

CALL FOR POSTERS

The Annual Meeting Committee for the National Birth Defects Prevention Network invites submissions of abstracts of posters for the 2009 Annual Meeting in Nashville, Tennessee, from February 23-25, 2009. This year we are requesting posters that address the following topics. Suggested sub-topics are listed below each topic; presenters may cover a topic in general terms or in detail.

SUGGESTED POSTER TOPICS

1. Case ascertainment
Innovative approaches, use of physician office data, prenatal surveillance, pediatric disease registries, record linkage, quality assurance/ quality control, evaluation of sources, ascertainment of congenital head and neck defects, collaborative projects with newborn screening programs
2. Birth defects risk factors
Prescription and over-the-counter medicines, alcohol and illegal drugs, infectious agents, hazardous substances, environmental or genetic risk factors, obesity, maternal risk factors, genetic risk factors, fertility treatments
3. Birth defects rates and trends
Graphical presentation of data, statistical assessment (simple or complex), cluster evaluations, meta-analyses, use of surveillance data to measure outcomes
4. Prevention, intervention, and public policy
Evaluation of prevention or intervention activities, use of birth defect registries to link to services, preconception care and birth defects, state based prevention programs, improving access to services, analysis of public policy, analysis of public awareness, use data to affect public policy

Deadline for submission is Friday, November 21, 2008.

To submit your abstract, go to:

http://www.surveymonkey.com/s.aspx?sm=U5sGpXMikoQpl81rnUCQVA_3d_3d. If you have any questions, please contact April Montgomery at April.Montgomery@state.co.us.

Please organize your abstract into the following format: Objective, Methods, Results, and Conclusions. Title should include Your Program Name (one line), Poster Title (up to two lines), Authors (one line, no degrees or titles). Also indicate the poster topic category (1-4). See the attached example. The Conference Committee will review the abstracts and notify submitters by December 12, 2008 of their acceptance. **A final abstract will be due by Friday, January 9, 2009.**

Information about the specific time and location for the poster presentations will be included with conference materials. **Posters must fit on a 4' by 4' poster board.** Materials should be legible from a viewing distance of 3'; presenters are encouraged to provide handouts/flyers for those interested in learning more about the project described in the poster.

SAMPLE ABSTRACT

Poster Topic Category: 1

New York State Congenital Malformations Registry

Development of a Web-based System for Case Reporting, Data Management and Communication for the Birth Defects Registry in New York State

Philip K. Cross, Ying Wang, Patricia M. Steen, Charlotte M. Druschel, Jennifer L. Cukrovany, Zhen Tao, David R. Marion

Background: The Congenital Malformations Registry (CMR) of the New York State Department of Health (NYSDOH) is one of the largest statewide, population-based birth defects registries in the nation. Annually, the CMR receives reports on more than 10,000 children who are born or reside in New York State and are diagnosed before the age of two years with a major congenital anomaly. The objective of this project was to develop a web-based system for case reporting, data management and communications using the Internet and the NYSDOH's Health Provider Network (HPN). This system replaced a manual, paper reporting system. It was designed to streamline registry operations, reduce the reporting burden on hospitals and improve the quality and timeliness of registry data by taking advantage of new technologies.

Methods: The Health Provider Network (HPN) has been developed as a secure system for electronically collecting and distributing health related data. NYSDOH uses techniques which ensure that data exchanges between the HPN and providers are done in a secure fashion and also provide security for data. It is a HIPAA compliant system with a secure Internet site. The security system consists of servers' security protocols, firewall facilities and authentication procedures ensuring that only authorized users can access the data and services. The registry is maintained as a relational database on a Unix server using Sybase. The web applications were developed using software such as JAVA, PERL, Dreamweaver and SAS/Internet.

Results: The CMR has successfully converted 156 hospitals statewide from a manual, paper reporting system to an electronic Internet system using the NYSDOH's Health Provider Network. This web-based system allows hospitals two options: using an online data entry screen or a file upload procedure to report registry cases. Drop-down lists on the data entry screen along with data validation functions help ensure that reports sent electronically are complete and accurate. An interactive user menu system has numerous applications that enable CMR staff to maintain the database, process new case reports, review and code malformations and monitor hospital reporting. Extended editing capabilities and a transaction log were included for both CMR and hospital staff to check the completeness and accuracy of case reports. The HPN allows CMR staff and hospital users to communicate on-line via the web browser or e-mail. This innovative system enables CMR staff to query hospitals when a case report is incomplete or needs a more specific diagnosis.

Conclusions: The CMR's web-based system for case reporting, data management and communication offers a secure, cost-effective solution for participating hospitals to report birth defect cases. Authorized users need only a PC and a web browser such as Netscape or Microsoft Internet Explorer to access the system. Electronic reporting reduces the amount of paper, personnel and time necessary to comply with this mandatory process. Though the verification of data quality is in the beginning stages, electronic reporting should improve the accuracy, completeness and timeliness of CMR data as well. This transition is ongoing. CMR staff is currently working on new applications to improve and expand the system.