

UNIVERSITY OF MINNESOTA
TWIN CITIES

Laboratory of Physiological Hygiene
School of Public Health
Stadium Gate 27
Minneapolis, Minnesota 55455

October 15, 1974

Frank T. Mansure, M.D.
Provident Mutual Life Insurance Company
4601 Market Street
Philadelphia, PA 19101

Dear Frank:

Four years ago at the onset of paramedical exams, I offered to arrange for central standardized coding of ECGs collected at such exams. At that time, no problem of volume was recognized requiring such handling. In addition, several medical directors were unable to understand that it is perfectly possible for trained technicians to make and code reliably all relevant observations on the rest and exercise ECG without 1) making medical "interpretations" thereof, 2) usurping the role of the physician, 3) challenging the consultant function of the reinsurer or 4) violating MIB policies of confidentiality. Technicians are used for blood, chemical and urine analyses and reporting, etc., why not also for ECGs? We have successfully used them for 12 years for such purposes.

I apparently did not make these points clear; at any rate the reaction was negative and I desisted. I am quite content to wait to see if the need develops. But I thought I would write you now, and send a copy of this letter to two or three other people who are most knowledgeable about ECG in the industry (Doc Rougraff and Frank Singer as a start), to see whether you anticipate any such need for the future.

Dick

We are now reorganizing our ECG Coding Center which codes in far greater detail than MIB codes the ECG findings of the Coronary Drug Project, the Hypertension Detection and Follow-up Program, the Multiple Risk Factor Intervention Trial, and other large-scale, large-volume, controlled prevention trials and population studies. We have kept expecting "any year", that computers would "take over". It is now clear that paper 12 lead ECGs will be with us at least another decade and we are organizing to deal better with their central, objective and reliable handling.

Could you let me know specifically what sort of ECG volume you are experiencing, how this might be liable to change, and your personal and confidential expression of need and interest, or lack thereof, in an ECG coding

Frank T. Mansure, M.D.

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(and/or mounting) service. I am specifically not requesting any official action from your committee, only your perceived need for such an approach.

Cordially,

Henry Blackburn, M.D.

HB:jp

pc: Maurice E. Rougraff, M.D.

~~Frank L. Springer, M.D.~~

P.S. to R. Prineas: I consider the possibility that either an integrated or a separate "commercial service" would be a valuable source of income, personal and/or for research, in what may develop to be lean years. I'm sure someone like Robin and Dusty, or Fred and John V., could set up such a service. I doubt seriously their interest but I hope you agree to exploring it. I'm holding the letter.

*Sony -
Richard Singer*