

Indian Health Service

2023 Special Diabetes Program for Indians: Summary of Comments from Tribal Consultation and Urban Confer, Final Recommendations from the Tribal Leaders Diabetes Committee, and IHS Responses

The Indian Health Service (IHS) Tribal Leaders Diabetes Committee (TLDC) met virtually on September 14, 2021, and voted to recommend that national Tribal Consultation and Urban Confer take place regarding the Special Diabetes Program for Indians (SDPI) for fiscal year (FY) 2023. The TLDC met on subsequent occasions to develop and vote on recommended questions for inclusion in the Tribal Consultation and Urban Confer. The 30-day comment period for the Tribal Consultation and Urban Confer opened on April 15, 2022, and ended on May 15, 2022.

The IHS received a total of (53) response letters:

- (24) responses from Tribes/Tribal Organizations;
- (17) responses from Urban Indian Organizations (UIOs);
- (2) responses from Tribal Health Boards;
- (8) responses from Area Reports; and
- (2) responses from current SDPI grantees/subgrantees.

During the June 8, 2022, hybrid TLDC meeting, committee members reviewed the input received through Tribal Consultation and Urban Confer and made the following seven final recommendations (per majority vote).

Summary of Input Received Through Tribal Consultation and Urban Confer

1. What recommendations do you have regarding the best way to support Tribes and Tribal Organizations not currently funded by the SDPI without impacting the current funding distribution?
 - a. Hold current grantees harmless;
 - b. Only add new applicants if additional funding is available;
 - c. IHS support and provide technical assistance to Congress regarding permanent reauthorization at \$250 million per year including increases for medical inflation;
 - d. Increase the size of the “pie” before any cuts occur;
 - e. IHS support and provide technical assistance to Congress regarding compacting/contracting SDPI funding and Contract Support Costs;
 - f. Maintain \$30M after the end of the grant cycle;
 - g. Think about funding 5 years, not just FY 2023;
 - h. Utilize some, or all, of the Data Infrastructure funding for new programs;
 - i. Utilize some, or all, of the SDPI Support funding for new programs; and
 - j. Use unobligated funds from prior years to support new SDPI grantees.

2. What type of data does your SDPI program collect (clinical, prevention, education, etc.)? How can data collection, management, and analysis activities be structured to better serve your Tribe, Tribal Organization, or Area's needs for data?
 - a. Develop Best Practice for Diabetes Prevention;
 - b. Streamline data collection process—collecting and using 3 year reports, rather than annual;
 - c. Data collection consists of clinical, preventative, and educational measures collected through the electronic health records (EHRs), the Diabetes Audit, and the Diabetes Management System;
 - d. More quantitative data is needed; and
 - e. Data collection can be challenging and time consuming with newer EHRs.

3. What challenges do SDPI community-directed programs experience with spending SDPI funds, particularly in light of the COVID-19 pandemic? What additional support is needed for Tribes and Tribal Organizations in your Area to address these challenges?
 - a. Allow greater administrative flexibility and latitude so unobligated funds stay with the current grantees at the end of the grant cycle (12/31/22);
 - b. \$30 million remains with the SDPI program for future use after the end of the current grant cycle;
 - c. Allow no-cost extensions (or grace periods) to spend SDPI funds;
 - d. Delays in reauthorizing SDPI funds make it challenging to spend grant funding.
 - e. When grant funding is not sent out by the start of the next grant cycle (January 1), it makes it difficult to spend funds on time;
 - f. Hiring and staff retention is difficult with SDPI reauthorization occurring at 1-3 year intervals and the repeated continuing resolutions; and
 - g. The impact of the COVID-19 pandemic has decreased the ability of grantees to spend grant funding.

4. How can the IHS improve Federal grant management processes and make improvements at the Federal level to better support Tribal programs? Is there additional technical assistance that the IHS can offer to Tribes and Tribal Organizations to help you spend SDPI funds? How will this help your community-directed SDPI program during next funding cycle?
 - a. Share best practices and resources among grantees (train the trainer);
 - b. Posting Notice of Funding Opportunity (NOFO) in timely manner and sending out the Notice of Award by the start of the grant year (January 1);
 - c. Streamline the grant funding requirements (i.e. SF 425)—provide more technical assistance in this area;

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- d. Allow Area Diabetes Coordinators to assist with the new NOFO (application requirements);
 - e. Change the grant application process to make it less cumbersome and time consuming;
 - f. Streamline or eliminate reporting requirements;
 - g. Make the grant application process non-competitive;
 - h. Increase communication about grant funding;
 - i. Provide non-Resource and Patient Management System (RPMS) EHRs and RPMS training and technical support;
 - j. Provide additional support to IHS, Tribal, and urban Indian health programs to maintain and increase remote health care services and education;
 - k. Provide additional technical assistance and programmatic examples to help spend SDPI funds on programs and activities;
 - l. Provide additional technical support during the grant writing and submission process; and
 - m. Provide feedback from Grants Managers in a timely manner and help with grant management guidance and support.
5. Other:
- a. User population change to account for all Tribal members and citizens that use non-IHS facilities;
 - b. Receive SDPI funding through Indian Self-Determination and Education Assistance Act contracts and compacts;
 - c. Permanent reauthorization of SDPI;
 - d. Increase SDPI funding with automatic annual increases tied to the rate of medical inflation;
 - e. SDPI funds are not enough to improve the health of American Indian and Alaska Native people with diabetes; and
 - f. Ensure that SDPI remains inclusive of Urban Indian Organizations, especially if IHS is considering structural changes to SDPI.

Final TLDC Recommendations Based on Input Received Through Tribal Consultation and Urban Confer and IHS Responses:

1. No changes to the current SDPI funding distribution for FY 2023.

IHS Response: The current SDPI funding distribution will be maintained for FY 2023, including the following:

Tribal and IHS Grants	\$ 130.2 Million
Urban Grants	\$ 8.5 Million
Data Infrastructure Improvement	\$ 5.2 Million
<u>SDPI Support</u>	<u>\$ 6.1 Million</u>
	\$ 150.0 Million

2 Percent Mandatory Sequestration \$ 3.0 Million

TOTAL \$147 Million

2. To hold the current grantees harmless and only add new applicants if additional funding is available.

IHS Response: The new SDPI grant cycle is open to all eligible applicants, regardless of whether they are a current grantee. The IHS will make a decision about the individual, annual awards amounts based on available appropriations after the SDPI grant application process is completed.

3. Request that IHS support and provide technical assistance to Congress regarding SDPI.

IHS Response: The IHS will provide technical assistance to Congress regarding the SDPI, when requested.

4. Develop an SDPI Diabetes Best Practice that focuses on Diabetes Prevention.

IHS Response: As part of the grant process, SDPI grantees are required to implement one SDPI Diabetes Best Practice (also referred to as “Best Practice”). The Best Practices are focused areas for improvement of diabetes prevention and treatment outcomes in communities and clinics. There currently is not a Best Practice for Diabetes Prevention, but the IHS Division of Diabetes Treatment and Prevention (DDTP) clinical team is working on developing this Best Practice and will have it available for the SDPI grantees to use during the upcoming 5-year SDPI grant cycle.

(Final TLDC Recommendations continue)

- 5. Streamline the SDPI data collection process by collecting and using 3-year reports, rather than annual.**

IHS Response: The IHS will maintain an annual data collection process, which is described in the SDPI 2023 NOFO. Annual data reporting allows the IHS, Tribes, Tribal Organizations, and UIOs to assess the care and health of patients with diabetes on a regular basis, as well as see the strengths and weaknesses of the diabetes care delivery. By reviewing the results of this data on an annual basis, facilities identify areas for improvement more timely and implement strategies to work towards the goal of providing all diabetes patients with the highest quality of care.

- 6. Allow greater administrative flexibility and latitude so unobligated funds stay with the current grantees at the end of the grant cycle (12/31/22) and allow no-cost extensions (or grace periods) to spend SDPI funds.**

IHS Response: The IHS Division of Grants Management is allowing all current SDPI grantees the opportunity to request a no-cost extension of their FY 2022 grant award. This will allow SDPI grantees additional time (up to 12 additional months) to work on the activities that support their grant's scope of work and properly close down their SDPI grant for FY 2022.

- 7. Share SDPI best practices and resources among SDPI grantees (train the trainer).**

IHS Response: To publicize and widely share best practices and SDPI grantee success stories, the DDTP is currently planning to deliver an Advancement in Diabetes webinar before the end of FY 2023 (date and time to be determined).