served as the data coordinating and analysis center (DCC). Sites obtained Institutional Review Board (IRB) approval. The VDW tables accessed included Tumor Registry, HMO Enrollment, Diagnoses, and Pharmacy. The CRN study programmer wrote SAS programs for identification of cancer cases, covariates, and stroke outcomes. The VDW programs were beta tested by a second study site. After testing, the programs were provided to the remaining two sites for data retrieval. The programs transformed the data into an entirely de-identified dataset by calculating cancer diagnosis date and all other dates to 'age in days'. The resulting data files were transferred to the DCC using the CRN secure file transfer protocol. **Results:** Four different levels of IRB approval were necessary across the five sites, indicating local differences in interpretation of human subjects' requirements. The VDW program development period at the lead programming site required two months, after which data were available. Beta testing took two days to complete. The third site, which ran as a 'plug and play' after beta testing worked out some additional issues requiring slight program modifications. The time from posting the final VDW program to upload of study data took less than one week for the two sites with mature VDW structures. The fourth site delivered data within three months. Preliminary analyses were generated within one month. **Conclusions:** Using the VDW provided efficiency for labor, cost, and time. Such studies increase the overall value of the VDW as the skills of users improves.

Abstract PS1-09

The Feasibility of a Feasibility Study: Using the VDW to Assess the Diffusion of Ovarian Cancer Treatment

Leah Tuzzio, MPH, *Group Health Center for Health Studies*; Erin J. Aiello Bowles, MPH, *Group Health Center for Health Studies*; Andrea Altschuler, PhD, *Kaiser Permanente Northern California*; Andrew E. Williams, PhD, *Kaiser Permanente Hawaii*; Debra P. Ritzwoller, PhD, *Kaiser Permanente Colorado*; Larissa Nekhlyudov, MD, MPH, *Harvard Pilgrim Health Care*

Background: The Virtual Data Warehouse (VDW) has potential for studying diffusion of proven cancer treatments within the Cancer Research Network (CRN). Assessing the feasibility of VDW diffusion studies is important in guiding the development and conduct of future studies. The purpose of this study was to assess the feasibility of a low-budget, multi-site CRN feasibility study using the VDW to evaluate the diffusion of intraperitoneal chemotherapy among women with ovarian cancer. **Methods:** Using an online open-ended survey, project staff answered eight questions about the issues and challenges they experienced in conducting the study, including VDW-related data pulls and medical chart abstractions. For each question, we asked whether and how they resolved these challenges. **Results:** We received responses from staff at all eight sites (n=19). Having one macro VDW program developed at one site and run at the other sites was recognized as an efficient process. Issues related to the VDW included site-specific homegrown codes, limited data sources, and source data values. Some sites did not have VDW formatted data. Concerns related to the chart abstraction included the lack of a separate instruction guide and having numerous site specific data sources. Insufficient funding was cited often and some sites overspent their budgeted allowance (mostly for chart abstraction). The responses included issues related to the scientific aspects of the study that the respondents felt were not adequately resolved, partly due to lack of regular communication and conference calls. Several respondents commented that the project team did the best they could under the financial and time constraints. **Conclusions:** A low-budget, multi-site feasibility study using the VDW may be feasible, but has a number of significant limitations. The utility of the VDW remains variable across sites and data sources are not uniform; the inclusion of chart abstractions for validation required more effort than anticipated; and scarce project team conference calls limited discussion of methodological and scientific aspects of the study. Future VDW studies should carefully assess the data available from automated sources at each participating site, budget sufficient time for medical record abstraction and provide adequate funding for investigators, programmers, and medical record abstractors.

Abstract PS1-10

Impact of Pre-incentives on a Web-Based Follow-Up Survey

Cheryl Wiese, MA, *Group Health Center for Health Studies*; Sarah Greene, MPH, *Group Health Center for Health Studies*; Jennifer McClure, PhD, *Group Health Center for Health Studies*; Emily Westbrook, BA, *Group Health Center for Health Studies*; KatieRose Oliver, BA, *Group Health Center for Health Studies*; Julia Anderson, MA, *Group Health Center for Health Studies*; Roy Pardee, MA, *Group Health Center for Health Studies*; Mick Couper, PhD, *Center for Behavioral and Decision Sciences in Medicine, University of Michigan*; Peter Ubel, MD, *Internal Medicine, University of Michigan*; Rosemarie Pitsch, MPH, *Center for Behavioral and Decision Sciences in Medicine, University of Michigan*; Sharon Hensley Alford, MA, *Henry Ford Health Systems*; Richard Krajenta, BS, *Henry Ford Health Systems*; Mike Nowak, BS, MILS; *Center for Behavioral and Decision Sciences in Medicine, University of Michigan*; Brian Zikmund-Fisher, PhD, *Internal Medicine, University of Michigan*; Dylan Smith, PhD, *Internal Medicine, University of Michigan*; Holly Derry, MPH, *Center for Behavioral and Decision Sciences in Medicine, University of Michigan*; Angela Fagerlin, PhD, *Internal Medicine, University of Michigan*

From many previous studies, we have learned that sending a $2 bill in an invitation letter to participate in health research increases the likelihood of participation. In the Guide to Decide Study, thousands of women were invited to log on to a Web site to answer a baseline questionnaire, and they were mailed $10 as a thank you when it was complete. Most of the women were exposed to a decision aid that gave them risk information about using tamoxifen or raloxifene as a prophylactic for women with increased risk for breast cancer, and they were asked to return to the Web site 3 months later to complete a follow-up survey. A control group of women were promised access to the decision aid if they returned to the Web site to complete a follow-up survey 3 months after enrollment. One theory would suggest that women who received access to the decision aid at baseline would be more engaged and therefore more likely to return to the Web site to complete the 3-month follow-up questionnaire. Another theory would suggest that women who were not given access to the decision aid would be most inclined to return after 3 months to do so. This poster will illustrate whether there is a difference between a $2 and $5 pre-incentive when mailed in a letter to participants inviting them back to answer survey questions 3 months following their enrollment. Further, we will test whether the amount of the pre-incentive and the corresponding response rates differ between the intervention group and the control group.

Abstract PS1-11

Patient-Centered Communication Research in Integrated Delivery Systems

James W. Dearing, PhD, *Kaiser Permanente Colorado*

Background: Considerable differences exist between the ways in which communication is conceptualized in the academic field of communication studies, on the one hand, and in clinical practice, on the other. Theorists in the field of communication studies have conceptualized communication as (1) mutual and interactive, (2) concerning the establishment of shared meaning, and (3) multilevel and embedded in organizational and institutional systems. Healthcare practitioners have tended to operationalize communication as (1) directional, (2) concerning the transmission of information, and (3) dyadic in terms of physician-patient consultation. **Methods:** A literature-based theoretical review focusing on the academic field of communication studies. **Results:** Loosely-coupled organizational systems can excel at locale-specific innovation while failing at horizontal coordination and organizational learning. Bureaucratic tendencies of complex organizations are inherently dehumanizing. In integrated healthcare delivery systems, attaining and maintaining a state of patient-centeredness will require continual vigilance. **Conclusions:** Patient-centered communication extends beyond the context of physician-patient interaction to include provider-to-provider communication, healthcare team coordination, applications of electronic medical records, intraorganizational issues of continuity of care, and interorganizational issues of patient-centered communication policy dissemination. A research agenda about patient-centered communication for integrated delivery system researchers is proposed as a means for systematically improving patient-centered communication.