a gap analysis of three HMORN operational processes is briefly summarized. **Methods:** Existing documentation relating to HMORN projects and milestones were compiled to construct a timeline illustrating HMORN growth and critical features of overall HMORN infrastructure development over time. Additional content was drawn from two Collaboratory deliverables relating to coordinating center governance and administrative needs, and from ongoing work of the HMORN Governing Board and Asset Stewardship Committee. **Results:** Ten HMORN projects involving 10 or more member sites are underway. Several milestones, including creation of the VDW, the Coordinated Clinical Studies Network, and the Mini Sentinel Network stand as pivotal events in the HMORN's evolution. More near-term changes include creation of an executive committee to the HMORN Governing Board. The Collaboratory team found facilitators of good network governance strategies that can inform this work. Administrative gaps include the need to better promote the HMORN, vet new partnerships and opportunities, orient new partners, manage knowledge and data, and successfully communicate and embed operational strategies for research. **Discussion:** The size and number of HMORN-based research networks has increased. While newer projects have benefited from prior knowledge and experience, increased trust, and tools designed to streamline project operations, the need for more nimble governance and stronger HMORN-wide coordinating functions is clear. These findings will inform the next evolutionary phase of the HMORN.

Keywords: Governance; Infrastructure; HMORN Administrative and Technical

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PS2-11:

Role of Fit Statistics for Partial Credit Model in Survey Development

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Background/Aims: In recent years, pharmaceutical companies have been requested by Food and Drug Administration to report item fit statistics when making decisions about item inclusion/exclusion of Health Outcome questionnaires. Clinical researchers, often with no training in item response theory and no IRT-specific software (e.g. WINSTEPS, BILOG, etc), are forced to outsource such tasks to academic institutions. In addition to monetary expenses, clinical researchers, not fully understanding concepts of IRT models, spend considerable time communicating with educational/ psychological methodologists to consolidate clinical insights from results. The current paper aims to help circumvent such costly expenses and provide hands-on SAS resolutions to health outcome researchers. Because outcome research often uses questionnaire items with graded responses, the current paper provides SAS codes to conduct Partial Credit Model and generates fit statistics accordingly. Results of fit statistics will be compared with those from conventional psychometric methods (e.g., Cronbach's Alpha, Item-total Correlations, etc) and thus help outcome researchers evaluate the contribution of IRT in survey item development process.

Keywords: Rasch; Partial Credit Model; HMORN Administrative and Technical

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