From: Wells, Eden (DHHS)
Sent: Monday, December 21, 2015 9:50 AM
To: Dykema, Linda D. (DHHS)
Cc: Stanbury, Martha (DHHS);Miller, Corinne (DHHS)
Subject: Re: Pb in Flint-TIME SENSITIVE

Just talked with Corinne. Note that the email Matt sent was a heads-up, and he feels that the recommendations going to the Governor's office this week (today, tomorrow?) will make recommendations as he outlined- most of which Sue and Geralyn and I ave addressed with him and/or the GTF.

The main one he was concerned about is the issue of going to weekly reports. With Medicaid going to weekly, this will synergies well. The GTF is NOT interested in the EPID or going into the weeds of what our denominators are, or the intricacies of data collection. They just want consistent valid and reliable reporting, in my opinion.

I will be replyng to Matt this AM with a CC to Sue, Corinne and Geralyn on the fact that weekly will be the goal for the blood lead reporting.

E

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From: Dykema, Linda D. (DHHS)
Sent: Sunday, December 20, 2015 5:18 PM
To: Wells, Eden (DHHS)
Cc: Stanbury, Martha (DHHS); Miller, Corinne (DHHS)
Subject: Re: Pb in Flint-TIME SENSITIVE

I absolutely agree that we have to define the task with full knowledge of what's feasible. No more chasing our tails on these reports. It's unproductive.

Sent from my iPhone

On Dec 20, 2015, at 2:51 PM, Wells, Eden (DHHS) <WellsE3@michigan.gov> wrote:

> I agree- and also think he will go with whatever the EPIds feel is best for the denominator--

E

Sent from my iPhone

On Dec 20, 2015, at 2:28 PM, Stanbury, Martha (DHHS) <stanburym@michigan.gov> wrote:

> Reading this reinforces my thought that we need to sit down with Dr. Davis and perhaps others on the task force to discuss all the issues around numerators and denominators, so the task force understands what is reasonable to ask for - what makes sense. For example, our conclusion on Friday was that if Medicaid metrics are going to be used, then only Medicaid kids should be in the numerator. Dr. Davis would need to be made aware of that recommendation and the rationale for it. Sending emails back and forth may not be the best way to come up with a long term data dissemination plan that meets everyone's expectations, so I would hope there could be a conference call or, better yet, an in person discussion including our epidemiology and BL surveillance SMEs. Your thoughts?
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> **From:** Wells, Eden (DHHS)
> **Sent:** Sunday, December 20, 2015 10:37 AM
> **To:** Stanbury, Martha (DHHS)
> **Cc:** Dykema, Linda D. (DHHS)
> **Subject:** Fw: Pb in Flint-TIME SENSITIVE
>
> Martha- Looping you in--
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> E
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>
> **From:** Wells, Eden (DHHS)
> **Sent:** Saturday, December 19, 2015 5:13 PM
> **To:** Miller, Corinne (DHHS); Dykema, Linda D. (DHHS)
> **Cc:** Lasher, Geralyn (DHHS); Moran, Susan (DHHS)
> **Subject:** Fw: Pb in Flint-TIME SENSITIVE
>
> Corinne, please review Matt's email below and my response---while increased frequency of reporting to weekly is possible, I am not sure of the current time frame for obtaining the Medicaid denominators and if making those weekly works. We can discuss by phone if necessary.
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>
> **From:** Eden Wells <ewells@umich.edu>
> **Sent:** Saturday, December 19, 2015 4:54 PM

To: Davis, Matthew (Matt)
Cc: Wells, Eden (DHHS)
Subject: Re: Pb in Flint

Good afternoon, Matt,

Thank you for the information. Currently the data is being pulled from the Data Warehouse every two weeks---I believe that the discussion then was the time it would take then to clean, de-duplicate and organize the information made the two-week frame workable. I do know that Corinne and her staff are working with Medicaid to address the denominator issue, so let me run this by her. Right off the bat, once the process has become routinized, increased frequency should be possible--

Eden

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On Sat, Dec 19, 2015 at 4:30 PM, Davis, Matthew (Matt) <mattdav@med.umich.edu> wrote:

Hi Eden -

I hope you're doing well!

I'm writing to give you a friendly heads up ....

The Flint Water Advisory Task Force will likely, within the next week or two, be sending Gov Snyder a set of recommended metrics for the dashboard that we alluded to in our initial Task Force letter to the Governor earlier this month.

Several of these metrics fall under the purview of MDHHS and tie directly to data (and corresponding data sources) that MDHHS shared on Dec 11 in the "Flint Blood Testing Report". Others relate to metrics that you, Sue, and I discussed in our phone call that same week — i.e., related to connecting CLPPP data (numerator) to Medicaid data (denominator) for the Flint zip codes — or that appeared in the Sit Rep reports that Geralyn shared with the Task Force from Nov 30 and Dec 1.

In other words, I think that MDHHS will already be prepared to present several of these metrics, based on available data. MDEQ and MDE will also be likely state agencies involved in generating data for the dashboard; there may be others as well.

One of the issues that we are currently grappling with is the frequency of updates to the metrics. When are you anticipating that the next Flint Blood Testing Report will be issued?

In the interest of building and sustaining public trust in part with data transparency, there is strong interest on the Task Force in recommending weekly updates (similar to weekly updates on enrollment from the Healthy Michigan Plan). Given the current testing rate in Flint (~200-300 children per week, based on the Dec 11 report) and the hope of elevating that rate, that frequency seems reasonable to me in terms of data robustness. I would be interested to hear your thoughts on this.

Thanks very much,
Matt

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