

Preparing for the FY 2016 Competitive SDPI

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Questions

- We know you have many questions (we do too!)
- We will hold questions until the end of the call and organize them by topic to be efficient.
- Feel free to enter your questions into the chat box and we will categorize and address them at the end of the call.
- Thank you for your understanding. We know you may be very nervous about this new process, but we will all support each other and get through this!



Updates on Tribal Consultation

- TLDC met May 14, 2015
- Should there be any changes in SDPI (CD, DP, HH)?
- Should there be any changes in the National formula for distribution?
- Should there be any changes in budget?
- Should new tribes/programs be allowed to apply?
- Should the old data (2002) or newer data be used?



Funding Distribution

- After the California Area receives their amount for the Area, each program will receive funds based on User Population (Except Urbans)
- Urban programs have different formula
- DP/HH status after FY2015 unknown at this time
- CAO received Community-Directed grant in FY2015
- Tribal consultation to request permission to continue to receive funding for Contractors (Monica Giotta and Jamie Sweet)



FY16 Process (brief)

- Funding Opportunity Announcement (FOA) will be released (estimated July)
- Application deadline 60 days from FOA (All cycles) Grant to be submitted on Grants.gov (and not GrantSolutions)
- Competitive process
- Objective Review Committee (ORC) will review applications (rather than Jamie) and score them

Changes in the Application process

- All Programs will be one Cycle January 1, 2016-December 31, 2016.
- Application will be Competitive
 - Competing for minimum standard, not against each other
 - Completeness
 - One and Done
- Quality application is essential

Budget Questions

- Request sent to verify estimated carry over amounts from Cycle 1 grantees
- Received 11/18 verifications
- Find out potential fund amounts to keep program going October 1 – December 21, 2015
- IHS will work with each program if balance is \$0

New Best Practices

- Simplified: 18 instead of 22
 - One RKM per BP
- More Audit Based
 - Data Reporting linked to WebAudit
 - DDTP is creating another path to report besides RPMS
- Cross-walk
 - DDTP Providing a table of old BPs and new BPs
- Target Group
 - Your goals and objectives will focus on a target group

Objective Review

- There are many unknowns but we do know the process will be competitive for FY 2016.
- Competitive is different than continuation application. In a competitive process 3 Objective Review Committee (ORC) members score the application.
- Application is “one and done”. Reviewers will not allow re-writes or corrections. It is scored as is.
- To prepare-Look at your last competitive application: FY 2010 ORC comments
- Review your FY 2015 Technical Review Summaries (review of grant application)



The Application

- First step: Make sure the DDTP website is in your favorites so you can follow changes, trainings and updates:
- <http://www.ihs.gov/MedicalPrograms/Diabetes/>
- Applications will be available at www.Grants.gov when the FOA is released
- Verify password Grants.gov access, and organizational DUNS 9-digit number (Data Universal Number System), make sure it isn't expired!
- Attend Grants.gov training when available

Application Cont..

- Follow the application checklist. Review the FY 2010 application to get started.
- Missed documents are unacceptable and will disqualify your application.
- Start now. Sometimes documents involve fiscal, HR, administration and other clinical staff, start early gathering documents.
- Urban and Tribal programs will need letters of support from the board of directors or through resolutions. Review existing FY 2010 documents to guide you.



Often forgotten

- Key Contacts Form (Primary contact usually the Coordinator)
- (CV) curriculum vitae or Resume' of Diabetes Coordinator. Review recent NOA that describes Requirements of the Diabetes Coordinator.
- Budget Narrative and justification- remember to include the line items AND the explanation, don't forget to show the calculations you used.(Use DGM format)
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Often Forgotten, cont.

- Web-Audit Report (make sure you have access):
- https://www.ihs.gov/generalweb/webapps/webprofile/indexpop.cfm?ihs_component=weblogin&newquery=1&rs=https://www.ihs.gov/MedicalPrograms/Diabetes/WebAudit/index.cfm
- Include planned Partnerships collaborations
- Assessment: What information formed your Best Practice (BP) decision? Community feedback, surveys, data from the annual diabetes audit report? All of these are assessment data that you guide your BP decision and target group for your intervention.

Create a strong Application: Target Group

Who is the Target Population?

The group you are most trying to impact with your project. The target of your intervention might be your entire Diabetes Registry or a smaller segment of the population (sub-population). Think about your needs and your resources.

Links to data on populations/subpopulations:

<https://ihs.adobeconnect.com/a1137116237/p9cfytv7485/?launcher=false&fcsContent=true&pbMode=normal>



Create a Strong Application: Goals

- Goals: are simple, broad statements of whom and what you want to achieve (in one sentence): This is the vision of your overall program (what do you hope to do)?

Examples:

To provide comprehensive wrap-around services for all American Indians with diabetes in the XXX community.

To educate (children, tribal members) about diabetes prevention.



Create A Strong Application: Objectives

- Objectives are the milestones toward your goal.
- Objectives are in SMART format: SMART = Specific, Measurable, Action-Oriented, Realistic, and Time bound.

Example:

To increase the percentage of Retinal screens from a baseline of 65% to 75% by **December 31, 2016**.

Remember: all Budget Cycles will be ending 12/31/16



Create a Strong Application: Required Key Measures

- Required Key Measures (RKM)
- Each BP will have one RKM that all programs must track and measure.
- DDTP will aggregate data for that RKM across all programs doing that BP = stronger data outcomes to show Congress
- Think about what data systems you use and what information you have access to:

Examples: RPMS reports, Annual diabetes audits, Excel spreadsheets, iCare, i2i, sign-ins, log books, and other creative systems to track activities and measure outcomes.



Create a Strong Application: Major Activities

Major activities are the steps that you will take to achieve your objectives. Activities should follow your FY timeline- **January 1, 2016-December 31, 2016**

Example Objective:

To increase referrals for smoking cessation for diabetes registry members with a positive tobacco screening from 25% to 50% by 12/31/16.

What activities could help you to meet your objective?

Ex: Run a list in iCare/RPM S of DM registry members with a positive tobacco screen not referred for cessation

Ex: Conduct a chart review of referrals in EHR or Chart

Ex: Educate providers on tobacco cessation resources and documentation

Ex: Conduct 2 diabetes talking circles on tobacco cessation and resources for members of the diabetes registry by (date).



Additional Resources

- DDTP Presentation from 9/17/14: [Connecting the Dots](#)
- Instructions from the Last Competitive FOA (includes budget examples)
- Review ORC comments from FY 2010 application
- Review FY 2015 Technical Review Summary comments (Avail on GrantSolutions or Contact Jamie)
- Contact the CAO staff BEFORE the FOA is announced with specific programmatic questions-examples-SMART objectives, practice BP template completion, etc.

Additional Resources

- DDTP will provide general trainings on templates and Grants.gov-remember to watch the site for updates!!
- Grants.gov registration resources:
 - http://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_policy_training_tools
- Utilize Grant Writers on site or consider hiring one, but work closely with them. Remember, you are the diabetes expert!
- Have several organizational eyes review the application!
- Consult other SDPI programs who are willing to assist and provide resources.

Diabetes Audit Data

Monica

New Best Practices

- Most of the new FY2016 Best Practices will be based on a single Diabetes Audit data item
- Examples:
 - Hemoglobin A1c<8%
 - Influenza vaccinations
 - Foot exams
- Therefore, make sure you understand your site's Audit report!

Diabetes audit data sources

- WebAudit (DDTP website) – official database
 - Draft Data
 - Final Data
- Internal Reports – RPMS, NextGen/i2i, Excel, etc. These reports typically generated on a PRN basis.
- Multi-year Audit data comparison table – provided to you from CAO Diabetes Program
 - Easier format to view year-to-year change in Audit measures
- What the Objective Review Committee will most likely have for review: your WebAudit for DM2015 (calendar year 2014)

Reading the WebAudit report

- Have you reviewed your site's 2015 Diabetes Audit?
- Remember to download and circulate all four Webaudit reports:
 - Cumulative audit
 - Mean Values Report
 - Renal Report
 - Cardiovascular Disease report

# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Gender				
Male	11	20	55%	(pending)
Female	9	20	45%	(pending)

	DM2010	DM2011	DM2012	DM2013	DM2014	DM2015
N**=	5538	5605	6020	6002	6068	6392
Std of Care in %						
A1c<8			62%	61%	58%	56%
A1c<7.0	42%	42%	44	43	39	39
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
UACR done	78	81(+1 PC)	80	82	69 New***	69
Both eGFR & UACR done				63 new	65	66

Data Timelines

- As of today, we do not know if FY2016 audit data baselines for your BP will be DM2015 or a more recent one-year time period. Also not known if you will use data on all Active status patients (as in the Audit) or a report run on your Target Group subsample.
- In any case, run a report for a one-year period.
- Example: DM2015 final data (1/1/14-12/31/14). Eye exams percentage is 55%. Use this percent as your baseline and your target will be higher than 55% based on what your Diabetes Team believes is achievable.

What does it take to improve?

- You now have experience in clinical care improvement!
- Factors you can control and external factors you cannot
- Review past APRs – was your program successful in achieving targets? If not, why not?

Questions ...

- Next steps:
 - Monitor the DDTP website
 - Check for emails from Helen & Jamie
 - Talk to your leadership and key departments (e.g. Medical, Fiscal)
 - Organize documents
 - Obtain Tribal resolutions
 - Review FY2010 competitive grant application materials