sures, or third-party opinion). The congruence of the adherence measures was classified as high, medium or low. This allowed a comparison of the congruence between categories of adherence measures. RESULTS: Eighty-four studies were identified that met the inclusion criteria. The distribution of self-report measures were: interview (n = 48), questionnaire (n = 22), diary (n = 14). The non-self-report methods were: electronic measures (n = 29), pill count/canister weight (n = 22), biological assays (n = 17), claims (n = 10) and third-party opinion (n = 6). There was substantial variation in the pattern of congruence across the different types of self-report measures. Interviews had the poorest congruence with other measures of adherence (only 15 of 48 comparisons found high congruence). Diaries and Questionnaires were more likely to exhibit high congruence with other measures (10 of 14 studies, and 12 of 22 studies, respectively). Only 5 of the 29 studies involving electronic measures reported high congruence with self-reports, although the other non-self-report measures were often highly congruent with self-report (32 of 53 studies). CONCLUSION: The congruence of self-report and other measures of medication adherence varies widely based upon the type of measure.

PMD8
PATIENT SAFETY RESEARCH: A DISCUSSION OF TERMINOLOGY, PROPOSED DEFINITIONS, AND A CONCEPTUAL MODEL FOR ADVERSE EVENTS INVOLVING MEDICAL DEVICES
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Terminology and conceptual causation models in patient safety research arose separately in the fields of human factors, epidemiology, engineering risk management, and drug safety; they are confusing and conflict with one another. Much of the terminology perpetuates undesirable concepts, such as implicit determination of causation, and poorly fits an important arena, safety of medical devices. OBJECTIVES: To review and propose terminology and to propose a conceptual model for interpreting research and designing interventions to reduce confusion and enhance understanding and communication in this area. METHODS: We systematically reviewed the terminology used in scientific literature, discussed the meanings, and made proposals. We also reviewed existing models and proposed one that enhances the models that are in the literature. RESULTS: We propose a set of terms and definitions for “error,” “hazard,” “adverse event,” “preventable adverse event,” “potential adverse event,” and “risk.” The terms and their definitions are as neutral as possible with respect to “blame issues” such as “responsibility,” “negligence,” and “intentionality.” We also proposed a model that builds on these ideas and on Rothman’s “causal pie” concept. The concepts allow explicit recognition of partial, rather than full, understanding of hazardous situations. CONCLUSIONS: The proposed terms, definitions, and model could clarify thought, research design and interpretation, the process of designing and evaluating patient safety interventions, and communication between interested parties, including researchers, laypersons, healthcare providers, and risk managers.

PMD9
INTERNET-BASED PATIENT REGISTRIES IN COMMUNITY PRACTICE
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OBJECTIVES: To assess the level of user acceptance for an Internet-based methodology for collecting patient outcomes data from an observational multi-site postmarket study gathering data from community based ophthalmic practices. METHODS: The study coordinator at each participating site (N = 41) was issued an ID & Password for logging onto the secure and confidential site. Training of the study coordinators on how to use the site and patient confidentiality considerations took about 30 minutes. Two sets of questions were being asked: Physician Questions (8 baseline, 4 followup) and Patient Questions (9 baseline, 18 followup). Patients were followed for approximately six months. A small honorarium in return for completing the study documents was paid. Both glaucoma specific clinical & QOL data was collected and analyzed. RESULTS: Forty-one sites registered 360 patients for the study. Final follow-up data was entered on 318 of the 360 registered patients (88%) using the web-based case report forms. Eighty-seven percent (36/41) responded to a user survey and all respondents felt the system was simple and easy to use. Several users were so enthusiastic they gave text quotes of additional positive praise on the survey. Many indicated they actually enjoyed participating. CONCLUSIONS: Internet-based post-market studies are a promising methodology for the benefit of both the study sponsor and participating sites.

PMD10
EVALUATING RETROSPECTIVE STUDY POSTERS PRESENTED AT THE ISPOR 7TH ANNUAL CONFERENCE
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OBJECTIVE: Evaluate the quality of retrospective study design posters presented at the ISPOR Seventh Annual Meeting using the criteria published by the ISPOR Task Force on Retrospective Databases. METHODS: Of the 337 posters presented at the conference, we had access to 133 (39%) from on site collection or the ISPOR website. These 133 posters were categorized into one of 5 cate-