Correspondence -
Confidential

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TWIN CITIES

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CONFIDENTIAL

TO: Richard F. Gillum

FROM: Henry Blackburn

SUBJECT: Review of MMMP Needs

This is in confirmation of some of the ideas we discussed on December 20, 1980.

Organization

It was agreed that day by day communications, presence, visibility, and problem solving by direct discussion, small administrative meetings, and attention to detail on the whole project are urgently and consistently needed as the Project Officer function. I indicated I would take a more active role in pointing out and resolving problems.

Weekly Executive meetings require pre-planned and circulated agenda before and after consultation with survey and data processing staff for their needed agenda items, so that the whole project is reviewed and all have input.

Weekly meetings of the Project Officer with MMMP supervisors are required to enhance communication, problem solving and problem prevention.

Specific delegation of responsibilities to Aaron Folsom and what training and research opportunities should be offered to him as an attractive package. I suggest he be offered responsibility for morbidity to carry on after Kottke, and for Survey.

Redefinition of roles of Dr. Taylor and Dr. Prineas with clear assignment of responsibility or their elimination from the payroll if their function is possible on a non-paid consultant basis, to be worked out with me.

Regular meetings with the Data Processing group to assure regular production and their carrying out of Executive Committee needs and priorities.

A quiet meeting early in January with division directors and me to discuss your responsibility and reduce autonomy of divisions for the sake of the whole. This will only be possible if you set the tone at once of active interest, priority, problem solving, and real collaboration.

Careful follow-up on all Executive Committee decisions.

I suggest that Civil Service employees be invited regularly to the Executive Committee meetings to sit in during information gathering, but that we not continue to hold our major wrangling or policy decision-making discussions in their presence. It is particularly important, it seems to me, to regularly involve and ask for a report from Dean Surbey, Judy Baxter, and K. C. Jenkins. I think at least one of them should be asked to come for at least part of each meeting.

I request that you make an appointment with me weekly to discuss organizational issues in private.

Scientific Advisory Board, to be done by me upon recommendation by you and the Executive Committee.

Morbidity Diagnostic Program

We generally agreed that continued development and finalizing of the manual classification system, formal testing of its reliability and validity, is the first order priority and is obviously required before a computer algorithm can be made. This should proceed with consultation with Judy and Lael so they will know what is going on and so that they can have input into the classification.

There should be a meeting, involving them, addressing the general issues of classification and codification. Our experience has been that a combined human/computer system is the most efficient, letting each do what it does best, with the end result of having routine cases handled by the computer and complicated cases identified and cared for by a prescribed human process of tested reliability. Criteria are not enough. A procedure and training system and Manual of Operation are urgently needed if we are to continue to represent the leadership you have been granted in this field. It is essential that the several elements of the study work together on this and not at cross purposes; agreement of all concerned on the course to follow must be obtained promptly.

Publications

We did not discuss this matter, but I would be happy to chair a Publications Committee which would serve to integrate the various factions in the study. This does not mean that I would want senior authorship on any major publication, but it does mean that somebody

at a higher editorial level will make certain that the publications are integrated and that the needs of the study and the Laboratory as a whole are met, as well as individual needs. There was a general view expressed at the Executive Committee Meeting that the early publications of the study should be integrated and that was a healthy one. If I were to be the dispassionate chairman, as I am proposing, it might help guide this along when the crunch really comes, in terms of assigning responsibilities and senior authorship.

Intellectual Activity

Obviously, with your leadership, material is going to get written up, but there is precious little intellectual exchange among the faculty on the program and between the program and other faculty and fellows. This is the major epidemiological study going on in the Laboratory. It is a new and dynamic one, and it should have a far more central and visible place in the intellectual activity of the Laboratory than it does. Please delegate responsibility (or preferably do it yourself) for arranging a series of seminars. This should also help in the regular process of publications. Set those seminar dates with Bob Jeffery and make appropriate assignments after consultation with those concerned.

Survey

The policy has been to let Dr. Luepker entirely run, direct and control the survey operation. This is fine in terms of assigning responsibility and identification with projects. It is inappropriate in terms of the study as a whole. This strong autonomy of the survey unit and the data processing units, and your impersonal administrative style serve to resist integration in decision-making, quality control, and budgeting for the operation of the whole. I will back you in your role as Co-principal Investigator and Project Officer when I can be confident you are doing your best to resolve issues with your colleagues and can help in major decision-making. I will meet regularly with the Executive Session to assure this, and your accountability, for the whole project. I am suggesting that you can more effectively handle things by more close personal, quiet, direct, frequent, daily conversations with the principals involved -- Dr. Luepker and Dr. Jacobs, and their major supervisors (Joan Knudsen, Dean Surbey, and Judy Baxter). By showing them your direct daily interest and concern, I believe that you will find them more responsive and cooperative. This clearly requires your presence and visibility in the Laboratory daily and a much more personal operational style. They will no longer complain of insufficient leadership. I understand your difficulties with them. I also understand the desire to read books and read papers, but here you have the full responsibility, and your attention to detail and daily function must be entirely revised for the project to go forward under your direction.

In regard to survey, I suspect that there still may be major problems. Dr. Luepker has closely guarded the Manual of Operation. We each should have one, kept updated. There has not been any on-site quality control officer, and no one to my knowledge at the Executive Committee level has reviewed data on technician variability or seen any reports on quality control, despite its operation over the past year. If you will carefully work out with Dr. Luepker what items you require reporting on and assign and allow time for that reporting at the Executive Committee, I think things will move forward. Your style in meetings, even including the Advisory Board, is to spend 9/10 hours of time on morbidity and discuss other matters almost as afterthoughts. They are all your responsibility.

We did not discuss the mortality analysis, but it was generally agreed that significant time must be applied to this by Judy Baxter, at once, so that we can show evidence by the time of the continuing application and can begin to produce presentations and publications during the 1981 calendar year.

Budget

We agreed that projections for the budget throughout the entire course of the study are required now for appropriate planning overall, setting of priorities, and potential re-budgeting within the study. These budget estimates are essential to any decisions about continuing or modifying morbidity/mortality and survey and data priorities.

Of first priority is the careful calculation of unit cost for abstracting and for surveys. This is necessary for the continuing application, for response to the RFP, and for decisions about future priorities and re-budgeting and the possibility of a supplement.

A Supplemental Application

We discussed the potential for a supplement, its timing, and the possibility of re-budgeting across years and within years to take care of the continuancy of not having the supplement funded. It was generally agreed that a supplement would be necessary and appropriate, but not until significantly more progress has been demonstrated and the study is accountable. The timing of a supplement must be carefully weighed in respect to the RFP response and in respect to a renewal application.

Data Analysis

New estimates were required for survey sample size, based on four-year and five-year trends and seven- and nine-year trends in regard to a renewal application. Also, utilization of a more sophisticated development of the regression approach to trends, such as Dr. Jacobs prepared for the MCPP application, rather than the simple demonstration of differences between two points.

The RFP on Regional Surveillance

We do not categorically reject the possibility of sending in a RFP for one of the regional surveillance clinics using the following arguments: 1) The grant period is two and a half years, which pretty well overlaps the main body of our continuing operation and, thus, would be useful for funds. 2) We could be very competitive by indicating that the majority of functions they request are already covered and we could come in with a low bid. 3) We could beef up some of the areas that are not now being accounted for, such as disability, unobtrusive measurements, development of the computer algorithm, morbidity diagnoses, case-fatality, and a whole series of things that are not getting adequate attention. An application might allow us the support of one more professional, a programmer, and a clerical person. Comments will be invited at the next Executive Committee meeting. 4) It would allow us to be a legitimate part of the operation that Dr. Feinleib is developing, rather than carping from the outside.

RFP for a Coordinating Center

We agreed that neither existing faculty, staff, nor space is available for a significant effort by existing faculty to such an undertaking. The ideal Principal Investigator for such a coordinating center would be Lael Gatewood, but her Sabattical eliminates this. She could put in a very strong application because of her experience and her considerable understanding of the problems of this study. Participation of Dr. Kottke and Dr. Folsom, or Drs. Prineas, Gillum, Luepker, Blackburn, and Jacobs, requires more full discussion and no decisions are to be made without full Executive Committee discussion. In my view, we do not want the equipment or the staff aboard, nor the responsibility for a huge, yet very temporary service. Even if we have Lael Gatewood and another professional on it full time, I don't want the responsibility for coordinating this regional operation in the LPH. There is no way to second guess Dr. Feinleib, but I'll make an effort to discuss with him the role he would like us to play in the future of the undertaking, if feasibility should be established. Would the power remain with the coordinating center, or would it become a government bureaucratic function out of Washington? The fact that in preparation of the RFP, absolutely no information has been requested from us concerning unit costs, concepts, analyses or program problems, is not a good harbinger for our role in this and we need a much clearer laying out of this issue with Manny before we respond to the RFP. At the moment, I am quite categorical about not wanting any responsibility in the Laboratory for the coordinating center. It is my opinion that Dr. Folsom's possible career interest in this should be centered on the epidemiological side and not on the administrative side, as would be required for the coordinating center. It is my further opinion that this would be a serious diversion of Dr. Kottke's efforts from the Preventive Cardiology Award and that he would do well not to have <u>any</u> operational function in any application put in for a coordinating center. A consulting function would be very appropriate.

Space

You have not yet been able to see the maps of the anticipated joint housing of the MMMP and MCPP in the old Stadium. This is a first priority for early this week between you and Dr. Taylor

Survey

We need an estimate from Dr. Luepker on the feasibility of discontinuous survey operation rather than a continuous one. Requesting this information does not presuppose an executive decision on this issue, we simply need the information whether the second, or third, or fourth year survey could be eliminated and the staff incorporated in MCPP or other operations and how this might be done, at what savings. He has agreed to provide this, along with relevant arguments. We need discussion of the relevance of a fifth year survey, when at present it seems that the results of a fourth year survey would not be ready for a renewal application. We need estimates based on how significant four points are compared to three points in estimating trends. Our renewal application will be based on four years' morbidity and mortality and three years' survey information. We need a full consideration of survey options yearly, discontinuing last year, or dropping out 1982. In light of grant termination in March, 1984, and the necessity for reapplication by July 1, 1983, we discussed saving of money for use at the end of the study for analysis and carry over.

Scientific Advisory Board

We failed to discuss the goals for the Monday, December 22nd, evening dinner meeting, which you felt would be more information-giving than decision-making because of the composition of the Scientifc Advisory Board. I don't believe you can expect their continued interest by the way you did not involve Howard and Paul -- very effective people -- in needed problem solving, and even closed the meetings without calling on them! We cannot continue to call on them under such inappropriate planning. It is also my suggestion that we appoint an outside epidemiological member to that Board and to call that individual in on private consultation as soon as we have material ready for our continuing report and have completed the RFP -- for a good, hard look at where we stand.

Morbidity

The urgent priority of completing the Manual of Operation and the transfer of 1979-80 data to a consistent format was agreed.

We failed to discuss the issue of graduate assistants and Dr. Luepker's concern that they have been eliminated, as well as the pharmacy unobtrusive observations. Whether or not they can reappear depends on our discussions of rebudgeting. We did not discuss the needs for help for K. C. Jenkins, who is clearly overworked, which requires assignment of secretarial work which I am moving to try to provide.