CAN-DO CALL

April 15, 2015

Helen Maldonado, PA-C, CDE

California Area Office

CAO Contractors

- Jamie Sweet, MS, PHN, RN
  - jamiesdiabetes@gmail.com
- Monica Giotta, MS, RDN, CDE
  - Mgiotta@cox.net

SDPI Update

- House and Senate passed SRG Bill “Doc Fix” two year funding for SDPI
- President to sign
- Will be competitive
  - Grants.gov
- FOA is being prepared
- Best Practices will be different
- Still need to get final word from IHS director

Tribal Consultation 2015

- In person California Tribal Consultation March 24-26, 2015
- Virtual Tribal Consultation April 14, 2015

- Link to recording:
  - **http://ihs.adobeconnect.com/p9jja51apzh/**

Diabetes Day May 7, 2015

- Prepare your Poster board presentations
- Wednesday May 6, 2015
  - Networking
  - Dinner
  - Sharing successes and challenges

7:30am – 4:30pm	**(Registration)**	**THURSDAY, MAY 7, 2014** California Room
7:30am – 4:30pm		**VIEW DIABETES POSTER BOARDS in the BALBOA/CALAVERAS ROOM**
8:00am – 8:15am	Please visit the native arts & crafts vendors in the lobby!	**WELCOMING ADDRESS –** Beverly Miller, MHA, MBA/Helen Maldonado, PA-C (IHS/CAO)
8:15am – 9:45am		Diabetes Updates - Ann Bullock, MD (IHS)
9:45am – 10:00am		**BREAK**
10:00am – 11:30am		Emotional Freedom Technique (EFT) - Jondi Whitis
11:30am – 12:30pm		**Lunch – on your own**
12:30pm – 1:30pm		Podiatry Care - Kendall Shumway, DPM (Riverside/San Bernardino County Indian Health, Inc.)
1:30pm – 2:45pm		Community Diabetes Action Council - Northern Valley Indian Health, Inc., Round Valley Indian Health Center, Inc., Lake County Tribal Health Consortium, Inc.
2:45pm – 3:00pm		**BREAK**
3:00pm – 4:30pm		Metabolic Syndrome: Mechanisms and Management – Ishwarlal Jialal, MD, PhD (UC Davis)
4:30pm – 5:00pm		**CLOSING REMARKS/QUESTIONS** **CLOSING BLESSING** - Albert Titman Sr. (Miwok)

California Area SDPI Tribal Consultation

IHS Funded Health Programs

1 American Indian Health & Services Corporation
2 Bakersfield American Indian Health Project
3 Cabazon Band of Mission Indians
4 California Rural Indian Health Board (CRIHB)
5 Central Valley Indian Health
6 Chapa-De Indian Health Program
7 Colusa Indian Community Council
8 Consolidated Tribal Health Project
9 Feather River Tribal Health
10 Fresno American Indian Health Project, UAII
11 Friendship House Assoc. of American Indians
12 Greenville Rancheria
13 Hoopa Valley Tribe (Kima:w)
14 Indian Health Center of Santa Clara Valley
15 Indian Health Council, Inc.
16 Karuk Tribe of California
17 Lake County Tribal Health Consortium
18 M.A.C.T Health Board, Inc. (CRIHB)
19 Mathiesen Memorial Health Clinic
20 Native American Health Center
21 Native Directions, Inc.
22 Northern Valley Indian Health
23 Pit River Health Services
24 Quartz Valley Indian Reservation
25 Redding Rancheria Indian Health Clinic
26 Riverside/San Bernardino County IHC
27 Rolling Hills Clinic
28 Round Valley Indian Health Center, Inc.
29 Sacramento Native American Health Center
30 San Diego American Indian Health Center
31 Santa Ynez Band of Mission Indians
32 Shingle Springs Tribal Health Programs
33 Sierra Tribal Consortium
34 Sonoma County Indian Health (CRIHB)
35 Southern Indian Health Council, Inc.
36 Strong Family Tribal Health
37 Susanville Indian Health Center
38 Sycuan Band of Mission Indians
39 Table Mountain Rancheria
40 Toiyabe Indian Health Project
41 Tule River Indian Health Center, Inc. (CRIHB)
42 Tuolumne Me-Wuk Indian Health Center
43 United American Indian Involvement, Inc.
44 United Indian Health Services, Inc. (CRIHB)
44 Warner Mountain Indian Health Project (CRIHB)

California Tribal/Urban Healthcare Programs

Indian Health Service / California Area - October 2013

California Area SDPI Tribal Consultation

- **A Dear Tribal Leader Letter was issued by the Indian Health Service Acting Director on March 19, 2015.**

- **The purpose of this letter was to initiate consultation on the distribution of funding for the Special Diabetes Program for Indians (SDPI) for FY 2016.**

California Area SDPI Tribal Consultation

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20852

MAR 19 2015

Dear Tribal Leader:

I am writing to initiate a Tribal Consultation on the distribution of funding for the Special Diabetes Program for Indians (SDPI) in fiscal year (FY) 2016. The SDPI has been funding diabetes treatment and prevention activities in Indian Health Service (IHS), Tribal, and Urban Indian health programs since 1998. The current SDPI authorization will expire at the end of FY 2015 (September 30, 2015) and President Obama's FY 2016 budget proposes a 3-year authorization at the current $150 million per year. We do not yet know if and when Congress might address reauthorization for the SDPI, nor do we know the duration (e.g., for one year, multiple years) or the total funding amount that may be authorized.

Even with these unknowns, we need to proceed with Tribal Consultation to ensure sufficient time for all Tribal Leaders to have the opportunity to provide input. The Tribal Leaders Diabetes Committee (TLDC) met February 4-5 in Rockville, Maryland, and recommended that Tribal Consultation on the distribution of SDPI funding for FY 2016 be conducted in all 12 IHS Areas. Once Consultation is completed, the TLDC will reconvene to review the input and make final national recommendations to me.

You may note that the questions that follow are similar to the ones asked during the FY 2015 Tribal Consultation. Since SDPI funding was authorized for one year, the IHS requested and received a class deviation waiver to allow FY 2015 to be added to the current grant cycle as a sixth year and no changes in the funding distribution were made in accordance with TLDC recommendations. However, due to grants regulations, if the SDPI is authorized for FY 2016 for even one year, a new funding opportunity announcement will have to be issued and a competitive application process followed. As such, Tribal input on these questions is particularly important, as FY 2016 provides an opportunity for changes to the SDPI funding distribution and formula. As it is unlikely there will be an increase in overall SDPI funding, please take into consideration that a recommended increase in one component of the funding distribution would have to be offset by a decrease in another component.

California Area SDPI Tribal Consultation

I am requesting that each Area Director identify an upcoming Area meeting or schedule a conference call to consult with Tribes on the SDPI FY 2016 funding distribution. Tribal Leaders are welcome to contribute to these Area discussions and/or to submit written comments to consultation@ihs.gov within the Consultation period, which will close 30 days from the date of this letter. The TLDC will review the Consultation input from all 12 IHS Areas as they provide their final national recommendations to me. I will then update you by Tribal Leader letter with the final decisions on the FY 2016 SDPI funding distribution in the context of any updates on its reauthorization.

Thank you for your partnership on the SDPI over the past 17 years. IHS, Tribal and Urban Indian health program grantees have made SDPI's remarkable success possible. Together, we have improved diabetes prevention and treatment services in our communities. To learn more about these efforts and activities across the country, I encourage you to visit the IHS Division of Diabetes Treatment and Prevention (DDTP) web site at www.diabetes.ihs.gov.

Thank you in advance for your input as part of this important Tribal consultation. If you have any questions about the consultation process or the SDPI program in general, please contact the DDTP by e-mail at diabetesprogram@ihs.gov or contact your Area TLDC Representative.

Sincerely,

/Robert G. McSwain/

Robert G. McSwain
Acting Director

California Area SDPI Tribal Consultation

1. Changes to the SDPI national funding distribution

Should there be any changes in the national funding distribution, and if so, in what way? Currently, the funding distribution is as follows:

• Community-Directed grant program	$108.9 million
• Diabetes Prevention/Healthy Heart Initiatives	$ 27.4 million
• Set-asides:	
○ Urban Indian Health Programs	$ 7.5 million
○ Data Infrastructure Improvement	$ 5.2 million
○ CDC Native Diabetes Wellness Program*	$ 1.0 million

*The TLDC has already recommended that SDPI funds formerly assigned to the CDC Native Diabetes Wellness Program be reassigned to another component of the SDPI funding distribution. Tribal Leaders are asked to provide input as to which component these funds should be assigned

Estimate SDPI funds to Areas if C-D and DP/HH funds are combined

Assume:

- Add $27.4m to the current Community-directed (C-D) funds:
  - Existing $104.8m + additional $27.4m = $132.2m total for C-D funds.
- Update formula data to
  - FY 2012 user pop
  - FY 2012 diabetes prevalence statistics
- If recalculation with FY 2012 data results in decreased funding for any Area:
  - hold harmless the existing amount, then recalculate with the balance ($132.2m less the hold harmless amount)
  - otherwise, recalculate allocations with the full amount of funds ($132.2m)

Note: When the numbers were run, it showed that the $27.4m increase to C-D funds would be sufficient to avoid reductions to any existing allocation of C-D funds. The hold-harmless provision is not triggered. Therefore, the full amount of C-D funds ($132.2m) is allocated among the Area using 2012 data.

POTENTIAL RECALCULATION

Formula updated with 2012 DATA and +27.2m for community-directed funds

Area	EXISTING Allocations	RECALCULATED 2012 Data + $27.4 million Allocations	% of Total	% Change from Existing
Tucson	$ 2,539,246	$ 3,068,906	1.7%	20.9%
Billings	$ 5,231,685	$ 5,680,781	3.2%	8.6%
Nashville	$ 5,462,038	$ 6,615,212	3.7%	21.1%
Portland	$ 5,734,543	$ 7,038,916	4.0%	22.7%
California	$ 6,494,378	$ 7,442,812	4.2%	14.6%
Bemidji	$ 7,777,210	$ 8,378,897	4.7%	7.7%
Albuquerque	$ 7,319,223	$ 8,583,151	4.8%	17.3%
Alaska	$ 8,963,599	$ 10,820,516	6.1%	20.7%
GreatPlains (ABR)	$ 9,432,052	$ 11,094,941	6.3%	17.6%
Navajo	$ 14,056,955	$ 18,498,871	10.4%	31.6%
Phoenix	$ 13,674,138	$ 20,003,253	11.3%	46.3%
Oklahoma	$ 18,112,325	$ 24,971,134	14.1%	37.9%
SDPI - Areas subtotal	**$ 104,797,391**	**$ 132,197,391**	**74.5%**	**26.1%**
SDPI Support & Admin.	$ 4,136,235	$ 4,136,235	2.3%	0.0%
SDPI - Areas + Admin	**$ 108,933,626**	**$ 136,333,626**	**76.9%**	**25.2%**
Urban Projects	$ 7,500,000	$ 7,500,000	4.2%	0.0%
National/Area Data	$ 5,200,000	$ 5,200,000	2.9%	0.0%
NDPC	$ 1,000,000	$ 1,000,000	0.6%	0.0%
Competitive Grant Program	$ 27,366,374	$ 27,366,374	15.4%	0.0%
Other	**$ 41,066,374**	**$ 41,066,374**	**23.1%**	**0.0%**
Grand Total	**150,000,000**	**177,400,000**	**100.0%**	**0.0%**

California Area SDPI Tribal Consultation

2. SDPI Funding Formula and Data

The last change to the SDPI national funding formula was for the FY 2004 funding cycle. Based on recommendations from Tribal Consultation, the following national funding formula has been used to determine allocation to each IHS Area for the SDPI Community-Directed grant program:

- User Population = 30 percent
- Tribal Size Adjustment (TSA) = 12.5 percent (adjustment given for small Tribes)
- Disease Burden = 57.5 percent (diabetes prevalence).

Since FY 2004, user population and diabetes prevalence data from 2002 have been used in the national funding formula. To keep funding levels stable, no changes have been made in either the funding formula or the data used in the formula since FY 2004.

a. Should there be changes to the national funding formula?
b. Should more recent user population and diabetes prevalence data be used? If so, how would the resultant changes in the Area funding distribution be addressed?

Background for Prevalence Data

SDPI FY 2015 Funding Distribution Consultation

Use of more recent User Population and Diabetes Prevalence Data

Question: Should more recent user population and diabetes prevalence data be used in the national funding formula?

Background: Based on recommendations from Tribal consultation, the following national funding formula has been used since FY 2004 to determine the funding amount allocated to each IHS Area for the Community-directed grant program.

- **Funding Formula (elements weighted by these percentages):**
  - **User population= 30%** (AI/AN people who have used IHS services at least once during the last 3 year period according to their community of residence.)
  - **Tribal size adjustment (TSA)= 12.5%** (adjustment given for small Tribes)
  - **Disease Burden= 57.5%** (diabetes prevalence)

- FY 2002 data has been used in formula since FY 2004

California's Prevalence Data

User Population and Diabetes Prevalence Data by Area

FY 2002 and FY 2012

	User Population				Diabetes Prevalence	
AREA	**2002**		**2012**		**2002**	**2012**
Alaska	121,009	8.8%	143,131	9.2%	5.7%	6.0%
Albuquerque	84,439	6.2%	85,990	5.5%	16.7%	19.6%
Bemidji	92,989	6.8%	104,914	6.7%	16.9%	15.6%
Billings	67,427	4.9%	72,585	4.7%	15.6%	17.0%
California	68,154	5.0%	85,881	5.5%	15.6%	12.0%
Great Plains	115,073	8.4%	124,433	8.0%	16.3%	18.8%
Nashville	48,900	3.6%	53,495	3.4%	24.9%	22.8%
Navajo	225,639	16.5%	247,203	15.8%	13.4%	16.3%
Oklahoma	289,048	21.1%	339,617	21.8%	14.5%	15.3%
Phoenix	139,084	10.2%	166,398	10.7%	21.2%	23.9%
Portland	93,818	6.9%	109,870	7.0%	12.5%	12.0%
Tucson	23,723	1.7%	27,000	1.7%	24.8%	24.1%

Potential Recalculation for Areas

POTENTIAL SDPI RECOMPUTATION

SDPI FORMULA RECALCULATED WITH 2012 DATA

Area	EXISTING Data	RECALCULATION 2012 Data	Percent Change
GreatPlains (ABR)	$ 9,432,052	$ 8,823,558	-6.5%
Alaska	$ 8,963,599	$ 8,605,314	-4.0%
Albuquerque	$ 7,319,223	$ 6,825,988	-6.7%
Bemidji	$ 7,777,210	$ 6,663,549	-14.3%
Billings	$ 5,231,685	$ 4,517,798	-13.6%
California	$ 6,494,378	$ 5,919,102	-8.9%
Nashville	$ 5,462,038	$ 5,260,930	-3.7%
Navajo	$ 14,056,955	$ 14,711,738	4.7%
Oklahoma	$ 18,112,325	$ 19,858,984	9.6%
Phoenix	$ 13,674,138	$ 15,908,140	16.3%
Portland	$ 5,734,543	$ 5,597,893	-2.4%
Tucson	$ 2,539,246	$ 2,440,632	-3.9%
SDPI Support & Admin.	$ 4,136,235	$ 3,800,000	-8.1%
Subtotal	**$ 108,933,626**	**$ 108,933,626**	**0.0%**
Urban Projects	$ 7,500,000	$ 7,500,000	0.0%
National/Area Data	$ 5,200,000	$ 5,200,000	0.0%
NDPC	$ 1,000,000	$ 1,000,000	0.0%
Competitive Grant Program	$ 27,366,374	$ 27,366,374	0.0%
Other Subtotal	**$ 41,066,374**	**$ 41,066,374**	**0.0%**
Grand Total	**150,000,000**	**150,000,000**	**0.0%**

California Area SDPI Tribal Consultation

3. Structure and activities of the SDPI Grant Programs

a. Should there be any changes in the SDPI Community-Directed grant program? If so, what changes do Tribes recommend?
b. Should there be any changes in the SDPI Diabetes Prevention and Healthy Heart Initiatives grant program? If so, what changes do Tribes recommend?

4. Opportunity for Tribes not currently funded by the SDPI

a. Should Tribes not currently participating in the SDPI be allowed to apply for FY 2016 funding? If so, from what component of the SDPI funding distribution should these funds be taken?

5. One-Year Authorization or Multiple Year Authorization

a. Would Tribes make different recommendations on changes to SDPI if 1-year versus multiple year funding is authorized for FY 2016?

California Area SDPI Tribal Consultation Timeline

- **March 19, 2015**
  - **IHS Director requests each Area Director to identify an upcoming Area meeting or schedule a conference call to consult with Tribes on the SDPI FY 2016 funding and to develop their recommendations which will be submitted to Acting IHS Director.**
- **April 20, 2015**
  - **Deadline date for submission of recommendations and comments by Tribal Leaders**
  - **Tribal Leaders can also submit written comments to** consultation@ihs.gov
- **May 14, 2015**
  - **TLDC to review Area & Tribal Leaders recommendations**
  - **Will make final national recommendations to Acting IHS Director**
  - **IHS Director will issue DTLL on final decision on the FY 2016 SDPI funding distribution**

California Area SDPI Tribal Consultation

- **Tribal Leaders Diabetes Committee:**
  - California Area Representative
  - Rosemary Nelson – RLNelson@frontiernet.net
  - Dominica Valencia – drvalencia1960@gmail.com

- **California Area Office**
  - Beverly Miller – Beverly.Miller@ihs.gov
  - Helen Maldonado – Helen.Maldonado@ihs.gov
  - Travis Coleman – Travis.Coleman@ihs.gov

2015 IHS Diabetes Audit Results (Preliminary)

California Area

Why do we do it?

IHS mission: To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level

Assess strengths and weaknesses of diabetes care at your site

Assess care provided vs. IHS Standards of Care

Can be used for patient centered medical home (PCMH) recognition application. Report shows adherence to evidence-based guidelines for a chronic condition; also performance reporting by provider.

Required for SDPI Community-Directed grantees

When?

*Data collected for calendar year then submitted by March = IHS Annual Diabetes Audit

*Data collected for SDPI Fiscal year (Cycles 1 through 4) = SDPI CD grant Audit

*PRN to assess data completion or snapshot in time = Interim Audit for internal use

Caveats

Useful only if accurate

Accuracy depends on data entry into correct fields, data capture from EHR, software logic, population measured

If it’s not accurate, your providers & administrators are not likely to use it

BLOOD PRESSURES (LAST 2/3)
The last 3 recorded Blood Pressure values (on different days) on non-ER
clinic visits in the year prior to the audit date are obtained. If 3
blood pressures are not available then the last 2 are obtained.
AUDIT Export file: The last 3 (if available) or else last 2 systolic and
diastolic values as well as the mean of the systolic values and diastolic
values are passed on to the export record. If there are not at least 2
values the mean is not calculated.
Note: If more than 1 Blood

IHS Diabetes Care & Outcomes Audit - WebAudit

Download your site's full report plus the 4 additional Reports from the WebAudit site:

- Mean Values
- Renal report
- Cardiovascular Disease report
- SDPI Key Measures report

Maintain in a binder or shared drive accessible to all

*View California WebAudit – complete report

*View California data table

California Area IHS Diabetes Audit Summary Table DM2010 – Preliminary DM20

	DM2010	DM2011	DM2012	DM2013	DM2014	DM2015
N**=	5538	5605	6020	6002	6068	6392
Std of Care in %						
A1c<8			62%	61%	58%	55%
A1c<7.0	42%	42%	44	43	39	38
BP <140/<90			68	69	68	66
LDL<100	46	48	50	50	48	46
HDL>50 (females)				26 new	28	27
HDL>40 (males)				35 new	36	36
Non-HDL <130 mg/dl				46 new	46	43
A1c<8+LDL<100+BP<140/90				25 new	23	21

	DM2010	DM2011	DM2012	DM2013	DM2014	DM2015
UACR done (Urinary Albumin:Creatinine Ratio)	78	81(+1 PC)	80	82	69 New***	69
Both eGFR & UACR done				63 new	65	66
eGFR>=30 & UACR done				77 new	78	80
ACE use in pts w/HTN	74	75	74	72	73	72
ACE use w/+Urine Protein			71	74	73	73

	DM2010	DM2011	DM2012	DM2013	DM2014	DM2015
Foot exam	68	74	72	72	69	68
Eye exam	56	59	57	58	54	55
Dental exam	52	54	52	55	52	53

	DM2010	DM2011	DM2012	DM2013	DM2014	DM2015
Ht or Wt missing	2	1	2	2	1	2
BMI>=30	76	77	76	75	74	73
Undoc. A1c	7	6	5	4	5	6
HbA1c>=9					25	26
No date of dm diagnosis	5	5	4	2	2	1
BP undetermined (2 req'd)	6	6	5	6	6	7
Current tobacco user	25	28	28	24	25	27

Data Items Increasing or Improving

* Number of Active diabetes patients
* eGFR + UACR (Nephropathy Bundle)
* eGFR>=30 + UACR
* Statin use
* Eye Exams
* Dental Exams
* Depression Screening
* Hep B series immunization
* BMI<=30

California Area SDPI C-D grant

APR draft completed (Cycle 3)

See Grant Summary

Improvement in the quality of patient care is hard

* Lots of reasons
* Discuss at your site
* Population Management vs. Case/Care Management
* You'll be hearing from us in July regarding ½ year DM2016…

Upcoming Due Dates

Cycle 1: Mid-Year Progress Report due TODAY!

Report covers FY 2015 Oct. 1, 2014-Present.

Cycle 2: June 15, Mid-Year Progress Report Covers grant activities and progress for FY 2015 from January 1, 2015-present.

Cycle 3: June 30, Annual Progress Report (APR) Covers FY 2014 objectives, activity and financial reporting from April 1, 2014-March 31, 2015.

Upcoming Training Opportunities

DDTP Advancements series:

- **Wednesday, April 22, 2015** 12pm PDT **New Strategies for Prevention and Treatment of Childhood Obesity** Diana Hu, MD

Best Practices Conference:

- Sacramento May 4-7
- Diabetes Day May 7

Poster sessions: Set up all Day Wednesday May 6, followed by networking dinner. Take down is May 7 by 5:00 pm.

Let's Move Indian Country:

- Save the Date! **Wednesday, April 22, 2015** 12pm PDT

DGM Trainings:

- **Contact Paul Gettys:** paul.gettys@ihs.gov or 301-443-5204.

Grant Solutions:

- **Wednesday, April 22nd, 2015** @ 10am PDT

Budgets:

- **Friday, April 17th, 2015** @ 10am PDT