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TWIN CITIES

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August 13, 1981

TO: Russell Luepker, M.D.

FROM: Richard Gillum, M.D.

SUBJECT: Morbidity enumeration and abstracting (MHHP)

*sent 8/18/81
RFG
DeRL.*

*1) Hadn't you heard?
2) needs digital commitment & time tables
3) need definition of roles, all notes*

Morbidity enumeration and abstracting for diagnosis assignment in MHHP has been delayed while procedures and forms were developed based on MMMP experience and common forms and procedures agreed upon with the Rhode Island group (Sonja McKinlay).

*written.
Please provide
WJ*

It is now possible to begin MHHP data collection during August, 1981. The following are my proposals for doing so:

Contacts have already been made with the hospital in Mankato by you and KCJ. A team will travel there the week of August 17. Logistic arrangements will be made and data collection will begin with cases of stroke (ICD9 430-438).

Organizationally, I envision a system much like what you have worked out for the MMMP risk survey. I will continue, for the time being, as the senior faculty person responsible but will delegate complete authority for field operations to the new field director, Dr. John Kipp. I am sure he will be able to rise to this occasion just as Aaron Folsom has responded to his new survey responsibility. K.C. Jenkins will supervise the work of the four nurse abstractors on MHHP and will report to Dr. Kipp. Leah Hillesheim will serve as deputy supervisor, taking responsibility when K.C. is out of town or ill. The supervisor's responsibility will be for hospital liaison and direct supervision of nurse abstractors as in MMMP. MHHP faculty, such as yourself, Dr. Jacobs and others should communicate your ideas about MHHP morbidity surveillance to Dr. Kipp rather than to K.C. or abstractors.

Abstracting will be done sequentially in Mankato for 1980 discharges. Later in the fall, perhaps October 1, abstracting will begin in Winona. Abstracting will be limited to these two sites until MMMP stroke abstracting is completed, in order to avoid the necessity for hiring new abstractors for a short term period of overlap. Once the final revision of the MI form is completed by Drs. Jacobs, Kottke and McKinlay, MI cases for 1980 may be abstracted in Mankato and Winona. It is anticipated that by January 1, or at the latest March 1, 1982, MMMP stroke abstracting will be complete. At that time abstracting will begin in Duluth and Sioux Falls, and in hospitals serving Bloomington and Roseville.

The advantage of this scheme is a smooth transition of effort without necessity of major layoffs or additions to the abstracting staff, which would be costly in terms of training and possibly staff morale. Furthermore, the morbidity data collected in this fashion should be of higher quality,

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since it will have detailed input from a field director, as well as the new research specialist (statistician/epidemiologist) currently being recruited. A quality assurance protocol currently being developed by Lael Gatewood and C. Tsai can be implemented prospectively for MHHP. Furthermore, a large backlog of unprocessed data from MMMP morbidity still exists. The current proposals should allow for reduction of this backlog before a new major data set is presented to data processing. It is hoped that the increased efficiency of all phases of operation will compensate for the delay in start-up.

pc: D. Jacobs
J. Kipp
✓ H. Blackburn
K.C. Jenkins