

Doug A. Ringler, CPA, CIAAuditor General

201 N. Washington Square, Sixth Floor • Lansing, Michigan 48913 • Phone: (517) 334-8050 • audgen.michigan.gov

October 13, 2021

The Honorable Steven Johnson House of Representatives House Office Building, Room 1091 Lansing, Michigan

Dear Representative Johnson:

I am writing to provide you with an update regarding our progress on your request to provide a comprehensive study of reported and unreported COVID-19 deaths in long-term care facilities in Michigan.

Our analysis includes the following two steps:

1. Reconciling total reported COVID-19 deaths:

To establish the population for further review in Step 2, we reconciled the total COVID-19 deaths MDHHS reported on the coronavirus website for January 1, 2020 through July 3, 2021. To do so, we obtained and analyzed death certificate data from the Electronic Death Record System (EDRS) and the COVID-19 cases and deaths data from the Michigan Disease Surveillance System (MDSS). MDHHS populates total COVID-19 deaths on the coronavirus website directly from data in MDSS. Our reconciliation identified a net difference of 822 COVID-19 deaths, as follows:

OAG Reconciliation of Total COVID-19 Deaths (January 1, 2020 through July 3, 2021)

COVID-19 deaths (confirmed and probable), per Coronavirus dashboard Less: duplicates ⁽¹⁾	21,067 (155)
Subtotal: Unduplicated COVID-19 deaths	20,912
COVID-19 deaths (confirmed and probable), identified in MDSS by OAG Less: duplicates ⁽¹⁾	21,045 (155)
Plus: additional COVID-19 deaths ⁽²⁾	844
Subtotal: COVID-19 deaths, identified by OAG	21,734
Difference – Net additional COVID-19 deaths identified by OAG	822
	3.9%

⁽¹⁾ We identified 155 instances in which two or more Investigation IDs in MDSS had the same first name, last name, and date of birth and were identified as a COVID-19 death

Via combinations of data from MDSS and EDRS, we identified 844 death certificate records not cited as COVID-19 deaths in MDSS, which met the Centers for Disease Control and Prevention (CDC) COVID-19 death surveillance definitions as such.

MDHHS is reviewing the differences identified above to determine any necessary process changes. We do not consider the difference of 822 to be significant and attribute it largely to:

- Our COVID-19 key word search of EDRS intentionally included misspellings (e.g. "Covd", "Coivd, etc.) and punctuation and spacing differences between terms (e.g. "Corona virus"). MDHHS's search did not include these variations.
- Timing differences between MDSS entries and EDRS updates.
- Changes in MDHHS processes throughout the pandemic, based on revised guidance from CDC.

2. Reconciling total reported long-term care facility COVID-19 deaths:

We are actively working to reconcile the total long-term care facility COVID-19 deaths. This involves matching facility names and addresses between various databases, including long-term care facility listings maintained by the Department of Licensing and Regulatory Affairs. We identified our preliminary matches; however, as there are numerous facilities with similar names (e.g. Advantage Living Center vs Advantage Living Center – Harper Woods, etc.) and different ways of writing an address (e.g. N vs North, St vs Street, etc.), we designed and are working through various methodologies to validate the results and ensure we identify all potential matches.

Working with these large data sets across multiple departments has impacted our initial estimate for completion. We now expect to complete our analysis and provide our results to you by late-November or early-December. Please contact me or Kelly C. Miller if you wish to discuss further.

Sincerely,

Doug Ringler Auditor General

Doug Kingler