From: Dykema, Linda D. (DHHS)
Sent: Tuesday, November 03, 2015 4:01 PM
To: Miller, Corinne (DHHS)
Subject: RE: EPHT Childhood Lead Poisoning algorithm

I believe DEQ and our 7th floor were thinking we could provide blood lead data by school, rather than zip code, and Patti mentioned it too.

From: Miller, Corinne (DHHS)
Sent: Tuesday, November 03, 2015 3:59 PM
To: Dykema, Linda D. (DHHS)
Subject: Re: EPHT Childhood Lead Poisoning algorithm

It is the school equivalent to HIPAA but more restrictive. There is no public health exemption although student health information may be shared in emergency conditions.

Sent from my iPhone

On Nov 3, 2015, at 3:17 PM, Dykema, Linda D. (DHHS) <DykemaL@michigan.gov> wrote:

FERPA?

From: Miller, Corinne (DHHS)
Sent: Tuesday, November 03, 2015 3:02 PM
To: Wells, Eden (DHHS)
Cc: Dykema, Linda D. (DHHS); Moran, Susan (DHHS); Robinson, Mikelle (DHHS)
Subject: Re: EPHT Childhood Lead Poisoning algorithm

If there are thoughts about linking to EBL data there may be a FERPA issue, although the EBL wouldn't be a part of the student record.

Sent from my iPhone

On Nov 3, 2015, at 11:33 AM, Wells, Eden (DHHS) <WellsE3@michigan.gov> wrote:

I sent a query to her---how do you plan to use the data? With school water testing, pethaps?

Eden V. Wells, MD, MPH, FACPM
MDHHS
Sent from my iPad

On Nov 3, 2015, at 11:21 AM, Dykema, Linda D. (DHHS) <DykemaL@michigan.gov> wrote:

I see on the Action Plan that Elizabeth Hertel was to reach out to MDE on getting lists of students at the elementary schools. Any update on that effort?

From: McKane, Patricia (DHHS)
Sent: Tuesday, November 03, 2015 10:12 AM
To: Dykema, Linda D. (DHHS)
Subject: Re: EPHT Childhood Lead Poisoning algorithm

We have it broken down by age and zip. Under 6, 6-17 and 18+.
We are verifying code and may need to tweak wording in the tables, but we will have tables broken out by age and zip and we may have something for Eden by tomorrow afternoons meeting. I can't stress enough that we need to be accurate first, fast second. Yan has done an amazing amount of work in a short period time. She is very efficient and very accurate. We are documenting the process and the issues or questions that we are finding as we get to know the data set.
We will be double checking the code,as we are finding few repeat tests. It may be code issue or data issue, we are working to figure it out.

Ideally you would link to education data to analyze by school. That would be more accurate than zip.

Sent from my iPhone

On Nov 3, 2015, at 9:12 AM, Dykema, Linda D. (DHHS) <DykemaL@michigan.gov> wrote:

Shoot me now, but first answer Eden's question. I'm guessing they'd like that broken down by age and zip code to go with the school drinking water data...

From: Wells, Eden (DHHS)
Sent: Tuesday, November 03, 2015 8:50 AM
To: Dykema, Linda D. (DHHS)
Cc: Moran, Susan (DHHS); Miller, Corinne (DHHS); Robinson, Mikelle (DHHS)
Subject: Re: EPHT Childhood Lead Poisoning algorithm

Ok- but can we pull some type of aggregate summary- this number tested, this number over 5 (asks I hopefully)? DEQ wants meeting with DHHS tomorrow afternoon (3pm)

Sent from my iPhone

On Nov 3, 2015, at 8:40 AM, Dykema, Linda D. (DHHS) <DykemaL@michigan.gov> wrote:

FYI –

The blood lead data reporting is proving to be far more complicated than we had anticipated based on the preliminary reports received last week from CLPPP. I had initially thought it would be just a matter of re-packaging the CLPPP reports into a reader friendly format: clearly this is not the case.

Linda

From: McKane, Patricia (DHHS)
Sent: Monday, November 02, 2015 4:19 PM
To: Dykema, Linda D. (DHHS); Maqsood, Junaid (DHHS)
Cc: Stanbury, Martha (DHHS); LyonCallo, Sarah (DHHS)
Subject: RE: EPHT Childhood Lead Poisoning algorithm

We are using the highest test and following AAP guidelines as this has clinical implications.
Yan and I reviewed output and modified our plan. We are using specimen date and not report date, which means the tables will be dynamic.
When we used report date to define the cohort we found some records with specimen dates from as far back as 2012 and 2013, the mean and sd were astronomical, which is another quality improvement analysis for a later time.
Only 22 records reported on 10-30-14 were from the week ending 10/30/14. Interestingly all 22 records were < 5 mcg/dl.
By changing to specimen date to select the cohort ,we find mean interval between specimen and report is 12.4 days, so we are examining other reporting intervals such that we have sufficient n, and feel that we have most of the tests. Also the latest record that we found for the week reported 10/30 was on 10/27, will need to communicate some of the lags in reporting.

We have table shells, we have the datasets created to do what we need to do, and are now analyzing the data to determine the suitable reporting interval. Then we will fill the tables and review everything. I'm working on a 'technical specs' to explain what we did.

I anticipate that we will have something for the group to look at later this week, hopefully within a day or two, if all goes as planned.
Patti