



Indian Health Service

# Division of Diabetes Treatment and Prevention

## **SDPI Informational Webinar**

**Using Individual Entry Tools in the SDPI Outcomes System (SOS) for Tracking Target Group and RKM Data**

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Kelli Begay:

All right, and with that, I'm going to go ahead and turn it over to Karen Sheff who's the Biostatistician for the IHS Division of Diabetes. Karen?

Karen Sheff:

Thank you, Kelli, and thanks everyone for joining us for this third webinar that's focused on the SDPI Outcomes System that'll be used by grantees for FY 2016. The first session was our orientation which was a long session that covered a lot of information and not in too much depth. From looking at our poll, looks like most of you were on that webinar which is great. But we also know that was over a month ago already. So we're going to review some of the concepts from that webinar as we get started with this one. I know you've already heard it before but hopefully it's helpful to hear it one more time.

And then our second webinar was on using the RPMS and the WebAudit for tracking your Target Group and RKM data. Again, even though we say these webinars are focused for a particular group, everybody is welcome to join and you might find it helpful just to know what your options are in terms of submitting data for the SOS.

So as we go through the presentation for today, we used quite a number of abbreviations. So just as a handy reference in the left hand side, you'll see there's a box that says, "SDPI Commonly Used Abbreviations." So I apologize in advance if I don't say them all out in full before I use them. But hopefully having that reference will be helpful for you.

So today, we're going to have a quick application recap for FY 2016, talk about what's already happened. Then we're going to review RKM concepts and due dates. We'll talk briefly about the three



methods for submitting Required Key Measure data into the SOS even though we're focusing on one today. So we'll go in-depth into that one individual entry tool after that. Then have a demonstration with a couple of examples.

So again, our target audience for today are programs that have an SDPI Community-Directed Grant for FY 2016 that includes people who will be working directly with data as well as all of your team members. It's really helpful, we think, for everybody to know about this system and how it works regardless of whether or not they're the one who's going to be submitting the data. Probably everybody will be looking at the reports that will eventually come out of the SOS. So, I hope everybody's able to join.

Primarily, we're focused on people who are considering using the individual entry tools to submit their Required Key Measure data into the SOS. But again, everyone is welcome to participate and might find it helpful to know about all of the methods that you can use to submit your data.

So you've seen this all before. But again, hopefully it's helpful for setting the context for today's webinar. So just recapping what's happened already with FY 2016 applications. So you all remember back last year when we first rolled out the new 18 Diabetes Best Practices for FY 2016 and that each one of them includes one Required Key Measure, some guidance on selecting the Target Group for who you're going to work with on that Best Practice.

For more information about those, there's a link to the web pages for the Best Practice and there's one page for each one in case that's helpful for you.

There's also some training that we did during the application process that covers the concepts of Best Practices and Target Groups. So, that's still on that website as well and that might be helpful for you if you're new or just need a reminder of those concepts.

So you'll also remember that as far as Best Practice requirements for each grantee, that you've already selected one Best Practice. That's what you said you were going to do in your application. It's the one you selected there in your Project Narrative. You already described the proposed activities and services you're going to conduct towards that Best Practice as well as determining the size and providing the description of the Target Group that you're going to work with on your Best Practice. So that's already what's been decided for your program.

So if you're unsure where to find that, you can look at your program's FY 2016 Project Narrative. That was one document that was included in your application. One of many documents, but it's the one that has the information about your Best Practices as well as many other things. In particular, part D of that Project Narrative has information that is relevant to the Best Practices and Target Groups.

So now that you're all grantees going through this application process and you're going to be getting started or already have started on the activities and services for your Best Practice as well as any others you might be doing, you're going to be submitting Required Key Measure data for your Target Group, for your selected Best Practice via the SDPI Outcomes System.

So just to give you a context as well for when we're talking about doing this, remember that baseline data are due April 29. I apologize, that little arrow is supposed to be outside the 29th kind of covering it up. But baseline data are due April 29.

Always remember too, if you need reminders about this information, it's on the SOS website which we'll take a quick look at as part of our demonstration.

Again, if you were not able to join us for that SOS orientation webinar, there's also the link to that on this slide as well. That's also on the website. We're just trying to make it handy for you to find these things if you need them.

So that's how we got to where we are now. So just to give you a little bit of a visual to remember where you provided the Target Group information, again, this is just a little tiny snapshot from the Project Narrative document. This is the Part D on your Best Practice. This is really small and hard to read but it's just showing you that your program selected the Best Practice here basically copied and pasted the Required Key Measure in since that's already determined for each Best Practice.

Then, a couple pages down the Project Narrative, it asked you to provide the number of patients or participants in your Target Group, also members the same thing, patients, participants, members, same thing, and to describe your Target Group briefly. That's where you'll find that information in case you're new or in case you need a reminder what your programs said they were going to do.

This is to briefly recap again some data concepts related to the Required Key Measures. Again, this is repetition for those of you that were on the orientation but hopefully helpful. So remember the Required Key Measure data can provide outcomes for some of your SDPI activities and services but not all of them for most programs. So what I mean that is, many programs had enough resources to do activities and services above and beyond what they're doing for their Best Practice.

And so the RKM data will show outcomes for your Best Practice, but that's all. It doesn't allow you to provide data or any other information for other activities and services not related to your Best Practice.

Why are we collecting this RKM data? Well, it can help show the stakeholders the good work that's being done and that's both at the IHS level where we can share the aggregate information, not your individual programs, but we'll share aggregate combined information with the Division of Grants Management, Area Diabetes Consultants, IHS leadership, Tribal leaders and others, et cetera.

Then your program, of course is welcome to share your program's data with local leaders and community members if that's helpful for you. But just remember that we will not be sharing your individual program data with anyone. We will only be sharing aggregate data. But it's really important to have that information to share.

Some reminders about what RKM data will not or cannot be used for, again, is that it will not evaluate those activities and services that are not related to your Best Practice.

So you might remember in the Project Narrative, you were asked also to briefly describe how you would evaluate those activities and services, the ones not related to your Best Practice. So it would be helpful to review that part of your application as well if you are doing other activities and services.

Remember too that RKM data will not be used to determine whether or not you will receive future SDPI funding. The requirement for SDPI is for you to submit that data to us in terms of what percentage of your Target Group members meet, the Required Key Measure in terms of the number of Target Group members you have, that specific information will not be used to determine whether or not you'll receive future funding.

So let's talk a little bit about the timing of Required Key Measures data. So, the first time that you'll need to submit information to us via the SDPI Outcomes System, the SOS, is what we're calling baseline. The baseline data are due April 29th, as we just said, and baseline data is where you're starting from. So it's how many and what percent of your Target Group members had achieved the RKM before you start your FY 2016 activities.

So for most grantees, that will be based on information for your Target Group from the previous calendar year. So remember, this is what -- before you did anything, what did this information look like?

Baseline data should reflect the most recent clinical value for doing one of the more clinical Best Practices or whether the service or activity was provided during the year. So what we mean, for example, is if you're doing the glucose control Best Practice, did the Target Group members have an A1C of less than eight in the past year? If you're looking at one of the education Best Practices, did the Target Group member receive the education in the past year?

It might seem like the answer is always "no," but that's not necessarily the case. We'll talk a little bit about why baseline may be zero for a number of people, zero members and zero percent. But there are some cases where it might not be and that's okay too. Because even if you didn't work directly with that Target Group last year, some of them probably either achieved that RKM or had that service, that education that's part of their regular care that's offered in your community or clinic.

So that's if you can get that information from the previous year. If it's not possible, we know that some people don't have that information for your Target Group members. You didn't know who they were going to be last year and maybe they weren't even living in your community last year and we know that. So if it's not possible to get that baseline data for your Target Group members, from any source, whether it's RPMS and EHR, your local wellness center or anything, you can assume that no Target Group members achieved the RKM in 2015, in that time period.

The number or percentage of Target Group members who achieved the RKM at baseline will be zero and zero percent. It's okay for it to be zero, zero percent. So it's okay if it's not because ultimately, what you're going to do is compare your baseline with your data at the end of the year to see what your improvement was. So that's baseline, again, data due April 29th, coming up.

Then the other kind of Required Key Measure data are required to be submitted, or what we're calling the final time point which will be due in January of 2017. Final is what you achieve by the end of your FY 2016 budget period. It is the number and percent of Target Group members who achieved the Required Key Measure by the end of the budget period.

So you'll remember that everybody that got funded for FY 2016 has the same budget period end date which is December 31st. We do know that not everybody has the same budget period start date. So if you had a January 1 start date on your Notice of Award, your NOA, you'll have 12 months to complete activities and services, get your Target Group members recruited and so on. If you had a later budget period start date on your NOA, and I think the latest was March 31st, then you'll have a little bit less time and that's all okay.

So again, as I mentioned, what you're going to do ultimately is compare your baseline and final Required Key Measures to see how much improvement was made. So going from zero percent at the beginning of the year to 50 or 75 or 100 percent at the end, we don't expect everybody to get to 100 percent, so we certainly don't want anyone to think that's what they should be doing. What we hope is that there will be improvements so that you'll have a higher percent that achieved the Required Key Measure at the end of the budget period than you did at the beginning.

So we talked about when Required Key Measure data needs to be submitted. Let's briefly review the way how you can collect and submit your Required Key Measure data before we focus in on the topic for today which is the individual entry tools in the SOS.

Again, you may remember that there are three methods to submit Required Key Measure data into the SOS.

The first one is pulling from the WebAudit which, as we've noted before, is the preferred method. The reason is because if it's pulling from the WebAudit, the source data is in the WebAudit, the data for each individual Target Group member. That's really what we're working towards, is having the source data for every individual in the Target Group members.

But we know that not everybody has access to RPMS or electronic health record systems they can use or don't have access to the WebAudit to do that. So we do have other ways you can do it.

The second method is to enter individual information. So what you would do with that, and what we're going to go over today, is you'll have a list of Target Group members that you'll keep locally and you'll enter selected information about those individuals into the SOS. Then it will calculate your Required Key Measure for you.

The third method is you can enter aggregate information, so the first two involved having actual information on individual Target Group members. The third one does not. It is just providing a numerator and a denominator. Say 10 people out of 100 in your Target Group, that's ten percent for your baseline. That's all that would be provided. Again, that is the least preferred method because there's no source data for that information.

The choice of the method again depends primarily on whether or not your program has access to RPMS and/or the WebAudit. If you do and you're able to, we would really prefer that you use that method. But again, we know that not everybody does.

Keep in mind too that you do not have to use the same of these three methods to submit data for all time periods. When we say time periods, we mean baselines of the time periods, finals of time periods. We also can submit data to the SOS throughout the budget period if you would like to.

You don't have to use the same method every time. For example, if you use the enter individual information for baseline and then decide later that you want to use the pull from the WebAudit for your final, that's okay, you can do that, however, within a particular time period. So just for baseline for example, you can only use one method. So for baseline, all data have to be submitted using a single method. So all of your baseline data needs to be pulled from the WebAudit or all of your baseline data needs to be entered individually or it all needs to be aggregate. So for one time period, it has to be the same method. But for a different time period, you could choose to use a different method.

So, now we're going to really focus in on this individual entry. So, we're not talking about RPMS or anything WebAudit today. We're going to be focusing on using the tools in the SOS that allow you to enter individual information.

What we're going to talk about is two approaches. I know this gets really confusing so I will try to be repetitive helpfully but not too much, I hope. So again, method, we're talking about individual entry but we're going to talk about two approaches you can take to that. We're going to go through examples for each which hopefully will help people understand what we're trying to say.

So the first approach is that if you know your Target Group members at baseline. So again, if you participated in the webinars on the application process on the SOS that we've already had, we told you that we would hope that most grantees will recruit Target Group members at the beginning of their budget period or around there. It doesn't have to be January but close at the beginning of your budget period, you want to identify Target Group members and you would follow those Target Group members throughout the budget period. That's the preferred method.

So let's talk about an example of that. For example, Best Practice is physical activity education and a grantee is providing bimonthly community-based physical activity classes. That's a pretty high intensity kind of activity. It takes a lot of resources to do that in terms of staff and space and things like that.

The Target Group members in this example will be seniors aged 60 plus who signed up in January to participate throughout the year. Again, you will know at the beginning or close at the beginning of your budget period who each of your Target Group members is.

Now, let's look at a second example. That was if you know your target members at baseline. Now let's say you're doing something where you don't or can't know who your Target Group members are at baseline. For example, I'm going to stick with the same Best Practice. You can see how even within the same Best Practice, things can be different. So physical activity education again, but this particular grantee in example two is providing a monthly community-based education sessions to enhance awareness of physical activity resources and opportunities in their community.

So, it's something that's less intense, probably from month to month, they're using the same tools and resources, kind of having an open community-based session where people are invited to come and there's no way then for them to know who is going to be in their Target Group because they don't know ahead of time who is going to attend these sessions. So that's different than the first case where people signed up in January to participate throughout the year. And so in the second example, the Target Group members are just going to be added as these education sessions are held.

So now let's focus in on approach one. So, again, we're doing individual entry and we're going to talk about an example where your Target Group members are known at baseline. So, this is kind of a cheat sheet, if you will, of the steps that you'll take.

So first thing you'll want to do if you haven't already, and we realize that some of you are well into your activities and services and maybe well past this and that's okay. But you want to make sure to review your FY 2016 application, look at those sections that we talked about to make sure you know what Best Practice you're using and the Target Group information you provided, who are you going to work with and about how many people.

Then you will identify your Target Group members. So again in this case with the seniors, people signed up through the month of January and that's how they knew who their Target Group members were. You may have a very different way of doing it. Our example is not to say it's the way you should do it. There may be any number of ways you could identify your Target Group members where you would identify them early on in your budget period.

And then you want to create a list of those Target Group members. We're going to talk about that step in-depth in just minute because creating the list of Target Group members is actually the same or can be the same regardless of whether you know who your members are at baseline or not.

So again, identify Target Group members to create a list and then by April 29th, the due date for baseline that we talked about, you'll want to enter into the SOS system for your Target Group members using the individual information entry tool. I know this is a lot of words. I think this will make more sense as we get through the example hopefully. But you want to enter for those people their individual information including month and date of birth and gender. And that's all, there's no other information that can be entered about individuals into this system. It will provide you with a unique identifier to put on your list. So, we can't take chart numbers, we can't take names. None of that information can be transmitted or stored. We will provide you with the unique number that will help you keep track of people on your list and in the SOS.

Then, because you already know who these people are, you've got your list, and you've got them entered into the system, then as you provide activities and services throughout the budget period, you'll update the Required Key Measure information for those Target Group members. You've already entered their individual information and now you're saying, "Okay, did they achieve the Required Key Measure?" The first time they do, you can mark them as a yes; you can say, yes, this person attended

an education session. Maybe it wasn't the one in January when we started, but they attended the one in February, that means that Target Group member already meets the Required Key Measure. They don't have to come back for every session in the year. The Required Key Measure just has to say, did they get the education that you had commit to provide.

And that information, you'll want to make sure to submit it into the SOS, the Required Key Measure information, by the end of the budget period. So you can add that information as you go. You don't have to wait until December to put it in. You can put in as you go, but you want to make sure that it's all in there by the end of December of this year.

So just as a reminder again, in this particular situation, you don't want to add Target Group members during the budget period. The idea again is that you'll identify people and you'll follow them throughout the year, so you wouldn't be adding people. That's not to say you can't include those people in the services you're providing. If you have room and people can join, then you can still help those people. You just wouldn't add them to your Target Group.

And you wouldn't remove members from your Target Group either except in very few special circumstances. For example if a Target Group member passes away or relocates then you weren't able to provide them that education during the budget period at all, then you might remove members from your Target Group. But generally speaking, it should be mostly the same people from the beginning of the budget period to the end. So that was approach one; work the Target Group members known at baseline.

Now, let's talk about if you don't know your Target Group members at baseline. So, the beginning part is going to be a little bit different, but in the end you'll end up in the same place. So if you don't know your Target Group members at baseline, the first step is the same. Again, you'll want to make sure you're familiar with what your programs that they were going to do.

But instead of entering your Target Group members right at the beginning, since you don't know who they are, you're actually going to use the enter aggregate data tool for your baseline data only, just for baseline. Since you don't know your Target Group members, you can't put it in there and you don't know how many of them got education or achieved their Required Key Measure in the last year.

So you're going to use the 'enter aggregate' data tool, which I'll show you in a little bit. Your data source will be something like FY 2016 application is just a text field. Your numerator will be zero and your denominator will be the number in your Target Group. So let's say your Target Group was 200 people your numerator will be zero out of 200 people, will be zero percent and that's perfectly okay.

The third step is actually the same as if you did know your Target Group members. You want to set up a list to keep track of them. The difference is you won't add them all at the beginning of the budget period, you'll be adding them as you go through the year. So you'll add them to your list as they participate in your activities and services, and you'll also enter them into the SOS as you go through the year as well.

You could, in theory, add people a lot at the end, but it's probably really a better idea to be adding people to the SOS as you add them to your list. That's not to say you have an activity and you need to add people the very next day, but generally it's probably good to do it soon after your activity to get the information into the SOS.

So again, what you'll do as you add Target Group members is you will put in their individual information, again, just the month and date of birth and their gender. You'll want to note the SOS participant identifier to add to your list. And then you'll want to add the Required Key Measure data. And those last two the four -- my numbering got messed up -- 4A and 401 which is supposed to be the,

use different tools in the SOS, their sort of sub tools, if you will, on the individual entry tools. And again, we'll take a look at those and this is a lot of words but hopefully again, the example will help.

The note at the bottom kind of got lost there in the footer. Depending on how closely your program is able to keep track of participants, some people may be counted as Target Group members more than once. So what do we mean by that? We've talked about that before. Ideally, you would count every person who comes to education sessions only once, even if they came again.

Let's say someone came in January for this community-based overview of your resources, but then they forgot and they come again in say June, they wanted a refresher. Ideally, you wouldn't want to count that person twice but we know that sometimes that's going to happen and that's okay. We're not going to ask you to try to really exclude everybody and make sure everybody is counted only once. But just to keep that in mind, ideally if you can, to count people only once. But if you can't, that's okay.

All right, so let's talk about setting up a list of Target Group members and entering them into the SOS. So again, regardless of whether you know your Target Group members at the beginning or not, you'll want to set up a list. You could use Excel or some other software or paper to keep track of your individual information locally. And what you keep track of locally is really up to your program, but again, you'll only be able provide very limited information into the SOS about them.

Only non-identifiable information can be entered and again, the SOS will provide you with the identification number. So, you want to add that identification number to your local list as soon as you enter them into the SOS.

Just a couple of notes, reminders about your list of Target Group members, remember this is your list locally so it's Excel, some people it might be Access. We're curious to know what people are going to be using, and in fact the evaluation asks you that. So, we would love to have you answer the evaluation after this webinar.

But remember to keep your local list in an appropriately secure location on your computer or network if it's an electronic file and to follow your facility's policies for collecting and sharing personal information. We can't really give any more guidance on that but you want to make sure to know what the policy is at your facility, at your center, wherever you're providing activities in terms of collecting information about people and what can be collected and cannot and how it should be stored.

Just a reminder, that chart number, full dates of birth, names, other identifiers cannot be entered or stored in the SOS. And that identifying number that I've been talking about is just a number. It actually starts with 1001 for everybody. Within your facility, it'll just go in 1001, 1002. You need to put that number on your list. Otherwise, you won't be able to connect your list of people with the list in the SOS.

An important reminder, be sure that if you have your list, that more than one team member knows where to find that list. So, if someone is out sick or whatnot, it's best that that list can be in a secure and appropriate place but some place that more than one person has access to since it's really important information.

So, that's a lot of talking, a lot of words on slides. Let's shift gears now and actually look at how you might do this. Keep in mind that these are just examples, these are completely made up that you don't have to do it exactly the way that we're going over today. It's just to give you an idea.

The demonstration is going to go over the two examples we talked about, both of which are using the physical activity education Best Practice. Just remember for this one, the Required Key Measure is the number and percent of individuals in your Target Group who receive physical activity education.



So in the first example using the first approach we talked about where the Target Group members are known at baseline, this is 200 people in their Target Group, that's what they said in their application, and that's what they're going to try to get is 25 people. The brief description of the Target Group members in this case, again, are the seniors aged 60 plus who signed up in January to participate throughout the year.

For this first example, the Required Key Measure data submission method is going to be the same for baseline and final. It's going to be the individual entry since we know who the members are at the beginning of the budget period.

The second example is the one where we don't know the Target Group members at baseline. This has a larger Target Group member. Please keep in mind that these are just the examples that your Target Group number for your grant may be much larger or much smaller. Again, that is not something that determines how much funding you get. We do not expect people to ever compare with each other what their Target Group members are. You had to determine what would work for your program and whatever that number is, should be okay.

We have gotten some questions about Target Group numbers of people maybe rethinking it a little bit and maybe wanting to change their Target Group number. Keep in mind that the number you provide in your application is what was approved in the review process. So if you anticipate needing or wanting to make a change in the number of people in your Target Group, that's something you'll need to consult with your ADC about before you can do that.

So back to our example, the second example is our not known at baseline, 200 people in the Target Group, brief description is adult community members. You can see that's much broader than the Target Group in the first example which was a specific age group, and that's okay.

The Required Key Measure data submission method is going to be different for baseline and final for this group. The baseline is going to use aggregate entry because they don't know who the members are at the beginning and the final is going to use the individual entry.

Kelli, can you can switch us to the demonstration layouts?

I'm starting off here on the Division of Diabetes homepage. I see you all made it to this page and even to the SOS training page since you're joining us today. But just keep in mind, lots of great resources here on the homepage and that there are a couple of different ways you can log into the SOS. But I'm going to go ahead and use the link that's under SDPI in the left-hand menu that says, SDPI Outcomes System.

Click on that link. That takes you to the group of web pages that's related to the SOS. So, before I log in, just to give a quick review of what's on these pages. The first one is SOS login, so I'll go there just a minute when I'm ready to start the demo. But keep in mind that if you don't already have an SOS account -- although our poll says that quite a number of you did at the start of the webinar today. But if you need an account, this is where you find the information and the steps to do that.

The third tab here is general information. So if you just need a quick reminder and you're trying to explain to someone what the SOS is, this is very high level but it does have the reminder of the baseline due date in case you need a reminder of what that is, as well as the final. And it recaps, briefly summarizes the methods and so on.

But we know that's not very in-depth. So again, we have the training tab which has the links to the recordings for all of the SOS specific training. The orientation on February 10th that we mentioned, that recording is here. That is quite a long presentation. The presentation actually was about -- I think it was an hour and a half and then there's a quite a number of questions at the end. So don't be too

intimidated by the length of that one there, number of time for questions or number of minutes that are questions at the end.

And then in case you are interested in using RPMS in the WebAudit or you need a refresher if you're already on that training, that recording is up here as well. Our team is great about getting those up quickly.

And then this page also has information about upcoming live webinars, what's coming, obviously was today's session. And then we have these upcoming Q&A webinars. These are opportunities where there's very minimal or no presentation by us. They're just opportunities to ask questions. They can be questions about the SOS. They can be general questions about your grant. They can even be about the audit. So these are just open webinars and they're the same ones you'll see if you look on the main SDPI training page. They're just repeated here to make it convenient for people to find at times.

You're welcome to join as many of those as is helpful for you. Like I said, those are really focused on getting your questions answered and lot less presentation. So if you have questions, you're welcome to join.

I'm going to go ahead and go to the SOS login page. In this case, I already have an account set up so I can go ahead and login. So, when I first login it takes me to the main menu for the SDPI Outcomes Systems. You'll see that on the left-hand side, even though it's the same color, the menu items here have changed. This is no longer the menu items you saw on the DDTP website, but these are the SOS menu items now. And this stays on the left hand side so you can easily move around between the tools as you need to.

Keep in mind too that during today's presentation, my particular test account is set up to have access to more than one facility. For most of you, you'll only have one facility, just yours, and so you won't go through the steps of selecting a facility. So you can just ignore that part when I do it.

I'm going to try to do these examples a little bit differently so that you can see some of the different ways and the flexibility that's built into the SOS.

I'm going to go through my first example with the Target Group members now and I'm like really excited, I'm ready to go, I'm going to go ahead and put my individual information in.

So you'll see on this page, again, this is the enter individual under submit RKM data in the menu. You'll see at the top that it has again some brief information at the top. We know we throw a lot of information at you and we don't have a manual per se for the SOS, so we try to build in what we think you'll want to know on these pages. So hopefully that's helpful for you.

So, again, under the enter individual, you'll see there's actually two separate tools. There's the individual information entry, so that's information about the Target Group members. And then there's the RKM data entry, that's the Required Key Measure data for the Target Group numbers.

So I've got my list -- you know what, I actually skipped that. I was going to give you guys a demonstration of the list. You know what let me backup for just a minute and I'm going to show you -- I got so excited I didn't show you my list.

So what's on the screen here is an Excel file. It's an excel file. This is a way you may keep track of your Target Group members. You don't have to, but it's one way. We know a lot of people have access to Excel software, spreadsheets software that at some levels, it's very easy to use and it might be a good way to keep track. You'll see that generally, Excel spreadsheets have one row per person and then each column is a different data field, variable or whatever you want to call it.

In this case, we've got our Target Group members listed here, so this is my 25 Target Group members. I've already got them signed up and recruited. You can see what I've gathered about them or what I've chosen to put in the spreadsheet about them anyway is the information that's needed in the SOS first and then some other information as well as a blank column where I'm going to put their participant identifier. I'll show you how I'm going to use that in just a minute.

So, again it's got the birth month, the birth year -- this is all completely made up data, no worries -- gender is documented in terms of a one and a two, for male and female. You can use male and female if you want to. Right now, there's no ability to upload data into the SOS but we may do that in the future and if we do, it'll probably require one and two. But you can do whatever's helpful for you at this point.

Then my Required Key Measure is in the next column. So physical activity education at baseline; did any of these people have it? And in my case I'm saying that none of them did. I'm doing something that is completely new and so I don't consider that any people in this Target Group have had this particular education. So I'm going to say that as 'no' for all of them.

And then I've got a column set up for my final; did they get it during the budget period? Obviously, that's not filled in yet.

And then I've got identifying information that I might need locally to keep track of who these people are. Again, this isn't going to go into the SOS, this is just for my use.

And then for me, it was helpful in my case to have a date the person was added. So remember, this is my example with the seniors aged 60 plus and I wanted to keep track of what date they signed up to participate in this program. So we were really fortunate. We've got 25 folks enrolled that they were interested in doing it by the middle of January so we were off to a really good start.

So now, I'm really excited going into the SOS to put these people into the system. And so I'm going to go to the individual information entry tool. And again, you can ignore this part because you're not going to see this. It's already going to have your facility selected for you or your grantee. And you know what, I haven't told you yet what my Best Practice is and I have to do that before I can put in any other data, but that's okay. I can go ahead and click on the link here and that's actually going to take me to the same tool that this Best Practice Target Group information tool would take me to. These things are all kind of linked together.

I'm going to go ahead and click on it down here on select the Best Practice. That takes me to the page where I'm going to provide the information from my application. So my Best Practice is physical activity education. And it gives you, even here, another reference where to look for that information. I feel like a broken record here a little bit but hopefully, helpful repetition. So, now, it tells me, okay, it's reminding me what the Target Group guidance was for this Best Practice. I'm going to go ahead and put in my 25 as my Target Group number from my application. My brief description, this is just an open text field, that means you can type in pretty much whatever you want up to, I think, about 50 characters. For me this is, seniors aged 60 and over. And then I'm going to click on save.

Alright so now, I've got the information in there. Now I can get down to entering that data that I'm so excited to enter here. So, I'm going to click on enter individual data. Again, keep in mind, enter individual data on this screen takes you to the same place that enter individual over here on left-hand menu does. Just try to give you quick and easy ways to get to the places you need to go.

So now I'm back to this page and I'm going to go ahead and click on the individual information entry. And now it's going to take me to a screen where I can start to enter each individual, my Target Group. You'll see that as a reminder it tells me who I am, which you probably know that already, but for us administrators, that's helpful; what the fiscal year is; what your Best Practice is; the number of your

Target Group that you just entered is here for you to see, as well as your description, and it tells you how many members have been entered already. I haven't entered any yet, so that number is zero.

Now I'm going to go ahead and enter the first person on my sheet. I've got someone I'm going to try to remember that their birth month was January 48. You can either use these arrows here. You can click on that arrow and you can select January or if it's faster for you, and it usually is, you can just type in a one and it will take you there. I'm going to pick one from here.

But then what I'm actually going to do is I'm going to tab because for their birth year, I really don't want to type --select it from a list, so their birth year was 1948. It's the one here. Instead of selecting from the list, I'm going to go ahead and type in 1948 and this particular person was -- now, so it's a one.

You'll see here that you can either type in the one or you can select -- you don't have to remember one, male or two, female. It's there for you. And then I'm going to save it.

So then we have a couple of options. Again, these are just links to get you to places quickly. Because I have all my Target Group members in a list, I want to go ahead and return to that individual information entry tool so I can keep it adding people to the list.

You'll see when you get back to the screen after you entered one person that it now tells you the number of members entered is one. It was zero, now it's changed to one with the one I added. The one I already added is listed down here and I need to make a note to myself this first person's identifier is a 1001. I'm going to go back to my spreadsheet and I'm going to put 1001 in here. So, I have that to link my list with the SOS information.

I'm going to go through one other person and then I'm going to stop there since you all will get the gist of it. But you would do this for each of your Target Group members.

So my next one was 3, 1952. I'm going to choose three in this case, I'm going to choose from the list as you can see, it can take a little bit longer. And I think this person was also a male. So like that, and then I'm going to save and I'm going to back to that tool to keep entering my Target Group members. And then I'm going to note that the participant identifier for the next person 1002, and I'm going to put that on my list. So, you would continue on to do that for each of your Target Group members. You want to make sure you save your local list that that information is saved with the identifiers on it.

Now I've got my list in there. Now I want to put my Required Key Measure information in. Remember, I said that none of these people had achieved their Required Key Measure in 2015. There's a couple of different ways you can do that. I hope this isn't confusing. I'm just trying to show you all the options.

So, from this particular page, we see that it lists my Target Group members. You can see that each participant identifier actually looks like a hyperlink, something that you can click on to take you somewhere else and in fact they are. I'm going to go ahead and click on the 1001 and that takes me to the screen that asks whether or not this person met the Required Key Measure. So, I'm going to say, "No," and I'm going to submit it.

You'll see this is a little bit of a different screen. It doesn't have the individual information that I can enter here. I already put in their individual information. I'm just doing the Required Key Measure and I'll submit that. And then I'm going to return to the RKM data entry tool. You'll see that there are different links on the screen depending on what you just did. The links on the left stay the same, but the ones on the screen might be different. And now you'll see a little bit of a different view.

Now I'm actually in the RKM data entry tool. You see it looks a little bit different. It still has my grantee name and information but now it lists my participants and it even tells me what is their key measure data. If you can see that, I just entered the note for that one.

And you'll also see that it now has a table at the bottom that tells me overall for my Target Group what is my numerator, how many net Required Key Measure, which is zero denominator, which is the number in my Target Group, and the percent which is zero. It's noting that the source is individual entry, I didn't have to tell it that, it knows it automatically. And then the date that I submitted that information and who it's submitted by. It's a little bit of information to let you know how that data got in there and when.

Alright, so I'm going to go ahead from this screen now and I'm going to go ahead and do the RKM data for my second person. Again, it just takes me to the screen, not the individual information, just that they made the Required Key Measure and you'll remember it was "no" for all my Target Group members. And then I'm going to click on submit. And then I'm going to go back to the individual RKM tool.

So now you'll see that both of my Target Group members have information. It tells me what their most recent response was and you'll see that my numerator is still zero because they still don't have anybody that got their Required Key Measurement. But if any of them were yes, this would increase.

So that covers the first approach that we talked about. If your Target Group members are known, this is how you're going to get your information into the system.

Let's switch gears and go to our second approach which is where we don't know who the Target Group members are.

In this case, I have an Excel file. So, in this case we're adding our Target Group members but we don't know who they are. Our first education session happens and we have kept a list of people signing on paper, maybe you even had a file open like this if you could, any number of ways you might keep track of that information.

So now I've got people on here and you can see they're all added on the same date in this case. So I had my education session and we had nine people that came to the first one and this is their information. Again, this is my local list. It doesn't get uploaded to the SOS. You can't share all of this information with the SOS but you can share some of it and it might be a good way for you to track it locally.

Now in this case though, because this information I didn't have until I had my first session, my baseline data is going to be entered a little bit differently.

Let me go back to the SOS. In this case, starting all over, let's say I am a different grantee percentage for a moment, so that example we just went through is one grantee. Now I'm going to be my grantee number two and I'm going to my main menu. In this case, I know I got to put in the Best Practice information first. So, I'm going to do that before I try to put in any data.

I'm back to two. Again, you won't have to select a grantee. Yours will be selected for you, but this is my new -- my grantee number two for me today, and this is the same Best Practice, physical activity education. What is the number of my Target Group? Remember, this is my broader, my community-based and our Target Group is a little bit bigger so it's 200 people. My brief description is adult community numbers. I'm going to save that. Then again, the menu that I found the screen changes, same on the left-hand side. But in this case remember, I don't know who my Target Group members are, so my baseline data is going to be entered differently. I'm going to actually use the inter-aggregate data tool.

I don't even know who my Target Group members are at this point. I just know there's going to be 200 of them. For baseline, all I can do is tell you that none have been met this particular Required Key Measure. None of them had the education that we're going to be providing during this budget period. In this case, I'm just going to type in and say this is -- the source is actually just from my FY 2016 application, because all I'm giving is that denominator that I already had. It is actually going to calculate it for me. On the calculated, you'll see it's 0 out of 200, it's 0%. So, it calculates it for you and then you want to take a quick look at that, it's not saved just yet. If that's what you meant to put in, then you want to go and click on the "save." If you realize that maybe you need to edit this information before you submit it, you'll want to click on the "cancel." That will take you back to where you can still edit it, and it actually takes out the information you've put in.

Let's say, now I know -- I really know what I want to say, so I'm going to go ahead and put in my FY 2016 application, maybe write there a zero, calculate the percent for me and okay. I'm good with that, that's good. 0 of 200 from my application, got it. I'm going to click on "save" this time. Again, now it offers you to return to the aggregate data tool or to the SOS menu. But this time actually, now, I've submitted baseline data by April 29th and it's good to go. Now, I've had some of my first community-based sessions. Now, I want to go ahead and start adding my members. Even though I don't know all 200 of them, now I've only got 10 of them from that first meeting we had. I want to go ahead and put them in.

Now at this point, it's the same process as we did for the people who knew their Target Group members at the beginning. We're just going to add them a few at a time. Again in this case, this will look familiar. You'll see that the participant identifier is 1,001. So remember for each grantee, those participant identifiers are the same, and there's no way to press, to link them particular person. I've got my list here. Sorry, the nine, not ten folks that came to my first session. I already know this one is going to be 1,001, so I'm going to put that in there. These were some younger folks that we had for other groups. So, November, 95 for a male. Then I'm going to go to the SOS and I'm going to put that information in there. I'm going to say 11, 1995, and I know now, I'm going to type one. So, in that case, I didn't use the arrows for anything. I just typed in "11, 1995, male," got it. Good. I'm going to save it.

Then for that particular person, you can either add people, you're going to add a bunch of people at once or I might say, "Yeah, you know what? I want to go ahead and put my Required Key Measure data for this person just for -- because I do." It's asking you, "Was it meant for this person?" I'm going to say, yes. And it's letting me know which person I'm entering it for, the number is here, Target Group member 1,001. I'm going to submit it. Now, I can either go back and enter more people using the information tool or I'm going to back up and I could enter a Required Key Measure data. Of course, I need to enter my people before I can enter the Required Key Measure data. You have to enter people first.

You'll see that even though now I'm doing individual entry on this screen, my baseline data is there. It was saved. That aggregate that I did, 0 out of 200 is there.

And now, as I go through the year, I'm going to start adding people and you're going to see this numerator. It's going to be going up throughout the year. So that was my one person. If I add another one, I'll go ahead and do that just so you can see. Let's go, let's see where I am. I need to go back to my individual entry tools. I'm going to click here in the left hand menu under the "enter individual." I'm going to use the individual information entry tool.

I got my first person listed. Now I need to get my second person in there. So, I'm going to back to my list. I know this person's going to be 1,002. Its 2, 1970 and a male, so I'm going to put that information in there. I'll put 2 in that, 1970 and male and I'm going to save that. In this case, I want to go ahead and I'm going to add another person. Let's say, go ahead and put in my third person and then that person is going to be 1,003; 7, 1982 and it's female. I'm going to go, 7, 1982 and I'm going to save it.

Now let's say, I want to go ahead and put in my Required Key Measure data for that particular person, I can do it here. Rename that also. So, every person that I'm adding in this case is meeting the Required Key Measure.

Now, I think I forgot to put it in for that second person so I'm going to go back to the "enter RKM data" and I can see, yup, I got my three people, my 1,001, my 1,002, my 1,003. The two I enter data for, but oh, you know, I forgot to put it in for this person. I'm going to go ahead and click on there. I'm going to go ahead and say, yes. I'm going to return to the RKM tools. Now, you'll see my numerator has gone up to three. All three of the people I've entered so far achieved the Required Key Measure, and that's the individual entry tool.

Hopefully, this was a helpful demonstration. Hopefully, you're not all sleeping at this point, and it looks like we'll have about 30 minutes for questions.

Kelli Begay:

Yup. And Karen, before you change the layout, can you just remind people how they access the SOS or request access for the SOS?

Karen Sheff:

Sure, I'd be happy to. I'm going to go back to the SOS webpages. Remember from the Division of Diabetes homepage, SOS is here in the left hand menu. The second link under SDPI. Clicking on that, it takes you to this sort of short page about the SOS. So, if you need to request an account, you're going to go to this second tab. There are two steps in the SOS process. I'll try to keep it simple and then talk about some exceptions. Most people, what they're going to need to do is set up what's called an IHS web account. That's step one here.

Keep in mind that first of all, you need a computer with internet access to use any of these tools. Internet Explorer is the browser that most people use, but others will work as well. You don't have to have that one. Again, as I mentioned, once you're logged into the SOS, you'll find instructions on each page, brief instructions that are hopefully helpful. But before you get to that, you need to request access. The first step is registering for an IHS web account if you don't already have one.

An IHS web account will be different from what you use to log in to your local network. Even if your email address is ihs.gov, even if it's not, it's the same thing to request an IHS web account. You will set up a separate account for that. It's not linked to the one you already use. It's not linked to your email address directly so it'll be a new account for most people.

The exception to that is if you already use the diabetes web audit, you already have an IHS web account, and you're probably familiar with how that works since we're just wrapping up audit season. If you don't know whether or not you have an IHS web account, it's not something you use every day. Again, because it's different from what you use to log in to your system and you can actually put in whatever username you want for this IHS web account. You might have forgotten what it is. I know I've done that before. If that's the case, you can email the IHS web account administrators. Don't even need to remember who that is, just click on this email address and just let them know what your name and email address is and that you can't remember what your IHS web account information is. That's step one, you got to have a web account, that's your username and password that you're going to use to log in.

The second step, what you have to do before you can use the SOS is to actually request SOS access. Even though you have a username and password set up, that's really just to give you access to system. We don't know that you need SOS access yet or even what grant you're with. So you'll need to click on this link which will take you through a series of steps or you'll log in with the username and password

you set up here in step one and then it'll ask you what grant program you're from so we know who to give access to.

Then your request will come to the team, and they'll need to look at it carefully to make sure that access is appropriate. Sometimes, people accidentally click on the wrong one or sometimes -- you know, there are number of reasons that needs to go through an approval process, and we do try to approve those quickly in 48 hours or less if we can. And you'll receive an email message when your request is approved so you'll know that we got it and that your request was approved, and then you can log in to the SOS using the log in tab here.

You'll see I'm going to go ahead and log out so you can see what that looks like. Again, you'll click the "login" and it'll ask for that username and password so that's the one that you set up. If you forget your password either right at the beginning or you never know, there's so many passwords that we have to remember these days. You can just put in your username and click on this "Forgot Password" link or just click on the "Forgot Password" link. Again, just to go over it again, a couple of steps. Set up an IHS web account, same one if you use the web audit. If you don't, then you might need a new one. Request SOS access and then wait for that email message to come to you, and you can contact the SDPI team if you have any questions or problems accessing this. Anything else before we're ready to go to questions?

Kelli Begay:

I believe we had one --

Karen Sheff:

One more slide, right, okay. Just to kind of wrap up the demonstration and then hopefully we'll take too many questions. I think we'll be able to get to all of them. Just as a reminder, when you're ready to get started with this process, if you have it already, just remember to work with your team to review what your programs that you're going to do with your FY 2016 application. Discuss and decide how you will choose and track your Target Group members, the Required Key Measure data. Even though you're here today, remember, you can still use RPMS. You can use the individual tools, whatever is going to work best for your program. If you have questions that come up, and we know you will because this is all new, it can be very confusing. We know you've got SDPI, you've got Grant Solutions, you had Grants.gov this year. Those of you that work on the audit work on that, we know that this is a lot to remember and keep track of, so we are here to help you.

You can contact either your diabetes consultant for your area or the SDPI team with questions. We all work together. If there are questions that need to be split from one team to the next or if an audit question accidentally goes to SDPI, they'll get it to us. You don't need to worry too much. We'll be sure to be responsive to your questions. Hopefully, that is all.

And of course, the IHS website and DDTP website are really great resources to start with whenever you have any questions or you're looking for any information.

Also, I see that our Division of Diabetes Director, Ann Bullock has joined us. Ann, I don't know if you have anything you wanted to add before we get started with questions.

Ann Bullock:

Thanks, Karen. Hi, everyone. I appreciate your joining us today. Other than that, no. If I can be helpful on any questions, glad too. Otherwise, we have our expert Karen taking care of things. I hope everyone is having a good spring.



Karen Sheff:

Thanks, Ann.

Melanie Knight:

All right, I'll go ahead and get started on reading questions. The first one is from Elizabeth. "What if the Target Group number is actually much larger than the number listed currently in the D1.4 section of the Project Narrative?" And that's the question that asks for the Target Group number.

Karen Sheff:

That's a great question, Elizabeth. I touched on that a little bit. What I had said was, if your Target Group number is going to be really different or you think it might be really different than what you said you were going to do in your application, then that might be something that you need to run by your ADC and DGM. Generally, that statement actually applies if you think your Target Group number is going to be less, but it probably applies if it's going to be more too. If it's going to be more, then that means maybe we figured out you can help more people and I think that's okay. We don't have a formal process for requesting approval to make changes like that. Dr. Bullock, do you have any guidance to offer on a program that has a Target Group that's much larger than what they originally anticipated?

Ann Bullock:

Beyond what you've just said, not really. As I know you've already covered, it's important to be sure that the Target Group that one program thinks they're going to attempt is really not the group that they're trying to draw their Target Group from and mistaking that for the actual Target Group.

That's a really important thing. Otherwise, it will change your scope of work significantly from what you've put into your application or into your supplemental information for the additional funds that everyone got. Then you might need to check with your GMS on that, but otherwise, I'm sure you've covered it, Karen.

Karen Sheff:

Great, thank you.

Melanie Knight:

All right, next is a comment from Kelly. "I am not sure if there's an opportunity for negotiating the due dates for calendar year 2016 RKM results. The January 2017 is not very much time for local sites to pull together data from calendar year 2016. It might be nice to have just a little bit more time like February 15th or so to give us time to run reports and enter data. It can take a significant amount of time to do this depending on your EHR system or how you have to collect data. Just a friendly suggestion."

Karen Sheff:

That's great feedback. We really can't always know exactly how things work at the different sites and we know you all face unique challenges. We haven't set a firm date for January 17th and this SOS is all new, we're just rolling it out. I think we'll see as we get closer if a lot of people seem to need more time, I think that's certainly something we can consider. We do encourage people as much as possible to again, stay on top of Target Group member information, adding Target Group members throughout the year. We know you're all really busy, but it will make things go a lot more smoothly if you can do

that during the year. I appreciate that friendly suggestion and we can certainly take it under consideration as we get closer to the end of the budget period.

Ann Bullock:

Karen, this is Ann. I really want people not to worry about this. As Karen said, this is a new system, a new process. January 2017 was an estimate. We will certainly be trying to make that date very reasonable for everyone's processes. I mean, we will have to have a target date by which everyone has to get it in but just so we can look at the data. But as Karen said, the January 2017 is just at this point, an estimate. It's certainly not a hard and fast deadline.

Karen Sheff:

Great, thank you. Next question is from Elizabeth. "Can the Target Group numbers change from baseline year to the next end year? For example, if your Target Group is those with diabetes age 18 to 85, it could be more in year 2016 than year 2015."

Karen Sheff:

Again, as we talked about ideally for FY 2016 grantees, you would pick a Target Group number that you're going to work with at the beginning of the year and stick with those people and that number throughout the year. That's not to say that the number of people in your community with diabetes in that age group is obviously going to change. But you're going to again, select some people from that group. Most people will select some people from that group. There are very small communities where they might have everybody in a certain age group that's in their Target Group. But for a lot of people, there's going to be a much larger group in your community say, of a certain age group than are in your Target Groups. Again, for this year, the idea is the Target Group number that you're working with will be the same as the beginning and end even if in your community, those numbers would be different. I hope that answered your question, Elizabeth. If not, either type in more information or help me understand better in the questions box if you want. Thanks.

Melanie Knight:

Next question is from Michelle. "Is the 'rigid SOS Target Group' for FY 16 only?"

Karen Sheff:

By rigid, I assume you mean that we're asking you to work with a Target Group and to stick with it throughout the year. I believe the idea is that the same concepts will apply in FY 2017. I don't know what the requirements are going to be. I don't think anybody does yet as far as Best Practices and changes and things like that. Dr. Bullock, can you help out on this one in providing the information that you know?

Ann Bullock:

I think we fully expect that as the five years of this FOA unfold, if we have funding for all five years, so we certainly hope we will, that there will be some different Target Groups for each year that you'll select, possibly. Some may select to work with the same Target Group for all five years and just keep - try to keep improving the amount of service given to that group, but others I suspect will end up with some different groups. The group being picked now is only for 2016.

Karen Sheff:

Great, thank you. Keep in mind too that what we're talking about for a lot of grantees is one part of your SDPI program's services and activities. We asked everybody to pick a Best Practice. We need to get some data that we can share with people to show accountability and show our stakeholders. That doesn't mean that your other services and activities that you're doing, not related to your Best Practice, can't work with other people or that you can include people outside of your Target Group even working with them. It's just for the purposes of data collection. We're trying to follow this more structured process than we have in the past for really good reasons. But again, you still have a lot of flexibility in who you work with in your program.

Melanie Knight:

Okay, we have two similar questions. I'll go through both of them. First one is from Barbara. "How many people from a program can have access to the SOS?" The other question is from Patricia. "Is there one account per facility or is it individual?"

Karen Sheff:

So, great question. More than one person from a particular program can have access to the SOS. Obviously, you want to all work together to make sure that people aren't accidentally doubly entering the same people and things like that but we know you do that anyway. Yes, more than one person can have access. There's not a limit, as many people as you need. The account has to be set up. The accounts to access the SOS has to be set up for people. The reason is because even though it's a different username and password than your email or your local account, it's still tied to an email address. We have to have an email address associated with an account so that makes it really almost impossible to have just one per facility because it has to go to one person's email. Any updates or resetting passwords and things require that there's an email for one person attached to it.

We encourage everyone who needs access at your program to set up their own account to it. But again, working closely together to make sure people aren't inadvertently entering data twice or things like that.

Melanie Knight:

Okay. Next question is from Brandi. "Will there be a way for programs that have the same Best Practice to share information about strategies, et cetera?"

Karen Sheff:

That is a great question. I certainly hope that there will be sharing of information about Best Practices. As of now, we don't have a particular process or system set up to do that. Dr. Bullock, do you have anything to add on that?

Ann Bullock:

I think that's a great idea and a great suggestion. As Karen said, we don't right now have a process for that but we are looking into being able to use some new variations on social media to perhaps to be able to do some conversation rooms kind of thing that might allow some of that kind of conversation to develop. With that suggestion, you're only spurring us on to try and get that set up a little sooner. That would be neat for people who would like to be able to interact with each other.

I want to make sure that everyone else is going. I don't want 10,000 emails cluttering my inbox come up with this conversation. This is would not be through a regular email. It would be through a separate mechanism. But we'd love to find a way for you all to be able to talk with each other. Absolutely, that would be great.

Melanie Knight:

Next question is from -- either Kari or Kerry. "Our Required Key Measure is diabetes education and we are entering individual information from a list. For our baseline, how far back should we go to determine if they have had education in the past?"

Karen Sheff:

That's a great question. Again, this isn't intended to be so structured as to cause people any anxiety or anything like that. Generally speaking, especially the clinical kinds of measures, we look back about 12 months because for the standards of care, a lot of diabetes care elements are recommended in a year. If you want an easy answer, that's pretty straight forward. You can look for the past year. In this case, we would recommend January 1 to December 31 of 2015 just to keep it simple. We know that maybe you didn't start this year until February or March but still keeping it to a calendar year might be simple for people. If a different 12 month period is better for you, that's fine too. If you can't even find out if they got the education in the past, that's okay too. You'll just say that that they didn't and that's fine.

Melanie Knight:

Next question is from Tina. What if our Target Group is 1,000, and of that 1,000, we are targeting 18 to 65 years, would we still use aggregate option or target known at baseline? Our Target Group is broad because we selected the Diabetes Related Education Best Practice.

Karen Sheff:

That is a very large Target Group. Again, I just want to remind people that it's important not to compare or to think that your Target Group is too small or too big compared to other people. It's not something that you're going to be assessed on, the size of your Target Group and it's not going to determine your funding. But in this particular case, you do have a very large Target Group. Ideally, we still would like to have that source data on individuals. If there's any way you can do that using RPMS or an electronic health record to keep track of that information and get it into the WebAudit and into the SOS which was the training that we already had, that would be great.

Entering individually 1,000 people into this system, we certainly understand it could take some time but it certainly is possible and that's ideally what we would like to have happen. We did talk about it on our original orientation that the aggregate data tool is the least preferred option. We know that some people will need to use it for baseline. But in terms of final data, I think we talked about having a waiver process that if people are going to use the aggregate data tool or want to for their final data, we're going to need some more information about that. We haven't exactly worked through that process just yet. More information will be coming soon. Ann, do you have anything to add to that one?

Ann Bullock:

Yes, I do. I did add in that they don't have RPMS access as they're a Tribal program. Especially with that situation where it would have to be entered individually, I'd really like to suggest that even if you guys really think you're going to be able to work with 1,000 people and perhaps you have, you're from a site that has a large population with a large SDPI grant that goes along, but then maybe you actually are able to do that. If that's not the case, if you're not actually going to work with 1,000 but you're

actually going to work with a smaller group that actually is your Target Group, then don't mistake the one for the other. Just because you're drawing your Target Group from that larger one, it doesn't mean that that is your actual Target Group. That's just the ones you're going to draw them from.

But even if that really is the group you think you're going to work with, 1,000 people, if you don't wish to enter 1,000 people into the SOS, another option is to say, "Okay, we're really going to work with 1,000 but we're going to --" you said you're going to target 18 to 65 years of age. Maybe you want to report on your Target Group for a smaller group, maybe 18 to 50 or maybe just elders or maybe people who just live in one particular part of your reservation who meet your criteria so that your Target Group is a more manageable number that you will not have to commit one of your fellow staff members to what will seem like intolerable hours of entry into the system and that you'd have to keep track of throughout the year. It is fine to select a subset of that group, if you will, if that's going to be easier for you.

Those are all the advice and that I realize that can be a little confusing but you might check with your ADC or with the SDPI team for more discussion on that to help you hone your Target Group if you'd like.

Karen Sheff:

Great. Thank you.

Melanie Knight:

Thanks. Next question is from Michelle. "Can Required Key Measure data be entered for individuals not included in the SOS Target Group?"

Karen Sheff:

The short answer is no because we don't have any way in this system to indicate whether or not someone was in the Target Group. If you enter someone into the SOS, it's basically going to assume they're in your Target Group. We didn't anticipate that people would want to do that. I guess I think if you have someone and you provided them with the service and it seems okay to include them in your Target Group. Sorry, I don't necessarily have a really good answer for that one. Dr. Bullock, do you have anything to add?

Ann Bullock:

No, nothing to add on that. Thanks, Karen.

Karen Sheff:

Okay. Thank you.

Melanie Knight:

All right. Next question is from Travis. "For the grantees that are using the WebAudit for data entry, will they be able to edit whether a Required Key Measure was met on individual patients in the SOS, similar to the grantees that enter data in SOS by the individual method?"

Karen Sheff:

That's a great question. Travis is talking about folks who will be most likely using RPMS and they'll have their Target Group list set up in RPMS and they'll use the audit tools to pull out the data for those Target Group members, which they'll then submit to the WebAudit, which I know sounds really

complicated. But we've heard from folks that have actually gone through that process that once they saw how it works, it wasn't as hard as they thought, and definitely recommend people watching the recording of the previous session we had on using RPMS. It was a great presentation by Monica and a great demonstration of doing that by Dorothy Russell and Monica Giotta.

Anyway, that being said, people will not be able to edit information in the SOS directly, Travis, but they will on the WebAudit. If you need to change something, what you'll want to do is get your Target Group members, get your data file, put it into the WebAudit as an interim and you'll want to edit the data there before you pull it into the SOS because you won't be able to edit individually in the SOS. We're not actually pulling that individual information in there. We're only pulling the summary from the WebAudit. I hope that makes sense, Travis. If not, let us know and we can help clarify. Thanks.

Melanie Knight:

Okay. We have two similar questions coming up. First one is from Barbara. "If we have a known Target Group in a de-identified Excel file, is there any way to push the full group into SOS and not enter each person individually?" Similar question from Yukon, rather than upload each individual, can you upload a .txt file like you can for the WebAudit?"

Karen Sheff:

Great questions. The answer is not yet but we hope soon. The SOS is a brand new system. For those of you that use the WebAudit and have been around awhile, you know, every time you roll out something new, there are always things we didn't think about. The beauty of having web applications though like the SOS and WebAudit is we can make changes to them as we are able to. We definitely are planning to have a discussion with the team about being able to import an individual file.

There are a number of complications that that can present though, so we have to really think through the process to make sure that we're not accidentally transmitting or storing any personal information. It's also going to require people to have some knowledge of using Excel to be able to set up a file in an appropriate format. We can't actually accept an Excel file. It has to be taken from Excel and put in as a text. It's something that's probably doable but we haven't quite worked through it yet. But again, if we're able to do that, we will have a list of all of the users and we will let people know and we would certainly provide training on that if we're able to provide that as an option. It's good to know that people want that. That's something that we can consider doing.

Melanie Knight:

Next question is from Deb. "The aggregate data and the individual list will not be exactly matched, will they? So is there a way to search the aggregate data to find the individual participant number?"

Karen Sheff:

When we say aggregate, what we mean is combined. So aggregate data means, for example, 10 of your Target Group members out of 100 met the Required Key Measure. So they're numbers that don't provide any information about any individual. They're just summarized and aggregated. So the aggregate data and the individual list will not be exactly matched.

If you enter individual data into the SOS, the aggregate data comes from that individual data. If you're pulling data from the WebAudit, the aggregate again comes from the individual.

I'm not quite sure I understand the question. I apologize if I'm missing something. But if you could put some additional information into the questions box, that'd be really helpful so we can be sure to get your question answered.

Melanie Knight:

Okay, next question is from Eloisa. "Our Target Group is 8 to 15-year-old children. Our biggest event is during the summer program although we have a physical activity/reading program going on now. Do we use this number as a Target Group under individual or do we use the aggregated? So do we follow these children already in the program now and not include the summer program children? We haven't gotten into the system yet."

Karen Sheff:

So these are great questions in pointing out situations where people are doing so much more than just identifying one group of people and doing some activities with them. So it sounds like you actually have a couple of different events going on. Again, the idea isn't to be comprehensive and capture everything you're doing. We wish we could do that, but we can't.

I would urge you to take a simple approach. If you want to really focus on the summer program, then even though you're doing great things with kids now, I wouldn't necessarily maybe make that your Target Group. I would make your summer program kids your Target Group so you'll add them in the summer. You would use the aggregate data tool for now to say you anticipate you're going to get, for example, 100 kids in your summer program.

So your baseline would be 0 of 100 kids because you haven't seen any of them yet and not try to incorporate the current activities with the summer. Again, it's not because we don't want to hear about it. It just makes it more complicated, and so taking a little bit of a simpler approach is probably better.

But you will have an opportunity in your future reports as well as applications to provide us with information about those other really important activities that you're doing outside of your Best Practice and Target Group.

Dr. Bullock, do you have anything to add on that one?

Ann Bullock:

You covered it well. The only thing is to say, as I'm sure you've already said, Karen, in the future, we hope that the SOS is going to evolve with everyone's help and suggestions in some wonderful ways where we're going to be able to capture data on much more of what you all are doing, the wonderful work you're doing with not just your Best Practice work but all of your activities in SDPI.

This is our first step. It's a big step but it's just one first step here. We love your enthusiasm for trying to get everybody that you're working with reported on in this manner. But as Karen said, you'll still be able to tell us all about those other activities in your other reports and in your continuation applications. That's all great. Down the road, we hope to be able to hear all about through the SOS, all the other great work that's you're doing. But right now, this is our first big but important step and I appreciate everyone's patience with it and help with it.

Karen Sheff:

So I think before we take our next question, we're getting close to the end of our hour and a half. We will stay on to continue to answer questions for those that can stay on. But for those who need to hop off, Kelli's going to provide you some information here about the evaluation.

Kelli Begay:

Right. So we want you to go ahead and click on the link and take the evaluation and get your feedback. Just remember, at the end of the evaluation, there is a link where you can print a certificate for completion if you'd like. I just want to remind people that this training is not required but we do still want your feedback. If you do like to have a certificate saying you were here, then that's available as well.

So the certificate will be at the end. There's a screenshot showing what it'll look like. Some people missed it. It is easy to miss, but just wanted to point that out.

Karen Sheff:

Great. Thank you, Kelli. So again, for those of you that need to hop off, we appreciate your time and attention today. We know this is a lot. Again, this is being recorded and will be on the website soon in case you need to watch it again or catch up on the other questions. For those of you that can stay on, we're going to go ahead and get started with our next question.

Melanie Knight:

Okay. Our next question is from Kendra. "When our team members register, does only one team member enter our Target Group population, Required Key Measure, and the baseline data or do we all enter it after we register?"

Karen Sheff:

A good question. More than one person from a program can have access to the SOS. But the way it works is, whenever anyone from the program enters information, so Required Key Measure or Target Group, any of that information, everyone else in the program can see it. Only one person needs to enter it, but everyone will be able to see what was entered. Hopefully, that answers your question. Kendra, we're not trying to make it complicated. We just know that sometimes more than one person needs to get reports or more than one person might be entering data. That can happen, but everyone from the same program is seeing and using the same data so it only needs to be entered once by one person.

Melanie Knight:

Okay. Next question is from Travis. "May individuals be removed through the SOS individual entry process? For example, a patient was identified and loaded into the SOS in January but moved out of state before the Required Key Measure could be achieved."

Karen Sheff:

That's a good question, Travis. Again, it's something we're still working on. You may have noticed and Travis obviously did when I was going through the demonstration that there's not the ability to remove any information or even change it in the SOS.

We're going to work on figuring out how the lock data is going to work. For those of you that use the WebAudit, you know what that means. It sounds very serious but all that just means is you're telling us you're done putting your data in either for baseline or for final.

We haven't quite figured out the process for editing individual data, Travis, but we can certainly accommodate changes individually. So if you know you need somebody taken out, you can email the team and we can get that taken care of for you. As we move through the year, we'll figure out what



tools we need to add to allow people to edit their data. We know that happens. It's rare for now, so just email us, but we'll work on that.

Melanie Knight:

Next question is from Isleta. "Under individual Required Key Measure data entry for baseline clarification, you would enter either yes or no for those individuals within the Target Group who achieved the Required Key Measure in 2015, is this correct?"

Karen Sheff:

Yes, that is correct. In the individual RKM data entry, if that's the tool you're using for baseline, you'll just enter yes or no, whether they achieved the Required Key Measure in the previous year, 2015.

Again, that may be zero and zero percent for some people. For others, maybe a number of your Target Group members achieved it. Again, remember you're going to compare your baseline to your final. But, yes, that is the right thing to do.

Melanie Knight:

Okay, next question is from Lisa. "We are in IHS site. We only use our diabetes audit, correct? We don't have to add into the SOS?"

Karen Sheff:

Good question. Again, we know there's a lot going on here, lots of moving parts with the audit and everything. The answer is actually, "No, that's not correct." If you're using the audit tools, that's great. That's what we hope most people will use. But you do still need to get your information into the SOS. It's a really simple process once you've gotten it into the audit. If you again have your Target Group list in RPMS, you pull out a file of your Target Group member. You upload it into the WebAudit as an interim audit. There's just one more step to pull it into the SOS. You don't have to re-enter it. You don't have to do anything except tell us that you're pulling the data over and it happens for you automatically. It's a very simple process but it is one more step and you do need to do that to get it into the SOS. Great question.

Melanie Knight:

I think that's all our questions at this point.

Karen Sheff:

All right, so maybe give people just another minute or two to think about questions and then we'll wrap it up for today. But again, I really appreciate your feedback. If you can do our evaluation, if you have any other feedback, it has a place for comments. If things come up throughout the year that you need or you're not finding, usually email is the best way to contact the team just because then who's ever sort of on our help desk, if you will, can get back to you as quickly as possible.

Any feedback you have, so again, this is new and we need to know what's working and what's not working. Please don't hesitate to reach out to us. We want to hear the good and the bad about the system.

It doesn't look like we're getting any more questions in at this point, so I guess we're ready to wrap it up for today.

Even though I'm the one talking today, we have a whole team of folks here helping me out. We've got team members Jennie Olguin, Kelli Begay, Kerry Houlihan, Melanie Knight, our developer, Karen Schellenberger has been on as well, listening. It takes a whole team to make this happen. It's a great team to work with. Thank you all again for your time today and if you do have questions that come up and you prefer to have them asked in this format, when we're on, feel free to attend any of the upcoming Q & A sessions.

The dates for the coming up ones, the three that are scheduled are on the screen. That's not to say we won't have any after that. But we've just got them scheduled up through April for now. You're welcome to join any and all of these if you have questions.

Kelli Begay:

Thanks, everyone.