SDPI Outcomes System (SOS)
Baseline Data for 2022

IHS Division of Diabetes Treatment and Prevention
January 19, 2022
SDPI – Commonly Used Abbreviations

- ADC = Area Diabetes Consultant
- Audit = IHS Diabetes Care and Outcomes Audit
- Best Practice = SDPI Diabetes Best Practice
- DDTP = IHS Division of Diabetes Treatment and Prevention
- DGM = IHS Division of Grants Management
- EMR = Electronic Medical Record
- NoA = Notice of Award for your SDPI Grant
- PHI = Protected Health Information
- PII = Personally Identifying Information
- RKM = Required Key Measure
- SDPI = Special Diabetes Program for Indians
- SOS = SDPI Outcomes System
Today’s webinar

1. **2022 Required Key Measure (RKM) Data: Baseline**
   a. Recap of requirements
   b. Data submission: process, methods, and data review

2. **SOS Website and Demonstration**

3. **2021 RKM Data: Final**

4. **2021 Annual Progress Report**

5. **Questions**
Required Key Measure (RKM) Data for 2022
Recap of Requirements for 2022

1. Best Practice Requirements:
   a. Selected one Best Practice
   b. Described proposed activities/services
   c. Described and determined size of Target Group

2. RKM Data Submission into SDPI Outcomes System (SOS):
   a. Baseline (required)
   b. Midyear (optional)
   c. Final (required)

3. Guidance - Select a Best Practice that:
   a. Addresses needs identified in your community
   b. You could “move the needle on”, show improvement using RKM data
Why is submission of RKM data required? (Purpose of the SOS)

– To show the national results of SDPI activities.
  • Are improvements being made?
  • How big are the improvements?
  • How many people are receiving Best Practice related activities/services?

– To show stakeholders the good work that’s being done.
  • You can share your program’s results with tribal leaders, community members, and others.
  • Combined (NOT individual program) data is shared with IHS leadership, Tribal leaders, and others.
About RKM Data

- **RKM result** = Number and percent of Target Group members who achieve the RKM

- **RKM is specific to the Best Practice selected.** Examples:
  - **Diabetes-related education**: Number and percent of individuals in your Target Group who receive education on any diabetes topic*, either in a group or individual setting. (* Includes nutrition education, physical activity education, and any other diabetes education.)
  - **Glycemic control**: Number and percent of individuals in your Target Group with most recent A1C <8.0%.

- **RKM data are:**
  - tracked locally throughout the budget period
  - submitted to DDTP via the SDPI Outcomes System (SOS)
<table>
<thead>
<tr>
<th>Required?</th>
<th>Baseline</th>
<th>Mid-Year</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
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<table>
<thead>
<tr>
<th>Reflects</th>
<th>Starting point</th>
<th>Progress so far</th>
<th>Final results</th>
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<table>
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<tr>
<th>Collected</th>
<th>Before starting activities/services, around the beginning of the budget period</th>
<th>Around the middle of the budget period and/or other times</th>
<th>At the end of the budget period</th>
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<tr>
<th>Due Date for 2022</th>
<th>2/28/2022</th>
<th>6/30/2022</th>
<th>1/31/2023</th>
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<thead>
<tr>
<th>Value</th>
<th>Could be 0% or higher</th>
<th>Generally higher than 0%</th>
<th>Up to 100% or even higher</th>
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<table>
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<tr>
<th>Remember</th>
<th>“Lock” data in the SOS after submitting</th>
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Indian Health Service
Division of Diabetes Treatment and Prevention
<table>
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<tr>
<th>Scenarios</th>
<th>RPMS or another EHR</th>
<th>Other</th>
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<tbody>
<tr>
<td>Target Group List: Local</td>
<td>Set up a register or template (different from main DM registry)</td>
<td>Keep track using Excel, paper, other</td>
</tr>
<tr>
<td>Target Group List: Submitting to IHS</td>
<td>Upload and store in <strong>WebAudit</strong></td>
<td>Enter into SOS</td>
</tr>
<tr>
<td>RKM Data for Target Group Members</td>
<td>Upload and store in <strong>WebAudit</strong></td>
<td>Enter into SOS</td>
</tr>
</tbody>
</table>
| Baseline RKM Result               | Two options: 1. Create Audit data file for Target Group for Jan-Dec of previous year>Upload into **WebAudit**>Pull into SOS  
2. Aggregate (generally only for education BPs) | Two options: 1. Individual Entry  
2. Aggregate (often appropriate for education BP) |
| Final RKM Result                  | Create Audit data file for Target Group for Jan-Dec of budget period>Upload into **WebAudit**>Pull into SOS | Submit into SOS using Individual Entry     |
2022 Best Practice and Target Group Information for Your Program

1. Review your program’s 2022 Project Narrative Best Practice section (Part F). Note:
   a. Which Best Practice was selected
   b. Target Group information: number and description

2. Determine which method your program will use to track RKM data and submit into the SOS for 2022:
   a. RPMS or another EMR -> Upload into WebAudit-> pull into SOS
   b. Other data source -> Enter Individual into SOS

3. Determine if your Target Group members are:
   a. Known at baseline (generally for Best Practices with a clinical focus)
   b. Not known at baseline (generally for education Best Practices)
### Best Practice Updates for 2022
#### Hepatitis C Screening

<table>
<thead>
<tr>
<th>Year</th>
<th>RKM</th>
<th>Target Group Guidance</th>
</tr>
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<tbody>
<tr>
<td>2021</td>
<td><strong>RKM</strong></td>
<td><strong>Target Group Guidance</strong></td>
</tr>
<tr>
<td></td>
<td>Number and percent of individuals in your Target Group who have ever</td>
<td>Select your Target Group from adults with diabetes 18</td>
</tr>
<tr>
<td></td>
<td>been screened for the Hepatitis C virus (HCV)*.</td>
<td>years of age or older.</td>
</tr>
<tr>
<td></td>
<td><em>Screening is performed using the Hepatitis C antibody (anti-HCV) test.</em></td>
<td></td>
</tr>
<tr>
<td>2022</td>
<td><strong>RKM</strong></td>
<td><strong>Target Group Guidance</strong></td>
</tr>
<tr>
<td></td>
<td>Number and percent of individuals in your Target Group who have ever</td>
<td>Same as 2021</td>
</tr>
<tr>
<td></td>
<td>been screened for Hepatitis C (HCV)* or were ever diagnosed with</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HCV.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Screening is performed using the Hepatitis C antibody (anti-HCV) test.</em></td>
<td></td>
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</table>
Best Practice Updates for 2022
Immunizations - Hepatitis B

**2021**

RKM
- Number and percent of individuals in your Target Group who have ever completed the hepatitis B vaccine series (using either a 2 or 3 dose series depending on vaccine type).

**Target Group Guidance**
- Select from adults with diabetes.

**2022**

RKM
- Number and percent of individuals in your Target Group who have ever completed the hepatitis B vaccine series (using either a 2 or 3 dose series depending on vaccine type) or who are immune to Hepatitis B.

**Target Group Guidance**
- Select from adults and/or youth with diabetes.
Best Practice Updates for 2022
Immunizations - Pneumococcal

2021
RKM
• Number and percent of individuals in your Target Group who have ever received a pneumococcal vaccine.

Target Group Guidance
• Select from adults with diabetes.

2022
RKM
• Number and percent of individuals in your Target Group who have ever received a Pneumovax (PPSV23) vaccine.

Target Group Guidance
• Select from adults and/or youth with diabetes.
Best Practice Updates for 2022
Tuberculosis Screening

2021

RKM
• Number and percent of individuals in your Target Group who have ever had a TB test result documented.

Target Group Guidance
• Select from adults with diabetes.

2022

RKM
• Number and percent of individuals in your Target Group who have ever had a TB test result documented or who have a diagnosis of TB.

Target Group Guidance
• Select from adults and/or youth with diabetes.
Data Submission: 
Process, Methods, and Data Review
Overview of steps for collecting and submitting RKM data

1. SOS access: Request (if you don’t already have it).
2. Target Group:
   a. Set up a list to track your Target Group. Add members when you know who they are.
   b. Collect RKM data for Target Group members.
3. Best Practice and Target Group info: Enter into the SOS.
4. RKM data:
   a. Gather locally or from RPMS/other EMR.
   b. Submit into the SOS.
SOS Access

- To request access, visit the SDPI website.
- Requires an IHS web account: user name and password.
  - Anyone can set up a web account – does not require IHS email.
  - Different from what you use to log into your email and computer.
- If you have forgotten your user name or need assistance, contact the SDPI team via email: sdpi@ihs.gov.
- More than one person from the same program can have SOS access.
- Each person who needs to use the SOS should request access using their own IHS Web Account.
Select Target Group members

A Target Group is the largest number of patients or participants that you can realistically include in the activities or services for your selected Best Practice.

– If members are known at baseline:
  • Determine Target Group members on or around 1/1/2022
  • Follow the same Target Group members through the entire budget period.
    – Don’t add members.
    – Don’t remove members, except special circumstances (e.g., death, relocation).
  • Example: Best Practice is glycemic control. Grantee identifies diabetes patients with most recent A1C>9 and selects those for whom A1C<8 is an appropriate goal.
Select Target Group members

– If members are not known at baseline:
  • Add Target Group members throughout the budget period.
  • Example: Best Practice is physical activity education. Grantee is providing community-based education sessions, so they can’t identify the entire group they will serve ahead of time. They will add members as they hold education sessions.
1. Set up Target Group list in RPMS.
   a. If you **do** know who members are at the beginning of the Budget Period, add them.
   b. If you **do not** know who members are, add them as you go along.

2. Create an Audit data file for your Target Group.
   a. Baseline: Jan 1-Dec 31 of 2021
   b. Final: Jan 1-Dec 31 of 2022

3. Upload the Audit data file into the WebAudit as an Interim Audit.

4. Enter Best Practice and Target Group information into SOS.

5. Submit RKM data into SOS: Pull from WebAudit
Possible exception: For the three education Best Practices, for baseline only you may use aggregate entry in the SOS to start at 0%.
RPMS or EMR Considerations

– Requirements:
  • Access to RPMS (or another EMR).
  • Ability to create registry or template of Target Group members.
  • Timely and accurate entry of data for RKM into system.
  • Access to the WebAudit.
RPMS or EMR Considerations

— Pros:

• Once Target Group is set up and data are entered into EMR, data can be pulled into a data file - does not require separate entry of data into SOS.

• Can use RPMS and WebAudit tools, including reports and graphs.

— Cons:

• Not available if program does not have access to RPMS/other EMR and WebAudit.

• If data are not accurate or entered into RPMS/other EMR in a timely manner, RKM data will not be current or correct.
RKM Data from Other Source

SOS: Enter Individual

Use Excel, other software, or paper to keep track of data for Target Group and RKM. Basic steps:

1. Set up a Target Group list.
   a. If you **do** know who members are at the beginning of the Budget Period, add them.
   b. If you **do not** know who members are, add them during the Budget Period.

2. Enter Best Practice and Target Group information into SOS.

3. Enter individual information for each Target Group member into SOS.

4. Enter/Submit RKM data for Target Group Members
   a. Baseline:
      i. Individual, if Target Group known
      ii. Aggregate Entry, if Target Group not known
   b. Final:
      i. Finish entry of individual data in SOS to be sure it is complete.
      ii. Submit final RKM result in the SOS using Individual Entry.
Considerations for Other Data Sources (not RPMS or EMR)

— Requirements:
  • Local system for tracking of Target Group and RKM.
  • Entry of information for each Target Group member into SOS.
— Pros: Does not require access to any EMR system.
— Cons:
  • Must keep track of Target Group members outside of SOS also – no PII can be entered.
  • Must enter data into SOS in addition to local system.
Individual Entry - Reminders

1. Personal identifiers (including names, chart numbers, and full dates of birth) **cannot** be entered into the SOS. Month/year of birth, gender, and RKM measure are collected in the SOS.

2. Each individual is assigned a random ID number (participant identifier) by the SOS. There is no way to connect SOS ID number with identifying information about an individual within the SOS. Your program should **add** the SOS ID number to your local list.

3. Since your local list will contain personal identifiers, be sure to store it in an appropriately secure location on your computer or network.

4. Be sure that more than one team member knows where your local list is stored and has access to it.
RKM Data Review

After submitting, review your program’s RKM Data Summary Report for 2022 from the SOS. Look for:

– General Issues
  • Can you pull up the report? If not, your baseline data has probably not been submitted.
  • Is the exact same value in there more than once? If so, contact the SDPI team to remove one of the values.
  • Is the correct value marked as Baseline? If not, contact the SDPI team to fix.
RKM Data Review (cont’d)

– WebAudit Method Issue
  • Is your Denominator “very” different from your Target Group Number? If so, check that your baseline Audit was run on the correct registry/list. Rerun and resubmit if necessary.

– Individual Entry Method Issues
  • Is the number of individuals entered “much” smaller than your Target Group Number? If so, determine if additional individuals need to be entered.
  • Is the number of individuals entered “much” bigger than your Target Group Number? If so, discuss with your Area Diabetes Consultant.
Baseline RKM Data - Other Considerations

- If you are using the WebAudit method with RPMS/DMS:
  - Use Audit 2021 or 2022 in DMS.
  - Use 12/31/2021 as the Audit Period End Date.
  - In the WebAudit select the year that matches the DMS “version” – 2021 for DM21 and 2022 for DM22.

- Your program can only submit RKM data for your **one** selected Best Practice and Target Group.

- RKM data can only be submitted for the Target Group as a whole; it cannot be submitted separately for sub-groups.
Your program’s RKM data

– Will not be shared with anyone other than DDTP, DGM, and ADCs.
– Will not be used to determine whether or not you will receive future SDPI funding.
– Will not evaluate activities/services that are not related to your Best Practice.
  • Evaluate these activities/services as described in your Application Project Narrative.
SOS Information and Resources

• **SOS Website**: [https://www.ihs.gov/sdpi/sdpi-outcomes-system-sos/](https://www.ihs.gov/sdpi/sdpi-outcomes-system-sos/)
  - Checklists for RKM data submission on [General Information webpage](https://www.ihs.gov/sdpi/sdpi-outcomes-system-sos/)
  - Recorded webinars on [Training webpage](https://www.ihs.gov/sdpi/sdpi-outcomes-system-sos/)

• **Other resources**:
  - SDPI website: [https://www.ihs.gov/sdpi/](https://www.ihs.gov/sdpi/)
  - Diabetes Audit website: [https://www.ihs.gov/diabetes/audit/](https://www.ihs.gov/diabetes/audit/)
  - RPMS website: [https://www.ihs.gov/RPMS/](https://www.ihs.gov/RPMS/)
2021 Final RKM Data

– Required for all grantees.
– Due date: **1/31/2022**.
– Before locking data in SOS, run and review RKM Data Summary Report for 2021.
– Resources
  • Recorded webinar on [SOS Training webpage](#).
  • Checklists on [SOS General Information webpage](#).
2021 Annual Progress Report

- Now available!
- Required for all grantees.
- Due **3/31/2022** in GrantSolutions (If you are a subgrantee, check with your primary program on due date and submission preferences.).
# Contact Info: DGM

- IHS Division of Grants Management
- Website: [www.ihs.gov/dgm](http://www.ihs.gov/dgm)
- Main line: 301-443-0243

## IHS Division of Grants Management – Grants Management Specialists (GMS)

<table>
<thead>
<tr>
<th>IHS Area</th>
<th>GMS</th>
<th>GMS Email</th>
<th>GMS Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuquerque, Nashville, Navajo, Phoenix, Tucson</td>
<td>John Hoffman</td>
<td><a href="mailto:John.hoffman@ihs.gov">John.hoffman@ihs.gov</a></td>
<td>301-443-2116</td>
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<td>Great Plains, Portland, Oklahoma City</td>
<td>Cherron Smith</td>
<td><a href="mailto:Cherron.smith@ihs.gov">Cherron.smith@ihs.gov</a></td>
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<td>Alaska, Bemidji, Billings</td>
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<td><a href="mailto:Patience.musikikongo@ihs.gov">Patience.musikikongo@ihs.gov</a></td>
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<td><a href="mailto:Pallop.chareonvootitam@ihs.gov">Pallop.chareonvootitam@ihs.gov</a></td>
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