



Indian Health Service

Division of Diabetes Treatment and Prevention

SDPI Informational Webinar

Using RPMS/WebAudit for Tracking Target Group and Required Key Measure (RKM) Data

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Dorothy Russell

Cimarron Informatics

Monica Giotta

Consultant to California Area Office

Karen Sheff, MS

Biostatistician and Data Manager

IHS Division of Diabetes Treatment and Prevention

Melanie Knight

SDPI Project Coordinator

IHS Division of Diabetes Treatment and Prevention

Kelli Begay, MBA, MS, RDN, LD

Training Facilitator

IHS Division of Diabetes Treatment and Prevention

Kelli Begay:

I'm going to turn it over to Karen Sheff who's the Biostatistician for the Division of Diabetes, Karen.

Karen Sheff:

Thank you Kelli, and thanks everyone on the webinar today for joining us. As Kelli mentioned today's topic is using RPMS on the WebAudit for tracking Target Group and Required Key Measure (RKM). So it's great that you're on and even if you're not sure if this is what you're going to do, it's great to get this information. It looks like from our polls that we had that many of those on the webinar do have access both to RPMS and SOS, so it's good to know who's on today.

This is the second in our series of trainings on the SOS specifically. So we had an orientation session back in February which was recorded, so if you missed that, that might be a good thing to see and we'll have another one coming up next week.

Anyway, again, today's session is on RPMS and the WebAudit. Just to let you know, we do use quite a number of abbreviations throughout this presentation, so we're not going to run through them all in detail, but you'll see in the left hand side of your screen that those abbreviations are there for your reference during the webinar.

Our presenters today are Dorothy Russell from Cimarron Informatics and Monica Giotta who is a Consultant to the California Area Office. We're really pleased to have these two ladies to present today and they are very much experts in their areas. So, we're really glad to have them on today.



And with that, I'm going to turn it over to Monica who's going to give a brief presentation before we move into some demonstrations today. Monica.

Monica Giotta:

Thanks Karen. Hello, this is Monica Giotta, and I am happy to be with you today. I work out in the California area for Helen Maldonado who is our Area Diabetes Consultant. And I want to point out to you down in the download files pod, are several files including slide sets, a diagram for RPMS to the SOS system, a diagram for a non-RPMS EHR system, some of the RPMS searches that will be demoed today, and a general guideline of the text list for tips for SDPI.

Briefly, we're going to recap what happened on your 2016 SDPI Application, do a quick overview of the three methods for submitting the SDPI Outcome Systems or SOS data, but really focusing on the WebAudit method, and then doing a demo for you.

Our target audience includes those who have a grant for this year, are considering the WebAudit method, and Diabetes Coordinators or a member of your team that work with the data set.

Now I want to just pull back a little bit and ask you why are we doing this? Why is there a new system called SOS? And I want you to recall when the WebAudit started. This was a new system a few years ago to capture your annual Diabetes Audit data. And it was a little bit stressful to start, but now it's a great repository for all your past audit data which is saved permanently. You can run reports beyond the audit. There are several different reports in the WebAudit and you can compare year-to-year data.

So, that's what's intended with this SOS system. It will be a permanent repository for your data and you'll be able to compare year to year. And remember, source data is always the strongest kind of data and when this data is presented to outside organizations such as Congress, we really want it be strong.

The three methods that you can use to submit the Required Key Measure data for your Best Practice are the WebAudit method, individual data entry, or aggregate, and we're going to again focus on the WebAudit today.

And the choice depends primarily on whether you have RPMS or another EHR. You need to have access to the WebAudit and it may depend a little bit on your Best Practice. You don't have to use the same method at baseline and final but you can only use one of the methods at each time period.

Here are the steps that you will take in brief just to show you that it is not complex but the first time through is always tricky. You're going to identify your Target Group for your Best Practice and a lot of you have already been looking at this. You'll create a list of your Target Group members, and in RPMS we will call this list a register. You'll run a Diabetes Audit on your Target Group and create an export file which contains your Required Key Measure Data.

You'll upload the data file into the WebAudit as an Interim Audit and then just transfer or pull that RKM data into the new SOS system. Sometimes, it's easier to view a picture of what's going to be happening, so here's a diagram of the RPMS system in the blue. Those of you have RPMS already have an IHS Diabetes Register or list in your Diabetes Management System package.

To pick up your Target Group, you'll be performing a search and today we will demonstrate query manager or Q-Man Searches to create a search template for your Target Group which you will then transfer to a new list or register called SDPI Diabetes to differentiate it from your original register.

Then you'll run a Diabetes Audit on that group. Once you run an export file, it will leave the RPMS system and you will transfer or upload that export file moving to Albuquerque. You can see a little

Joshua trees as we travel to Albuquerque. Go to the WebAudit system, upload as an Interim Audit, and pull that RKM data into SOS.

Now if you don't have RPMS but have another EHR or population management software, it's actually a very similar system. You already have a list of your diabetes clients in your system. You'll sort that list for your Target Group then transfer that Target Group into a separate listing on which you'll run a Diabetes Audit. Again, the export file which many of you have seen as a .txt or text file will leave your system, you'll move it to Albuquerque and upload it as a WebAudit, Interim Audit and then move it over to SOS.

A recap of the application process for our SDPI grants and there are some links here I'm not going to focus on, but to give you a brief review, remember we get 18 Best Practices to choose from, each had one Required Key Measure and offered some guidance on the Target Group. So you picked the Best Practice and a Target Group and then you proposed some activities or services that you were going to do in your work plan for your Fiscal Year 16 activities.

A very key date to remember here is April 29th. That is when your baseline data for your SDPI grant is due to the new SDPI SOS system.

Now, if you want to remind yourself or a new members of your Diabetes Team, where did we specify our Best Practice and what's our Target Group? Go back to your application project narrative template. You can get that in Grantsolutions, or you probably saved a copy electronically on your local system or maybe you even printed it out some of your application. It's in Section D: SDPI Diabetes Best Practice; you listed your Best Practice and in 1.1 listed your RKM and then later on in part D, in step five, you listed the number applications in your Target Group for a number of members or participant.

This is going to be the number that you uploaded in most cases to the SOS group. Then you described your Target Group. So as you're devising your search for your Target Group, your electronic search, this is what you all refer to.

Now why do you want to create a separate list or register? As Dr. Bullock has mentioned in the previous webinar, your Target Group should remain static during the grant period but as we know, our IHS diabetes registers the one that you use for case management throughout the year and it changes on a continuous basis. You're adding patients as they're newly diagnosed or live into the area. You're moving patients out of active into a new status if they moved away or if they've passed away. So, it's not a static register. You want your Target Group to be static.

And your Target Group might be a smaller group or a different group than your IHS register. It's also easy to run a Diabetes Audit on a register and create an export file and it will be secured you have it on a register. You won't have it on paper, you won't have it in an excel spreadsheet that somebody whacks and discards and then you get to the end of the year and you're in a panic so that it will be safe in a register.

And some of you will be wanting to create an iCare panel in RPMS to do your tracking. However, you can't run an Audit on an iCare panel or an excel spreadsheet so you want to create an RPMS register for your Target Group.

I have two slides that are very brief in how you create a new Diabetes Register in RPMS. The more detailed instructions are in the tips for SDPI handout in the download pod. Basically, it's not on a Diabetes Management System software; it's in a different package called case management which often appears as ACM. You need to have four security keys so have your site manager allocate those keys to you and you can calculate it from the search template or if you have a very small Target Group and it's easier for you, you can certainly populate it individually.

You open that ACM or case in RPMS, create using the CR, enter the name of the new register which must include the word diabetes so that you can run an audit on it and we suggest SDPI diabetes. 'T' for today is when you are establishing the new register, you'll be the creator. Answer yes to health summary display so that this register will appear on that individual client's health summary.

You can customize your screen, and you need to add users for this register, yourself plus a limited number of others. You don't want a lot of people going in here because you don't want people changing who's in the register, so probably limit the access to this register and then you're ready to populate it using AD and you can transfer which is what we're downloading today or add patients one by one.

So a little bit about Q-Man Searches, I have found it's helpful to write down on paper what I'm searching for, so I'm going to give you an example. Let's say my Best Practice is glycemic control. Our Target Group that we've selected at my site consists of people who are in the register, so that's my first thing I'm looking for, not everybody in our database but those that are in the register, only those who are active status, and people who have a laboratory that's over or equal to 8% for hemoglobin A1C.

Due to struggling with Q-Man, get some help locally or you can contact your Area Diabetes Consultant. You can contact me if you would like. That would be fine.

The three Target Groups that Dorothy will be giving you a demonstration on today were chosen based on the most common Target Groups that we saw in all 12 areas for the SDPI grant.

So the first one is all active status patients of the register active meaning they had a visit to a primary care clinic in a 12-month period. Your register should be clean at this point because you've just submitted your 2016 Diabetes Audit Report, but we are in March already so some time has passed. If you're worried that some patients have become inactive, you can use the new INA report in RPMS diabetes package to make sure that you don't have inactive patients.

Our second search will be all members of the diabetes register who are active and they have a hemoglobin A1C laboratory greater than or equal to eight on its most recent audit.

And then for the third search because we have many programs that are focusing on community and not on diabetes clients, we have a search for Native-American children who are 10 to 18 years old. They don't have diabetes but they have had a visit to your site within the last two years so you know they are around and they're living in a specific community.

So again to recap, we're going to pull a Target Group out of your existing diabetes register or your larger database for the community Target Group. Create a search template, make a new register, run a Diabetes Audit. Dorothy will do all those steps and then I'll take it up at the export file and upload that to the WebAudit pulling it over as an Interim Audit Data for your RKM measure into the SOS. At this point, I'm going to turn it over to Dorothy.

Dorothy Russell:

Okay. And I'm going to share my screen here in just a moment. And I've already logged on to my RPMS system. And I'm going to start with creating several different Target Groups that Monica has identified and I'll just show the Q-Man Searches to do those. And in the pod for the handouts, we actually have scripts for running those particular Q-Man Searches. We recognized that not everybody that's on the call today has used Q-Man. And again, I want to share the recommendation that Monica has that there are usually local Q-Man experts or people that can assist you if you need help extracting your Target Group.

I'm going to actually jump to Q-Man and I'm going to search my PCC database. And as I sit at my first subject of my search, I want to make two comments about the database that I'm using. This is a database that was extracted from Parker Indian Hospital two years ago and the data was then sanitized so that we can use it for training and for test purposes. You are going to see references to Parker and some other communities and some other data that you may recognize as being a real facility even though it showed demo hospital when I signed on to the system. But the data has been sanitized and we are not sharing any personal health information.

The other issue that I want to discuss is the dates that I'm going to have to use in pulling some of my Target Groups are going to be back in time.

I'm going to have to look at 2013, not 2015, because the database that I'm showing the demonstration for is actually an older database, and it's not current. You will obviously use your more current dates.

The first Target Group that Monica identified that we're going to create is that for all active register patients. And we're going to save those in a search template. I'm going to begin with the subject of register. And in this case, the name of the register and you see CMS, CMS stands for Case Management System Register. In this particular database, the register is called Parker Diabetes Register, and I'm going to be pulling only the active patients with the caveat that those patients should be active based on the fact that we just have submitted our data for an annual Diabetes Audit.

The next prompt indicates the type of diabetes that they have and most of us are tempted to say, "Oh, they have type I and type II." Not always do we have registered diagnoses assigned to our patients. So by default, I'm going to have to type all diagnoses, and it will assign a numbers here. So I have 877 active register patients for this combination thus far, and I have no other attributes, nothing else that I'm going to select or narrow down my Target Group by. And so, I come to my output screen and I'm going to use menu option 4 to store those patients in the file man search template. And it's a convention in RPMS that any data that you store in a file that belongs to you, you precede with your initials. So that if you need to clean up the data, you need to delete old search templates, you will know that any search template that has your initials on it was one that you created and you have the ability to modify or delete that, or find it as you need to.

The first template I'm going to call DKR-SDPI, all active DM PTS patients. This field is limited to 30 characters, and if you type too much information, Q-Man will show two question marks indicating that it will not accept that name. I'm going to say yes, I am creating a new search template. I don't need a description, and then it will give you some text on the screen indicating you can either run it in the background or you can run it on the screen so that you can actually see that that search template is compiling. And unless you have a very, very large active register population, my recommendation is do not run it in the background. Actually say no and actually watch as the patients get grouped together into this template. As you see and zooming through, it found 873 patients that are in that template.

That would have been my first Target Group and I could have carried them forward then and created a register from those. While I'm in Q-Man, I'm going to demonstrate the other two Target Group queries that we're going to do as demonstrations today.

The second Target Group that I'm looking for are patients that have a hemoglobin A1C greater than or equal to eight. And again, I'm looking for my register patients. Hemoglobin A1C is a somewhat difficult lab test to work with. Each lab test in Q-Man is treated as an individual attribute and some of us have a variety of ways that we have hemoglobin A1C values reported. Some of us have them done as point of care tests on site, some of us have our own laboratories that do hemoglobin A1C testing, and some of us have reference laboratory that report hemoglobin A1C values.

My recommendation is you do need to know ahead of time what are the names of the lab test that you use at your facility that have hemoglobin A1C values associated with them.

I have already run my LMR report, the list of lab and medications used at my facility, and I know what the names are for my hemoglobin A1C test. And I actually have two different tests that I use at my facility. So I'm going to have to do two Q-Man Searches and I'm going to have to create two templates. And when I got to the point of adding those patients to my new register, I will then have to actually add both templates. I'm going to begin again with register, my Parker diabetes register, my active patients all diagnoses. And at this point, I'm going to have to specify the laboratory test that I'm working for. The first laboratory test that I found, that's a hemoglobin A1C with SQL A1C, and I believe it was a lower case c.

Q-Man is case sensitive, so you have to be a little bit careful about this. I'm now looking for greater than. Q-Man does not know anything about greater than or equal to eight. What I'm going to have to do here in order to find the patients that have a hemoglobin A1C greater than eight or equal to eight is put 7.9. And I also may want to narrow down my timeframe because this is going to look at all hemoglobin A1C's or SQL A1C's ever recorded. I'm going to narrow that down and I'm going to be putting in here during the timeframe. And so, you would put in your Audit here of 1/1/15 through 12/31/15 because I have old data. I'm going to put in 1/1/13 and go through 12/31/13. And now, I have completed my search for the first one and I'm going to go ahead and store these patients in a file man search template. And again, I'm going to stick to my pattern of saving data, and I'm going to call this my DKR-SDPI SQL A1C over 8. I'm not going say over; I'm going to say over 7.9 because that's what I have decided.

And notice it says, "Are you adding it?" and it said "No" because my length is too long. I'm going to go ahead and shorten that, call it SQL A1C, and yes I am, have no description and I'm not going to run that in the background. And so I found 52 patients that met the criteria for my first piece of my Target Group. I have to do it again because now I'm looking for the hemoglobin A1Cr which is the second one that I know that I have data on my system. And again, I'm going to use my Parker Diabetes Register, active all diagnosis. This time, the name of the lab test is Hemoglobin A1C and it was (R) after it.

Again, I'm going to do once I've identified my test exactly the same as I've done before greater than 7.9, during the timeframe. And again, you're going to use 2015. And now, I'm going to store those patients in a template using my standard convention, and I'm going to call these just A1C greater than 7.9. Yes, I am. And I'm not going to run it in the background. I'm going to see that it actually grabs some people. This time it found 100 patients.

I have two different templates here, one of which had 52, one of which had 100. And I'm going to actually drop both of those templates into the new SDPI Diabetes Register.

People often ask, "If I drop two templates of patients into a register and there are some patients that are duplicated between the two templates, will I end up with duplicates of those patients in my register?" And no, I do not. The software is smart enough to see if a patient is already in the register and it will not make a duplicate copy of the patient.

The last demonstration I'm going to do is to create a Target Group of patients that actually do not have diabetes. These are the children that Monica was talking about that a program might have decided that they want to implement some kind of a prevention program for. So I'm going to go ahead and proceed with Q-Man again. But instead of using the register as a subject this time, I'm actually going to use living patients.

The first attribute I'm going to use is something called classification. Classification is a word that allows me to identify that these patients are Alaska Native or American Indian patients, so zero-one is the correct classification. I'm next looking for age and the age was between 10 and 18. And then, she said, well you know, some of these people may not have been to our clinic for two years. So I'm going to go ahead and say, visit between. And again, you probably are going to want to have your data

between 1/1/14, if you want to have it for two years and 1/1/16. Again, I'm going to have to backtrack a little bit here. And then she specifically said, "She only is interested in children that live in one particular community." And in this case, the community that I'm going to identify is the community in the Parker Service Unit called Peach Springs. You can use more than one community if you choose to. In my case, I'm only going to focus on one community. And so, I've got a fairly complex search here for children that are going to be in my Target Group. And so, I can go ahead again and store those patients in a search template, and again, I'm going to go ahead and call this SDPI Peach Springs Kids. I'm going to write that down so I don't forget that because this is going to be the group that I'm going to actually, helps if I spell Peach correctly, this is going to be the template that I'm going to transfer into my new register. And again, I'm not going to run it in the background. And indeed, as I had just looked at the date, the ages of these children, I can see they all live in Peach Springs, the ages are between 10, 17, 12, and I were to scroll it up, it would be up to 18. And then, they're all Indian and Alaska Native.

These are demonstrations of different ways you can potentially pull out Target Groups. And if you have other Target Groups or you need additional assistance in identifying your Target Group, we'd be happy to provide that to you.

Now, I'm going to migrate over to the Case Management System. When I go to the Case Management System, I'm going to go ahead and I'm going to create a new register. And again, Monica pointed out that there may be a variety of ways the Case Management System are identified on your system, this system uses ACM for the Case Management System.

The steps are exactly as Monica described. We begin with creating or modifying the register structure. We add authorized users and then we add or delete patients.

I'm going to begin with CR creating my register. And there are a variety of registers on the system, but I may not have access to those registers, so I'm going to call this SDPI, but in this case it is non-diabetes. In other words, these are the children that are in my Target Group that do not have diabetes, but I'm going to focus a prevention program with. I have to include the word diabetes in the name of the register in order to use it in the Diabetes Management System.

The Diabetes Management System is actually nothing more than a Specialized Case Management Register. I have named my register and after the data established which is T for Today, I'm the register creator, I've dropped in my name, it asked whether I want to display the fact that this patient is on this register in the demographic section of the patient's health summary.

And because this is not a particularly confidential register, I'm going to go ahead and say yes. And then it asks for a brief description and I could go ahead and say, "Kids 10-18 in Peach Springs." And then I get a screen where I can customize. When we used to teach people to use the Case Management System, we would add additional data items to track in the system because we're using the data that's been entered in EHR directly by providers or we're entering data or pulling data from the laboratory package or from pharmacy or from other packages in the RPMS system. I'm not going to customize it at all. We're going to use the data that's already in the system. My next step is adding my authorized users and so I have to go ahead and put in the name of my register. And the first person you have to add is an authorized user as yourself. And then other members of your diabetes team that will be working with this SDPI Register, so I'm going to go ahead and add my colleague and I'm going to add one other person.

So now I have my authorized users and now I'm ready to go to the third and the last step for register creation which is add or delete patients. And again I'm going to pick my register the SDPI non-diabetes. If you're adding patients one at a time, you would use the first step AP. And I would go ahead and I would put in my first patient here, so I could put in 892270. It says, "They're not on there."

“Are you’re going to add them?” Yes I am. And I’m not going to edit the data for her. I’m not going to edit comments; I’m not going to put in risk factors, diagnosis. I’m just going to leave it as it is.

If you have a list of patients that you want to add to a register, you can literally put them in one at a time. If you’ve created a template the fastest and easiest way to do it is do data transfer from a search template. You just identify the name of the data of the search template and this is why I wrote it down so that I would remember what I called that and it has the correct number. And I always tell people check on your screen to be sure that when you compiled your template they are the same number of patients here before you transfer them into this register.

I’m going to move them over into my SDPI Non-Diabetes Register as active patients. And you’ll get several requests determining if you really want to do this and I’m going to say, “Yes, I really and truly want to do this.” And so now, those patients are transferred and I should be able to move straight to the Diabetes Management System. And you’ll notice now in my list of registers that I have access to I have access now to the SDPI Non-Diabetes Register. And this is allowed to appear in the list because it has the word diabetes in it.

I’m going to choose number four and I’m going to go ahead directly to DA or the Diabetes QA Audit menu, DM16, and I’m going to go ahead and put in my register here. And I’m going to use, for my case, I’m going to use an audit date of 12/31/13 because that’s the last time I have data in my system. You will use 12/31/15 or if you chose a different date you could put that here.

And I’m going to use C members of the register, SDPI, yes and I want only my active patients and again as you do this watch, to be sure, you have the right number of patients and you’re doing what you think you’re doing. I’m not going to do it by provider nor community, and I want Indian-Alaska Native only. I’m not going to exclude pregnant patients. There was nothing in my Target Group that said I can’t have pregnant patients. And I apologize I think I hit excluded them but I’m going to go ahead and proceed and I’m going to say all patients.

I could do my SDPI Key Measures Report right here if wanted to but I’m going to go ahead and I’m going to do number two, create my audit export file and I’m going to call this SDPI non-diabetes kids and it’s too long again.

I always struggle with 20 characters. Yes, I’m going to go ahead and continue. And again, if we’ve already done this, we remember the fact that when we create this export file, it actually gets created and it runs to your RPMS server. You will have to contact your RPMS site manager to retrieve that file for you in order to upload it to the WebAudit. Be sure and jot down the name of that file. If everything is okay, we’re going to continue, we’ll exclude the demo patients, and I’m going to queue this, and I’m going to actually run this now, so it will be running in the background.

That’s a really quick and dirty overview of creating three separate Target Groups as well as creating a register and transferring patients into that register. I’m going to turn it back over to Monica who’s going to finish the process.

Monica Giotta:

Now, I’m going to share my screen and I’m going to take you to the last part of the process.

Okay. Now you’ve created your export file, so whatever system you’re in it is now a raw data file called a txt file that is out of your system. And either your site manager has secured it for you or you’ve got it in, in some way securely and you’ve put it on probably your desktop for easy access.

Now I’m going to go into the DDTP webpage.

And I'm going through a different system here if that's okay. I'm going to Explorer rather than Google Chrome because normally I ensure all of you have the save as the favorite.

Kelli Begay:

Monica, try diabetes.ihs.gov.

Monica Giotta:

Well I'm here already, so I'm just going to go on the list and I apologize but we'll get there. But again, I know all of the attendees because I can see their little eyes have this saved as, as their favorite.

So I'm on the Division of Diabetes main page and I'm going to upload. Our next step is to upload the export file as an Interim WebAudit. I'm going to click on the orange column to the left, IHS Diabetes and as you know or IHS WebAudit. And as you know, we need to have the secured username and password, so I have a different account here. The username and password you have for the WebAudit is exactly the same that you will have for the SOS system.

Okay. Now, I'm in the WebAudit system. And so, I'm going to go immediately under my main menu and data processing to upload data and the audit type is Interim. We just finished our Annual Audit we're not doing that we're doing an Interim Audit for SDPI then selecting that click on Go, and then I need to create a session. And I have a lot of sessions because I've been practicing and you can have several Interim Audit sessions. Most of you may not have anything in there but in any case you can create a session name specifically for your initial upload. I'm going to call it SDPI base line.

And then I get a little reminder, "You haven't entered facility information." So you only need to enter a one piece of information here. So in review, your facility -- your name, the facility will appear here, this happens to be a test facility, it has your session name. And here is where you enter the number of people in that export file. So it's really not diabetes patients for our example it's 157 views. So I enter that here, save it, and now I'm ready to upload. So I click on that again a little bit of a summary and then it asks you what system did your data come from. This came from RPMS, I submit, and then I'm ready to upload.

I'm going to browse my desktop because that's where I stored my export file and I know it begin with SDPI. Here is right here it's a text file, click on Open. It's a little slow to appear here.

Dorothy Russell:

Did you click on the upload, Monica?

Monica Giotta:

The name of the file should have appeared on screen so we'll see. Naturally whenever you do webinar you get a little computer glitch but it looks like it's processing. And so we'll have this first part completed which is uploading the export file for your Target Group to the WebAudit as an Interim Audit.

I just got a message on my system that my system is slow which we pretty much figured out, didn't we? Okay, so I don't need to view the records. I'm going to go ahead and close this window and I'm going to now move over to the SOS system which is also an Albuquerque and I go there by going down DDTP data system. Clicking on that takes me over to the SOS system, so let me click on SOS. And the first thing I need to do is enter my Best Practice and Target Group information. For our kids that are 10 to 18 years old, we selected at our site the diabetes related education Best Practice because we want to do a diabetes prevention like Best Practice helping kids be active and eat well so that they have less likelihood of developing diabetes.

From my list, I'm going to pick diabetes related education, save it. Then it asks me, "What is the total number in your Target Group?" And we know that it's 157. That was the result of our Q-Man Search and briefly describe. This is Youth 10, you can put anything you want here 10 to 18 years old living in Peach Springs.

We'll save that and then you have the three options and you will only choose one of those. We're going to choose the strongest option which is the preferred one, close on the WebAudit so click on that, it gives you some additional guidance. I'm going to go down here and review my facility name. It looks okay. Edit the audit session. In the audit session that I chose because they had so many I needed to remember that was SDPI baseline. Actually that was the wrong session.

Well, this is because your presenter has forgotten. Do you remember, Kelli, which one I chose?

Kelli Begay:

No, I don't.

Monica Giotta:

Well for our purposes, this will work. I don't want to confuse any of you but what should appear here was a 157, so this is a good example. Remember what Interim Session you're using for your audit upload. The denominator would be 157; the numerator is zero. And I knew the numerator was going to be zero because I ran an SDPI RKM report on my group, on my Target Group before I uploaded. And I kind of figured out that I probably would have zero because we haven't started the project. I wouldn't expect any of the kids would have any education yet.

This is not surprising and you'll find that you want to look before you upload to make sure your numbers match up. Zero, this should be 157 and then you get a percentage. The SOS pulls from the diabetes Interim Audit only the Required Key Measure information. And you'll save that information and you can lock it after you're sure that's what you want. You can also lock it, and that's it. I'm going to close that. I apologize I didn't pull the right Interim Audit but I think you got the idea.

We can go back. I'm going to not share the screen and go to that final slide, Kelli. I'll stop sharing. And can you bring up that final slide?

Okay. We did a demonstration today and we walked you through the process.

There are a few steps that we got to hand out, we got other support materials in the download pod. Anything new is always a little frightening. We've had a couple of clinics in California who have done this already and they were a little bit nervous about it and when they finished it they said, "You know this was pretty easy," so that was good to hear.

In conclusion, work with your team. Sit down. Review what you said you are going to do in your application, what's your Best Practice, who is in your Target Group, how are you going to search for and find your Target Group members and put them in a separate list of some type, and for RPMS that will be a register so that you can keep them separate from your regular Case Management Register and then ask questions. Feel free to ask questions, your ADC members of the DDTP-SDPI in audit team. Just don't be shy. We don't want you to be stymied by this process at all. And now we'll open it up for question.

Melanie Knight:

Great. Thank you, Monica. This is Melanie. I'm going to go ahead and I'll read through the questions and we'll have Karen take the first step at the answers for some of these items. I'll start with Jackie's

question. “Who can I collaborate with in Oregon for help? There are five travel organizations in Oregon who use next-gen with eye-to-eye reporting. For example, I may need instructions on how to create the correct text file.”

Karen Sheff:

Thanks Jackie, that’s a good question. Today’s webinar was focused on using RPMS to create the export file that you upload to the WebAudit, but folks that are at non-RPMS sites may also have that ability as well.

The audit team can provide information about what needs to be in that export file and some folks already have that programmed at their sites for the Annual Audit so they would again, as with RPMS you use the same tools for the annual and Interim Audits. You will just have probably a different Target Group, different group of people to do that with.

In terms of, if you have questions about how to set that up, the Audit Team can help. If you have questions specifically about next-gen and eye-to-eye, you mostly want to reach out to your OIT folks who support those programs. Monica, do you have anything to add on that one?

Monica Giotta:

Well I think, if Donnie Lee is the ADC he would be a great resource. Is that correct?

Karen Sheff:

Donnie is the acting ADC for now. The folks that are in the Portland area are fortunate to have a great resource that the Northwest Portland Area Indian Health Board. So Don Head is the person you could reach out to there as well.

Melanie Knight:

All right. Let me go ahead and go on to the next question from Arlyn. Since we have already uploaded our RPMS data for our Annual Audit, is there anyway within the WebAudit to also save an as Interim Audit? Or, do we need to upload our data again and save as Interim Audit?

Karen Sheff:

That’s a great, great question, Arlyn. What you’re saying is that as Monica mentioned folks have already conducted their Annual Audit for 2016 probably fairly recently and asking whether they can also save it as an Interim Audit. The answer is yes. You can take the same data file that you use for your Annual Audit and you can upload it as an Interim. The reason that you might want to do that especially and not to directly use your Annual Audit data is that, remember the audit team is going to really carefully look at Annual Audit data and we’re going to look at it even beyond the data checks that you also spent a lot of time to resolve. And in some cases, we may actually even remove a patient here or there because based on what data they have it looks like they may not have really been eligible. That’s what the Audit Team does with Annual Audit data. We do not do that with Interim Audit data. If you want a data file that we’re not going to make any changes to then you’ll want that to be an Interim Audit but it can be uploaded the same data file that you used for you annual.

Arlyn, hopefully that answered your question. If you have any further, you can type them in the chat or reach out to the audit team at any time.

Melanie Knight:

All right. Next question is from Kathy. She would like -- would you please repeat the RPMS keys that we need?

Karen Sheff:

Kelli is going to pull that slide up so we can look at it. It's also in the tips document and the helpful document box. As Monica mentioned, there are a couple of helpful documents there including the tips documents, the diagram that Monica showed as well as something that we didn't show during the webinar which is the scripts that Dorothy went through, it's actually the process that she went through is exactly out there for folks.

But you can see on the screen now, the security keys that you need are listed there right in the middle of the slide that's on the screen.

Melanie Knight:

Great. Thank you. Next question is from Jared. "Can you add participants into the SDPI registry if they're not in RPMS or EHR such as children and adults who travel to larger hospitals for care, or do they have to be registered patients in the clinics?"

Karen Sheff:

I'm going to go ahead and pass that question straight out to Dorothy. Dorothy, is that a question you can answer for us?

Dorothy Russell:

They cannot be entered on the RPMS side because they would have to be registered in order to be included in the registry. But I'm wondering, I'm going to hand it back to you, Karen. Could they do manual entry directly into the Interim Audit? In other words, do manual entry, you know, patient by patient and just to add those patients because we no longer have chart numbers.

Karen:

The answer is yes, absolutely. Even if you take a data file that you have exported from RPMS and upload it into the WebAudit, within the WebAudit, you can certainly add patients. You can also edit or enter information for patients there if you need to. Just keep in mind that if you upload again another time from your RPMS, those folks wouldn't be in that list and you have to add them again. For SDPI, that means you have to do that at least twice for your baseline and for your final data. If it's a small number of patients, that's probably pretty straight forward to do. If it's a large number of patients, less so. You can also maybe consider -- again depending on the size of your Target Group--another option for getting data into the SOS is an individual entry. And we're going to be talking a lot more about that next week at this time next Wednesday on the 30th at 1:00 p.m., Mountain Time, 3:00 p.m. Eastern. We'll have a webinar focused on using that method of getting data into the SOS.

Melanie Knight:

Great. Next question is from Mikael and I believe this one has been answered, but we'll go ahead and go through it again. "When doing the Q-Man Search, it doesn't seem to want to let me search by register. It comes up as an option. When I type, it gets the question marks. But when I type register, it keeps asking me for the subject of my search." It looks like -- I know this was mentioned by Dorothy that Q-Man is key sensitive so it was suggested that the register would be typed in all caps in it that appeared to work. Did anybody else want to add onto that resolved question?

All right, I'll go ahead and move on to the next one. Again from Mikael, "What is 'attribute of IHS diabetes register' after my 113 registered patients for the combinations selected?" Some additional information there some back and forth chats between Monica, Alberta, and Michael. Does anybody want to follow up on that question? Monica, did you want to go ahead and give a summary of this question and maybe how it was answered?

Monica Giotta:

I'm sorry. I was typing something and I didn't hear.

Melanie Knight:

Sure. Just in the chat when you're chatting with Mikael about, the question was what is attribute to IHS Diabetes Register after my 113 registered patients for the combination selected?

Monica Giotta:

Okay. Mikael is from California so I have to look at her Target Group to know exactly what she's searching for, but she might be seen for a particular subset of her active diabetes register based on a laboratory that they had or based on where they live so we would have to look at that specifically. But an 'attribute' is what am I looking for and there are specific terms in Q-Man that you use to look for that.

Melanie Knight:

Great. Thank you, Monica. Next question is from Arlyn. "If we still have our text file from Annual Audit, can we upload again into an Interim Audit?" Our population is our entire active register.

Karen Sheff:

And I think that's a follow-up, a very similar question to the one we've answered just a few minutes ago, so the answer is yes. You can take your Annual Audit text file and you can upload it as an Interim Audit. Again, keep in mind that for some folks that will work if your diabetes register is your Target Group then that will work. But we also have some people will have Target Groups that are very different from their diabetes register. The answer is yes you can upload the file but you want to think carefully about whether that's the appropriate thing for you to do. In Arlyn's case, it sounds like it is.

Melanie Knight:

Great. Next question is from Darlene. "Somehow when I use Q-Man, I get a different number of the target population on my diabetes registry. Does anyone know how this could be?"

Dorothy Russell:

It depends on whether or not. You'll notice that when I did my demonstration, I chose "Active Patients" and then I chose "All Diagnoses". And it maybe that you may have a patient in there that was listed as active that has been classified as impaired fasting glucose or gestational diabetes or -- some of the older terms that we used. And we've seen that a number of times when we see a discrepancy, when we do a Q-Man Search versus what we actually end up with the register.

Melanie Knight:

All right. Thank you. Next question is from Tegan. "Are there any trainings happening in Montana?"

Karen Sheff:

I'll talk just about training options in general and then make a recommendation, Tegan. In terms of training, I think you might be talking about DMS training, classroom training that there were some chat going on about that. And so, in terms of classroom-based training, I don't believe that there are any currently planned for that particular area. You can always check the IHS website. Those RPMS trainings are separate from any trainings that are provided by the Division of Diabetes. And you'll need to check the RPMS site for that and I think Kelli put the link to that training website in the enter questions box.

The other thing to do is definitely check with your Area Diabetes Consultant, so for Montana I believe that would be Carol Strasheim. Sometimes the ADCs plan training for the needs that they know are happening in their area. And then of course for SDPI and the audit -- the vast majority, all of our trainings are virtual. There are webinars that you can participate in live and then they're all recorded and available on the website after that. Hopefully, that answered your question but definitely we'd reach out to Carol Strasheim for additional information about training in your area. And Melanie, put the ADC directory in the questions box as well that provides contact information for all the ADCs in each area.

Female:

Thank you. Next question is from Ysleta Del Sur Pueblo. "How do we troubleshoot when we enter the name of the lab in the attribute field and it doesn't bring up any?"

Dorothy Russell:

That is really a good question and using Q-Man for lab attributes can be quite difficult. There are two issues involved. One, if you don't see the lab test at all, there is a Q-Man manager's option that is required to add all lab tests to the listing of Q-Man attributes. That option may need to be run. If you do encounter that, you see two question marks when you try to enter the name of the laboratory test. Notify your site manager so that we can get that fixed for you. The other thing that I did not mention is that especially with reference laboratory tests, we define the test with results as being free text which means they are not numeric. If you try to use a word like "greater than", it won't know what that test is or what the result is because it's not a numeric.

Again, some work is going to have to be done in the background to change the type of data for that particular test from free text to numeric. You encounter either one of those issues, please contact your IT department and we'll get a ticket open to assist you.

Melanie Knight:

Great. Thank you. Next question is from Sunny. "What is the best way to access data to determine who is in need of diabetes education to target those patients?"

Karen Sheff:

That's a great question. One of the things you could do is look in your Diabetes Audit report that would tell you a list on your diabetes register what number and percent of patients received education. Beyond that to determine specifically individual people who did not receive education within RPMS, anyway, I would think the way to do that would also be a Q-Man search. Dorothy, what else can you --

Dorothy Russell:

That is correct. We can actually do a search in Q-Man looking for education and we can look for either one of those taxonomies of diabetes education and then use a special word "null" as a condition, which

says they have not had any of that education. And that would allow us to identify who those patients are that had no diabetes education. And of course, you could qualify that as well by saying during the audit year. Again, we can provide special instructions or a script to do that.

Karen Sheff:

Great. Thank you, Dorothy.

Melanie Knight:

Thank you. Next question is from Natasha. "Do we need to have a registry for each service activity or just one for our Best Practice that we've chosen?"

Karen Sheff:

That's a great question. We know that some of the SDPI grantees for FY 2016 have the resources to do more than just activities and services related to their Best Practice. And for those other activities and services, they may be working with a group of people that is different from their Target Group. The requirement for SDPI FY 2016 is to provide Required Key Measure Data for your selected Best Practice and Target Group. You do not need to have a registry for each service and activity that you've chosen; however, if it's helpful for you to do that, you can do that with an RPMS. Just keep in mind that for submission of data to the SDPI outcomes system we'll only be able to accept data for your Best Practice for the one RKM for your Target Group. We may be expanding that in the future but for now that's what's available.

Melanie Knight:

Next question is from Sunny. "How do you check errors in the audit system in an expedited way? There are no longer HRNs in the audit system and I have to do a general report and educated guessing in lots of individual chart audits."

Karen Sheff:

That's a good question, Sunny. I'm sorry.

Monica Giotta:

I can take here Karen if you want.

Karen:

Okay.

Monica Giotta:

Yeah, this is Monica. There are some guidelines in the attached manual, but that was published before we got some additional ideas on this. There is a handout that I can email to you on working with those potential errors. We're not talking about the Annual Audits. We're not talking about the SDPI grant and the Target Group. We're talking about the Annual Audits but I can email to you a little cheat sheet on how you can look at that potential data errors report in the web audit and export that as an Excel file and get those dates of birth in a numerical strain and then you can do some general reports that will help you match up those dates of birth. You can get this done a little bit more quickly.

And Sunny, I don't see your email address in this sign in with email unless I missed it. So, if you can add that there, I can email that to you. And thank you for working on your audit data.

Karen Sheff:

Right. Thank you, Monica. I just want to add that as Monica mentioned, there were some issues with the annual -- not issues, but this particular question did come up a lot with the Annual Audit, but it also applies to the Interim Audit that you might be using for SDPI. When you're using the WebAudit all of the tools that you use for your Annual Audit are also available for your Interim Audit other than the last data because we don't lock data for Interim Audits. But the same thing that you did for your annual is what you can do for your interim as well.

Melanie Knight:

Okay. Next question is from Lake County. "If we are creating a pre-diabetes registry to show who we have educated on how to prevent diabetes, will adding them to the pre-diabetes registry be enough to show they have been educated or do we need to enter it differently?"

Monica Giotta:

I'll take this one because I know the folks over there at Lake County. We have some questions on what the best way for them to proceed is because one of the things about Community Best Practices is you may not know exactly who is going to come to your education offering. So we'll continue to work with you at Lake, but if you do, if you can narrow down a Target Group, the education that you have entered into RPMS EHR certainly will be captured if I'm getting the question correctly.

Karen Sheff:

Thank you Monica.

Melanie Knight:

Next question is from Eileen. "If we always use Type 1 and Type 2 only, can we do it that way rather than all diagnosis if we only use it? Our type 1 and 2 provides cleaner data."

Dorothy Russell:

Absolutely. Usually people that have very large registers that don't have time to enter an individual register diagnosis for each patient, but if you have clean data by all means do so.

Melanie Knight:

All right. I think that covers all the SOS data, audit type questions that we collected. We do have one question that's grant related to I'll go ahead and answer that. That's from Winslow. They want to know if the Semi-annual Progress Report for FY 2016 is June 30 as stated on the website. Per discussion, and just with the craziness of settling into FY 2016, it has been determined that the Semi-annual Progress Report for our fiscal year 2016 will be cancelled. That's not on the website yet, but it will be on the website soon. I'm actually working up some webpage updates right now so that the website can be updated to reflect this information, but thank you for your questions. For everyone that's on as a grantee, just know that the Semi-annual Progress Report has been cancelled for FY 2016. Keep in mind, though, it will return in FY 2017.

Kelli Begay:

All right. And while we're waiting for more questions to come in the chat, I just wanted to let you know that we do have the link to the evaluation on the screen now, so you should be able to click on the link that there's on the screen, but we can also put it in the chat just in case you're not able to. I just wanted to make sure that if you want to print a certificate of completion you'll need to make sure and not miss it. It's at the very end of the evaluation. There is a screenshot there and that's where you'll click to get that certificate. And again if you are watching the recording version of this webinar, you can also click on the link that's on the screen.

Karen Sheff:

Thank you, Kelli. So this is Karen again. We have scheduled this webinar to go until 30 minutes past the hour so we're happy to stay on and take additional questions. At this point, we've answered all the ones about the SOS. If you have any other general questions, we're happy to take those as well. Remember that we will have another webinar next week, and we have several Q & A webinars scheduled that we can answer questions about the SOS, SDPI, the Audit or really anything that's related to SDPI.

Just in case folks are hopping off, I do want to thank everybody for their time today. Special thanks to Monica and Dorothy for sharing their expertise with us today. That was such a helpful presentation. And remember that it was recorded so in case there's something you need to see again, it will be on the SDPI and the SOS website probably in about a week or so for people to watch those recordings.