100,000 iterations were $19,696, $21,617 and $21,648 respectively. Based on the estimated mean and standard deviations of net benefits for each treatment group we estimated that 11,325 iterations would be necessary to provide stable estimates of the EVPI for this example. Additional theoretical calculations show that the EVPI has a positive bias in small samples and is dependent on the probability of choosing the wrong treatment in any given iteration. CONCLUSION: A positive bias exists in the EVPI estimates for smaller number of iterations. This bias can be overcome by using sample size calculations to determine the appropriate number of iterations. The appropriate number of iterations will eliminate the chance of making the wrong baseline decision.

**PCV44**

**THE CASE OF LIPID-LOWERING THERAPY: A COMPARISON OF ADHERENCE MEASUREMENT METHODOLOGIES USING ADMINISTRATIVE CLAIMS DATA**

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**OBJECTIVES:** A number of different methods have been employed by investigators to calculate adherence estimates for patients taking lipid-lowering therapy (LLT), including measures with different numerator and denominator options. Although at least one method is known to correlate well with cardiovascular outcomes, most have not been evaluated in outcomes studies. The purpose of this analysis was to evaluate the different methods and determine whether there are correlations between them. **METHODS:** Adherence ratios were calculated using different methods for n = 12,448 managed-care patients who were considered new starts with statin therapy. The different measures calculated were compared and tested for differences and correlations. Proportions of patients who would be categorized as “adherent” using each method, according to a threshold of 0.8, were also determined and compared for differences. **RESULTS:** Adherence ratios calculated with like denominators did not vary substantially, regardless of which numerator method was used. Those calculated with different denominators had substantial variability. The proportion of patients who would be categorized as “adherent” or “non-adherent” differed between the methods for about one-third of patients. **CONCLUSIONS:** Studies of adherence with statin therapy should be interpreted with caution depending on which denominator option is used. Further research is needed to determine which methods correlate best with patient outcomes such as reductions in LDL-C and cardiovascular events.

**PCV45**

**RELIABILITY AND VALIDITY OF TAIWAN VERSION OF TREATMENT-RELATED QUALITY OF LIFE QUESTIONNAIRE FOR PATIENTS RECEIVING ORAL ANTICOAGULATION**

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**OBJECTIVES:** This study aimed to validate the Taiwan version of treatment-related quality of life questionnaire for patients receiving oral anticoagulation. A comparison was also made between this questionnaire and Taiwan version RAND 36-Item Health Survey 1.0. **METHODS:** The treatment-related quality of life questionnaire was translated into Chinese from its English version developed by Dr. Sawicki and its wording and meaning were modified based on the recommendations of two Taiwan experts. The 32 items of the treatment-related quality of life questionnaire covered the following psychological domains: medical treatment satisfaction, self-efficacy, strained social network, daily hassles, and general psychological distress. Physicians in an outpatient department referred patients receiving oral anticoagulation treatment to anticoagulation clinic. Both treatment-related quality of life questionnaire and Taiwan version RAND 36-Item Health Survey 1.0 (RAND-36) were administered to them in the first visit time and at 4-month follow-up. The internal reliability coefficient of the questionnaire (Cronbach alpha) was assessed in this study. **RESULTS:** A total of 114 patients receiving oral anticoagulation treatment were referred to anticoagulation clinic. The treatment-related questionnaire and RAND-36 Survey were completed by 78 patients both at baseline and 4-month follow-up. The response rate was 68.4% (78/114). In validation study, the medical treatment satisfaction domains of treatment-related questionnaire were correlated moderately with mental health domain (r = 0.53), and energy domain (r = 0.44) of Taiwan version RAND-36. The daily hassles domains were also correlated moderately with Social functioning domain (r = 0.41), mental health domain (r = 0.53), and energy domain (r = 0.47) of Taiwan version RAND-36. The Cronbach’s alphas were 0.52 to 0.80 in assessing internal consistency of each domain of the treatment-related questionnaire. The corrected item total-correlations ranged from 0.20 to 0.72. **CONCLUSIONS:** This Taiwan version questionnaire is a reliable and valid instrument for evaluating the treatment-related quality of life for patients receiving oral anticoagulation.

**PCV46**

**THE ALABAMA COLLABORATION FOR CARDIOVASCULAR EQUALITY PROJECT: ADAPTING AN ELECTRONIC MEDICAL RECORD ABSTRACTION TOOL FOR USE IN AN URBAN COMMUNITY HOSPITAL SETTING**

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**OBJECTIVES:** Many quality improvement research projects rely on abstraction of medical record data. Therefore, the objective of this study was to create and adapt an electronic medical record abstraction tool to collect data of hypertensive patients from a Community Hospital. **METHODS:** A team of three physicians’ experts in clinical research and two researchers identified the domains of interest for the project. They listed the main items by domain. The electronic medical record abstraction tool was created and then, multiple tests were carried out to cross-check domains/items with information already recorded in five medical charts. Three abstractors were trained and a data dictionary for abbreviations was created. To validate the tool, 16 medical records of patients were reviewed independently by 2 medical abstractors who did not have a clinical background. The data abstracted were analyzed for inter-rater reliability. Face to face validity was assessed by a group of three physicians to improve the tool, data abstraction, and to document the proficiency of the abstractors to assure data quality. **RESULTS:** Forty one medical records have been reviewed using the tool. The average interrater reliability rate was 92%. Average age of abstractors was 23 years and 2 of them had college degree. Most of the information requested by the abstraction tool was recorded on medical charts. **CONCLUSIONS:** Standardized protocols to review and create tools for reviewing medical charts should be implemented. Efforts should be done to adapt those tools to specific research settings when completing abstractions.