SDPI Outcomes System (SOS) Orientation
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Melanie Knight:

I'm going to go ahead and just briefly introduce our presenter today which is Karen Sheff and she is our biostatistician with the Division of Diabetes, so I think I will go ahead and let Karen Sheff take it away.

Karen Sheff:

Thank you, Melanie. So along with Melanie, we have a whole team of folks that work on SDPI as probably most of you know. I just wanted to call some of them out by name. We've got Kelli Begay, behind the scenes today making our training go smoothly as always along with Jennie Olguin and Kerry Houlihan, and of course, we've got our Division of Diabetes Director and Deputy Director Ann Bullock and Carmen Hardin on with us, as well as the developer of the fabulous system you're going to see, the SOS. Our developer is Karen Schellenberger.

For those of you that were on our webinars for the SDPI FY 2016 application, you've heard about the SOS but you're going to hear a whole lot more about it today.

We're going to do a quick review of the current status of SDPI for FY 2016 and a quick review of the Best Practices which again most of you are probably familiar with. But just to give us a context for what we're talking about today, we're going to talk about why, when, and how to submit RKM data via the SOS, the different ways you can submit data to the SOS, and then we're going to have an introduction to the SOS website along with the demonstration of the SOS.

We know this is a lot to cover today and two hours is a long webinar, so we appreciate all of your time and attention today. And I think it was mentioned earlier, this is being recorded so in case you need to leave early or there are parts that you want to watch again, that recording will be available on the SDPI and SOS website soon.

So you'll see that there are many abbreviations we use to refer to SDPI components, different things. There is a box to the left-hand side of the screen that has these abbreviations, so I'm not going to say the full names every time I use them because we're going to use them a lot today. Just keep in mind that you can see those listed on your screen as well to the left if you're not in full screen mode.

Let's look back a little bit to the application process for FY 2016. You'll recall that there was a requirement, to select one Best Practice. In your application, you did. You already selected the one Best Practice that your program is going to implement for FY 2016. In your application, you also described the proposed activities and services you are going to do towards this Best Practice, and you described and determined the size of a Target Group, that is the people that you're going to provide those activities and services for, who you're going to work with on your Best Practice.

We provided guidance to you in selecting the Best Practice that would be good to select one that addressed needs, identifying your community and to also select one that was something you could move the needle on, show improvement. In addition, in your FY 2016 application, you could propose to implement other activities and services that were not related to your Best Practices as resources allow. I just want to make clear today that what we're talking about is the Best Practice and the SOS is designed to capture data for your Best Practice only, not for these optional activities.

Since your application, the ORC process, the Objective Review Committee process has taken place and NOAs are being processed and distributed. Some of you may have already received an NOA; some of you will be receiving them soon. Almost all grantees will receive more funding for FY 2016 than they originally applied for. And because of that, you'll be asked or have already been asked to submit work plan revisions to provide information about how you're going to use those additional funds.

In your work plan revisions, you may propose changes to your Target Group. So as we've just said, you already selected a Target Group or you described a Target Group and how many people were in it in your application but you do have the ability to change that in your work plan revisions. You can propose changes to your Target Group including increasing the number of members. So if you got more money, you may be able to include more people in your Target Group. Or you may want to expand who's in your Target Group. For example, if you're working with youth and you said you wanted to work with young age groups three to five, maybe with additional funds, you can expand that to work with kids that are, say, three to ten and so on. These are not things that you have to do, but these are things that you may choose to do. Keep in mind that all revisions including changes to your Target Group have to be approved by the appropriate people.

Let's revisit a little bit about the Best Practices. Again, you've selected one that you're going to work on this year but you might remember that there are actually 18 different Best Practices that you could have chosen from. Each Best Practice includes the following components. There's a statement of its importance, there is one, Required Key Measure (RKM), there is guidance provided on selecting the Target Group, and there's a list of resources and tools. If you need a refresher on what the Best Practices are or if you're, perhaps, new already, you can visit the Best Practice web pages, and that includes a lot of information as well as some recorded trainings that give you an overview of the Best Practices.

This is a quick reminder. This is the list of the 18 Diabetes Best Practices that you could have chosen from. You'll see that they range from very clinical topics such as blood pressure control to exams, dental exams, to different kinds of education including nutrition and physical activity. And this is just a screenshot of one of the web pages for the diabetes-related education Best Practice. You'll see that there are certain components, as we mentioned, that are common to all of them.

The important statement is there, the Required Key Measure is there, the Target Group Guidance is there. I know this is really small so we don't really intend for you to be able to read all these, but just reminding you what these pages look like. And again, you can feel free to visit them for more information and for the details.

Just zoom in a little bit on that page, one of those sections was the Target Group Guidance. Again, this is specifically the guidance for the Diabetes-related Education Best Practice. And the guidance states

to select your Target Group from adults and/or youth with diabetes and/or at risk for developing diabetes. You can see that this is a very broad group to choose from. In fact, it's maybe almost everyone in your community. It wasn't our intent to tell you specifically who you're going to work with but to provide you with some very broad guidance as to who should be included. The education topics tend to have the broadest guidance. The clinical topics may have more specific guidance. It is important to make sure you're familiar with the Target Group guidance for your Best Practice.

In the email that went out reminding people about this training, it did say that it might be helpful to have your project narrative, your application documents handy so that as we're going through today's session, you can keep in mind which Best Practice you're working with and what you told us about your Target Group as well.

Then zooming in again, the Required Key Measure for this specific Best Practice, so again, we're looking at Diabetes-related Education and the Required Key Measure is the number and percent of individuals in your Target Group who receive education on any diabetes topic either in a group or individual setting. And then there's a note about what kinds of education. Again, this is the Required Key Measure. This is the data element that if you selected this Best Practice, you're going to collect data on for your Target Group.

Let's talk a little bit about why submission of Required Key Measure data is required, so aggregate not individual program but the aggregate. Everybody's data all grouped together, RKM data will be shared with IHS leadership, Tribal leaders, and other stakeholders. The reason for aggregating and sharing this data is to share the national results of SDPI activities. We want to see are improvements being made and how big are the improvements that are being made? Really, what we want to do is show the stakeholders the good work that's being done. Keep in mind that for you, you'll have access to your program's RKM data and you can share that with your Tribal leaders, community members, and others as you feel is appropriate. But again, we won't be showing your individual program data to broader audiences. Your program's RKM data will not be shared with anyone other than the Division of Diabetes, Division of Grants Management in IHS, and Area Diabetes Consultants. Your program's RKM data also will not be used to determine whether or not you will receive future SDPI funding. The requirement is that you have to submit Required Key Measures data but the actual values that you submit and how much improvement is shown won't be used to determine whether or not you receive funding in future years.

Then we'll also not evaluate activities and services that are not related to your Best Practice. Again, as we said, programs have the option of proposing activities and services that were not related to their Best Practice. RKM data and the SOS cannot be used to evaluate those other activities and services. You were asked in your application project narrative to describe how you're going to evaluate those other optional activities and services. You'll to need to refer to your project narrative for that information.

Let's talk a little bit about when you're going to submit RKM data. The first time you're going to submit it is what we call baseline. Baseline is where you're starting from. How many and what percent of your Target Group members had achieved the RKM before you started your FY 2016 activities? Even if you didn't work directly with your Target Group last year, some of them probably achieved the Required Key Measure as part of their regular diabetes care or services offered in your community. For example, if you pick a Target Group, some of those members, for example, may already have received education last year, but your goal maybe that you're wanting to increase the number and percent of those people that received it. Your baseline doesn't have to be zero. It's okay if it's not.

The due date for submitting baseline Required Key Measures data is April 29, 2016 for all grantees. We know we haven't even shown you the SOS or really talked about this in detail and this date will be reiterated in communication from the division and it's on the website as well. Just giving you a context when that data is going to be due.

More about baseline RKM data, how it's going to be collected. Most grantees will use data from an electronic health record system. This might be the RPMS System that's developed by IHS, or it might be another electronic health record system. Baseline data is based on information for your Target Group for the previous calendar year. For year 2015, you're looking to see whether Target Group members achieved the RKM.

The baseline data should reflect the most recent clinical value or whether the service or activity was provided during the year. For example, if you're doing the glucose control, A1C may have been measured more than once in a year for a patient. You're going to use the last value your Target Group members had. If someone in your Target Group had education more than once in a year, all you need to know is that they had it at least once in a year.

A couple of examples again, so glycemic control, let's say during 2015, 25% of your Target Group members had A1C less than 8% and again that's the most recent measurement during the year. That might be your baseline data, so 25%.

For diabetes-related education, during 2015 is 30% of your Target Group members received diabetes-related education at any time during the year.

What we just talked about is what most grantees will do, but we understand that grantees have a wide variety of resources and electronic systems that are available to them. We know that it may not be possible to get RKM baseline data for your Target Group members from RPMS, or may not be able to do it right now, or from another EHR or another source. We're recognizing that FY 2016 is a little bit of a different year. We're just getting started and so we know that some of you may not be able to get that data from an electronic health records system for baseline. If that's the case, you will assume that no Target Group members achieved the Required Key Measure in 2015, and the number and percent of Target Group members who achieved the Required Key Measure baseline will be zero and zero percent. Again, we hope this will be the minority of you but we understand that this may be the case for some folks.

We just talked about baseline data. That's the data you're going to submit at the beginning of the year. Then you're going to submit Required Key Measures data again at the end of the budget period. If baseline is looking at what you did before you started your FY 2016 activities, the final is what you achieve by the end of your budget period. This will be the number and percent of Target Group members who achieved the Required Key Measure by the end of the budget period, which is the same for everyone, December 31, 2016.

We know that the budget period start date was not the same for all of you, so depending on your budget period start date, you will have between 9 and 12 months of activities and services completed. If your budget period start date was January 1, you have the whole year. If it was April 1, you'll have nine months and if it was somewhere in between, you'll have something in between. We know everybody doesn't have the same amount of time to implement their activities and services or may not and that's okay.

We just talked about the baseline data being due in April of 2016. Your final data for your Required Key Measure will be due in January of 2017. As that date gets closer, I'm sure we'll be providing a more specific date. Once you've got your baseline and your final data, really the end goal is to compare them to see how much improvement was made during the budget period. This is really a basic form of evaluation that will be consistent across all of our grantees for FY 2016.

Now we're going to walk through the steps of how to collect and submit Required Key Measures data. Most grantees will determine Target Group members on or around your budget period start date. Again, we know that's different for different grantees, or if you're a cycle three or four grantee and your

budget period start date is April 1 and you're ready to start sooner than that, you can do that. No one says you have to wait till you get your NOA or until your budget period start date to start selecting your Target Group members. You'll follow the same Target Group members through December 31, 2016, the end of the budget period without adding members and without removing members unless there are special circumstances. We've discussed this during some of the training for the application, so again, we know that things happen, but the general idea is that you'll select a group of people and you'll follow them throughout the budget period.

That's what most grantees will do. Again as 2016 being kind of a different kind of year in the first year of these activities, we know that some branches won't be able to this, they won't be able to find a group of people and follow them through that year. So for those grantees they can add Target Group members throughout the budget period. So you may be enrolling people in your programs throughout the year and you may know some of them at the beginning or you may not. And you can add people as you go on through the budget period.

So for example, if your Best Practice is physical activity education and the grantee is providing community-based education sessions, you can't identify the whole group they're joining from. So they will add members at the whole sessions. As people come through your sessions, you will add them to your Target Group. We know it can me some confusing about Target Groups, it's a very complicated topic. So if you need more information on this or you can just need a refresher, there was a webinar recorded during the application process about Target Groups and you can find the link on the slide and again it's also on the Best Practices web pages.

So after you've selected your Target Group members, you need to set up a list of them. You need to keep track of them some place. In RPMS, you can create a new registry or register or template that is separate from your main diabetes register, unless you already have one that exists that has just your Target Group members in it. So we know that some facilities, some sites maintain a diabetes register of all their patients, they might use that for local activities, as well as for their diabetes audits. But because your Target Group is likely to be a smaller group of people than everyone with diabetes, you will want to create a separate register. Because you want to keep your main register for your other activities but you'll need a separate list of people just for your Target Group and you can do that by creating other registers or templates.

If you have an other electronic health record system, you'll need to consult with the local OIT and support staff as to how you can set up a list of patients in that system. It might be called a "Template" or a "Register" or a "Registry", or it might be called something completely different. So you would need to consult with the local people about how to do that. If you don't have access to an electronic system, you'll need to set up your list of Target Group members manually. So you might do that using Excel or some other software that you have, or you might just create a list on paper, that's what you can do. If that is the case, then you are going to enter those members into the SOS one at a time. It is important to know that only non-identifiable information about each target group member can be entered into the SOS. So you may keep track of your list and have people's name and information study, you know who they are but you will not be able to enter that information into the SOS. However, the SOS does provide a unique internal identification number for each member of your Target Group.

We're going to walk through these steps in the SOS in a few minutes. So I know it's hard to imagine what this might look like, but we'll give you a demonstration. So some notes about this manual process -- again just a reminder that chart numbers, full dates of birth and other identifiers cannot be entered or stored into the SOS, there's no way to do that. The unique identifier that's assigned to each person by the SOS is just a number, there's no way to connect it with identifying information about that person within the SOS. So your program must be able to connect the information in your local file or list with the SOS using the SOS number that's provided to you.

Since your local -- file or list will most likely contain personal identifier so again, not the SOS but the list that you keep locally, you need to be sure to store that in an appropriately secure location on your computer or network. And last but not the least, it's important to make sure that more than one team member knows where that file is that has access to it.

So after you selected your Target Group members and set up a list of them, then you need to gather baseline Required Key Measure data for those Target Group members. So again for most grantees, you'll be determining if each Target Group member achieved their Required Key Measure in the previous calendar year. And if it's that's not possible, you will assume that no Target Group members achieved their Required Key Measure in the previous calendar year.

So now you set up your Target Group and you collected Required Key Measure baseline data for them, now you're going to need to put that into the SOS -- first you need to get access to it.

So we're going to quickly go through the steps for accessing the SOS. The first one is that you need to register for an IHS web account if don't you already have one. This is what the screen looks like, it is a snapshot of the screen where you would register for an IHS web account. So we're not going to walk through the steps today but just so you have some idea of what it might look like to make sure you're in the right place.

After you've registered for your IHS web account you'll have a username and password that you will set up when you set up this account. Using that username and password, then you're going to request SOS access. You're going to type in that username and password for your IHS web account that was set up. And then you'll follow the instructions to request access for your grant program. This is all online and it's on the SOS website. This process, you get walked through it on the screen as you're going through it.

So we hope it will be pretty straightforward for everyone. After you created your IHS web account and requested SOS access, that access has to be approved by the SDPI team and once it is, you will receive an email message telling you that your request for access to the SOS was approved, usually in two days or less. Because this is a brand new system and we're going to have a large number of people requesting access right at the beginning, we ask for your patience if it's a little bit longer than that. We're doing our best but we know it's going to be pretty busy for us and we appreciate your patience as we get through all of those.

So you can see that this email will be coming to you from this email address the ihsddtpsdpicommunity@ihs.gov. It will come directly to your email address and it will say that your request for access has been approved. And once you have your access, then you'll log in to the SOS. This is what the log-in page looks like. So again, that username and password that you set up -- you set up for IHS web account is what you'll enter. And once you type them in here, it will take you straight into the SOS.

So those are the basic steps and that's what most people need to pay attention to. But just to tell you a little bit more about SOS accounts and access, this might make more sense to you once you've already setup in account. So again, we're providing this information here, but we understand that it can be really confusing. I want you to keep in mind that anyone can create an IHS web account, that's anyone with an email address. IHS web accounts are completely separate from IHS email accounts. So web accounts are separate from email accounts. You do not need to have an IHS email account, so an email address that ends in "ihs.gov" to get a web account.

It is also important to know that more than one person from the same SDPI program can have SOS access. Each person who needs to use the SOS should request access using their own IHS web account. And the reason for that is that IHS web accounts are directly linked to an email address provided by the user. So you might not have noticed but when you sign up for that IHS web account,

you have a username and password, but you're also providing an email address and that's really important -- in case you need to reset your password and things like that.

So you do need an IHS web account to access the SOS. But you do not need to have access to RPMS or the WebAudit to get SOS access, it is a separate system. That's part of reason why it so confusing. However, for those of you that do have access to the WebAudit and you know who you are, you will use the same username and password, same IHS web account to access the SOS you don't have to set up a separate one. So if you have access to WebAudit, remember the username and password you used to log in and hopefully that's pretty recent in your mind since we're starting up with the annual audit for 2016. But you will use the same line to access the SOS. If you do not have access to the WebAudit, you'll need to set up that web account before you can have access to the SOS as we talked about.

So for additional information and to submit requests for access, you'll need to see the SOS website. We're also hoping to put up some short tutorials walking people through this process. And hopefully, demystifying it for everybody but I think you'll find once you walk through it, it's actually pretty straight forward what to do, at least we hope so. So now that you have selected your Target Group members, gathered the list of them and got your access to the SOS and collected baseline data, you're going to go into the SOS and enter your information.

You're going to start by entering the information from your application, either your original project narrative and/or your approved revision that we talked about. If you made any changes to your Target Group and those were plan revisions, you'll want to refer to that. If you didn't, you can refer to your original project narrative. So in the SOS, you will indicate which Best Practice you have selected, the number of members in your Target Group and a brief description of your Target Group. So we know you already provided that to us, but this is way to get it into our system. This is the same process that all grantees will use, regardless of how you collect or submit Required Key Measure data into the SOS.

So once you've totaled your Best Practice and described your Target Group, then you're going to enter the RKM data into the SOS. You can do this using one of three methods. You can either pull data from the WebAudit, which is the preferred method. You can enter individual data, if you had to gather that information manually, as we talked about if you're doing Excel or some other local files that you're collecting the Required Key Measure data. You can enter that individual data into the SOS. And the third method which is the least preferred is to enter aggregate data. So the number of people in your Target Group, the number that achieved Required Key Measure. And then the percent will be calculated for you but that is the least preferred.

The choice of which method you use should depend on whether your program has access to RPMS or another electronic health record system and/or the WebAudit. If you have access to RPMS in the WebAudit, then you should be using method number one, pulling the data from the WebAudit. But I do want to let people know that you don't have to use the same method to submit data each time. So again, you need to submit data, baseline data and final data to us. You can submit it more often, if that's helpful for you but you can use different methods. So let's say for this time, you can't get your baseline data into the WebAudit just yet, you can enter it using one of the other methods. But then your final data can be pulled out from the WebAudit.

So let's talk about that first method, the preferred method, pulling data from the WebAudit. It has some additional requirements, beyond having your SOS account set up. It requires access to RPMS or another electronic health record system and/or the WebAudit. It requires that you create a register or template of your Target Group members in your electronic health record system whether that's RPMS or something else. It requires timely and accurate entry of RKM data into the RPMS or your other electronic health record system. So for example, if the information is to be entered manually from paper forms, it's not going directly into the clinical record then you'll need to have that data entered

before you can pull it back out of the system. And you'll need to upload the data file with the Target Group members created in RPMS into the WebAudit.

The advantages of using this method, pulling the data from the WebAudit are that once the Target Group is set up in RPMS or your other electronic health record system data can automatically be pulled into a data file. You don't have to enter it again once it's in your system or it probably needs to be documented anyway, you can just pull it out. You don't have to reenter it.

Also, if you use this method, you have access to the RPMS and WebAudit tools for your Target Group including reports and graphs. So you'll be able to do a lot more looking at your data and looking at it overtime if you use these tools that already exist. However, this method is not available to you if you don't have access to RPMS or another electronic health record system or WebAudit access. And if the data that you need for your Required Key Measure are not accurate or entered into your system in a timely manner, the Required Key Measure data will not be current or correct.

We know that in most cases, this data does get in to systems pretty quickly these days but there are some cases where that doesn't always happen. So that was method one, submitting data for the SOS using the WebAudit.

The second method is you can enter individual data for each member of your Target Group. So the requirements for this method beyond what we've already talked about are using the local system for initial tracking of the Target Group and Required Key Measure data for each member, an entry of information for each Target Group member into the SOS.

The advantage of this method is that it does not require access to any electronic health record system. But it does require that you keep track of Target Group members outside of the SOS also, because as we mentioned, no personally identifying information can be entered into the SOS.

And the last method, entering aggregate information requires a local system for keeping track of both your Target Group members and their Required Key Measure data. For the Required Key Measure, again you will submit only the number of people in your Target Group. We call that the "Denominator" and the number of people in the Target Group that achieved the Required Key Measure, the "Numerator." You'll enter only those two numbers into the SOS.

However, we want to let people know that for final FY 2016 RKM data, not baseline, not what you're going to submit soon but what you need to submit at the end of the budget period, you will need a waiver to use this method. And the reason is that there's no way to verify the source data if you're only entering two numbers into the system.

So a couple of other considerations and some of these are just reminders of things we've already mentioned. Again, remember that your program can only submit Required Key Measure data for your one selected Best Practice and Target Group at this time. So the one you selected in your application, you can enter data for. In the future, we're hoping that we can expand the SOS. So that people can use the system in a more flexible way but that's the way it's going to work right now.

You may remember during the application process that we talked about Target Groups may have sub-groups. But for now Required Key Measure data can only be submitted for the Target Group as a whole into the SOS. It can't be submitted separately for sub-groups at this time. So an example of having sub-groups would be is -- Best Practice's physical activity education and your Target Group includes both elders and youth. The RKM data have to be submitted for all them together not separately for elders and youth.

And also, I just want to let everybody know that the SOS is a work in progress. It's a new system and we appreciate everyone's patience. If there are bugs or errors, we will do our best to resolve all of

those in a timely manner and provide everyone with the best possible support. But a good thing about being a work in progress is that additional tools, reports and other improvements will be made on an ongoing basis. So what you see in the SOS right now whenever you log in for the first time isn't the end of the SOS. We will be adding additional tools and functionality in reports throughout this year and even beyond it. And we will let people know as new functionality is available. So when new tools become available, we will have an email list of all the users and we'll let people know that those are available.

But just the list and resources, that might be helpful for you, we've mentioned several of these during the presentation today. So link to the SDPI website, a link to the SOS web pages in particular, a link to the Diabetes Audit website for those of you who need that information and the RPMS website as well. So those are just provided for your reference. Other than the SOS and the SDPI website you won't find anything specific to the SOS. So the Audit website doesn't have anything specific to the SOS, and neither does the RPMS.

So that's a lot of talking and looking at things on slides. I think it'll be helpful for people to really see what this looks like. So let's move on into our overview of the website and a demonstration of the SOS.

So I have my browser opened to the Division of Diabetes Treatment and Prevention of the Indian Health Service, our webpage. I'm sure all of you have found your way to this webpage at least today and many times in the past. But you should you know -- if you don't already-- that new information is posted regularly as well as training. So I definitely encourage people to be familiar with this website and visit it often. If you are a frequent visitor though, to our website, you might notice that we have done some rearranging of the menu here on the left-hand side and that is because of the rollout of the SOS. So you will see that under SDPI, the second bullet is the link to the SOS web pages. And that's where we are going to go now.

So these pages are live on the internet. You can go to them now or today, or later. We'll walk through what you can find on each page. The first page is really just an introduction page, but as I mentioned, the important dates will be posted here as reminders. We know it's hard to keep track and everybody is really busy, so I want to make sure everybody knows where they can find them.

That's this SOS Log-In tab, the first of these five. The second tab is where you'll find information about requesting an account. This walks through those steps that I just covered in the presentation. It gives you a brief overview of the requirements and these general links of where you can register for that IHS web account that we talked about, then request SOS access as well. And then once you have that access, this is also where you can log in. You can log in from this button or you can actually log in from here as well. I'll show you that in just a minute.

Again, this is the Account Request and Information tab, and this is where you'll need to go first to get your SOS access. The next tab is General Information. This covers some of the information that we talked about today. We know that there everybody doesn't have time to keep track of the long presentation so we try to pull out what we thought would be helpful and people might need to refer to on a regular basis to put on this page. It covers briefly Target Group Information, Require Key Measure data submission including the required times for submitting it and a brief overview of the methods.

This is just a reference. It can be a helpful reminder. The fourth tab is the SOS Training tab. Here you'll find information about any live or recorded SOS Training Webinars, and you'll also find information about Live Question and Answer Webinars. You might recall if you've been on any of our other webinars that for FY 2016 for SDPI, we will be having open question and answer webinars. And when I say open, what I mean is you can join us to ask questions about Best Practices, the SOS Required Key Measures, even the Audit if you want to. We'll have team members on from all of those teams to answer your questions. You can join as many of those as you want.   You can join in the middle if you need to but those are designed for our team to be on to answer your questions. We don't

anticipate having a lot of presentation time during those. They're really just time for you to have access to us to ask questions.

Last but not least, you'll find the Help and Support tab. This is just to give you a quick reference to contact information for people you might need to reach to ask questions about the SOS or the Audit. You'll find the email link to the SDPI team. You'll find an email link to contact the audit team if you have questions about the Audit, and you'll find information for contacting the National Support for RPMS and DMS. There's an email address and a phone number. These are going to go to the National Help Desk.

I understand that if you request support from the National Help Desk, what they can primarily provide support on is technical issues. They would not be able to provide you with any support in setting up a Target Group or anything specific to SDPI. They're only for help with RPMS. And it's probably helpful if you contact your Area Resources as well first. I'm not sure if we may be able to provide more information about area contacts at some point in the future, but it may be helpful to reach out to your ADC first before you contact this National Help Desk.

I'm going to go ahead and go to the login page. Once you get to this page, you hardly even know that you're on to the SOS. There's nothing on here that says SOS, but as long as you clicked on that link from the SOS website, this is what it will look like. For those of you that do have WebAudit access, this page actually looks exactly the same, so it's kind of hard to know where you are. But if you got there from the SOS page, you're in the right place.

This is the SOS. It opens to the main menu. You'll see that the left-hand menu, what you see now is different than what was on the website itself. The website has a long menu with a number of items. Once you're logged into the SOS, you will only see the items specific to the SOS. You'll see that you can access things within the SOS a couple of different ways. This main menu here has links to the same items that you see in the left-hand menu. Either way will get you there and either one works.

We're going to go ahead and walk through the system as if I were a grantee using the SOS for the first time. As we mentioned, the first thing you need to do is enter the Best Practice and Target Group information that you already selected with your FY 2016 application. It tells you even on this page where it's referred to your project narrative in your project narrative for this information.

I'm going to choose the example that we went through. Let's see, I think it was diabetes-related education. You'll select your Best Practice, so this list includes all of those 18 Best Practices. Once you select one, then you'll save it. Once you selected your Best Practice, you can't change it. Again, as in your application, you selected a Best Practice, that's the one you're going to be doing this year. Once you select in the system, that's the one that will be listed for your program. If by accident, you clicked on the wrong one, you can contact the team and they can correct it for you, but you won't be able to change it during the year.

Once you selected your Best Practice, you'll see that the screen changed, and now there's a whole section on Target Groups. What's provided here is that Target Group guidance specific to the Best Practice you selected. This will be different for different people depending on which Best Practice you selected. Then you're going to enter the total number of patients or participants in your Target Group. This will be from your project narrative or it could be from your work plan revisions, because as we mentioned, even though you can't change your Best Practice, you can increase or expand your Target Group if you would like with the additional funds that you received.

That was the number that was in my application and I'm going to work with a group of kids in a certain age group. This brief description is intended just to give us a sense of who you're working with. It's not really data per se. It's more just a label. You're briefly describing it to us, and then you'll save that information.

Once you do that, it takes you straight to the different ways that you can submit the RKM data. I just want to back up. For just a minute, I want to go back into that tool, that Best Practice Target Group Input tool just so you can see that the information just entered is saved there. As with the Best Practice, once you enter your Target Group information, it cannot be changed. That's what you'll be working with for this year. Again, if you accidentally made a mistake or need to add something, you can contact the team and we can change that for you, but generally, most people wouldn't be changing that once it's entered.

If you click on the big bold heading here, you will see that there's a menu for submitting Required Key Measure data or a sub-menu we would call it. It provides, again, some of the information that's in this presentation. We know that you're going to be busy and may not remember everything we talked about today so we provided some brief information for you on these pages. But if you already know what you're going to do, you can go ahead and select your method.

We're going to start with pulling data from the WebAudit. And again, that's the recommended method, but it reminds you here that that does require you have access to the WebAudit and that you already uploaded or entered the data for your Target Group into the WebAudit. Even though you can't see it, I already have access to the WebAudit. Larry put my data there. If you didn't have access to the WebAudit, you wouldn't be able to use this particular part of the system.

The instructions at the top of this page are a little bit different. Each page has instructions on it. It has instructions that are specific to that page. We know it's a lot to read but we just put it there for your reference. It's telling me again, just reminding me who I am. This is my grantee name. This is the fiscal year we're working with, and this is the Best Practice I selected. My facility name in the WebAudit that I already have access to and already put my data in for is Test02.

In this case, it's just test data. This would list your facility name here. We're not going to talk a lot about how data gets into the WebAudit today. There's other training from the audit team for that. But in this case, I have already entered data for my Required Key Measures for my Target Group as an Interim Audit in the diabetes WebAudit. I'm going to select that here, click on the Go button, and you'll see that it pulled my information straight from the WebAudit. You don't have to log in to the WebAudit again. It just went there and got it for me. It's telling me that my numerator, the number of individuals in the Target Group who achieved the Required Key Measure is 121 out of my denominator which is 125. That's what was in the audit.

It's also giving me a note to let me know that this number is different from the number I already entered for my Target Group. So back when I entered my Target Group information, I put in a number of 130 and it's telling me that this is different. It's not saying I can't submit this data, but it's just letting me know that it's different. This shouldn't happen too much in theory for most people. These numbers should be the same or very close. But this might happen, say, for example, if well we thought we could get 130 people into our Target Group but we couldn't quite reach that. We got 125 instead, and that's okay. And then it calculated for me that 97% of my Target Group members had achieved the Required Key Measure.

This is all test data, keep that in mind. In theory, if this is your baseline data, we certainly would not expect anyone to have a percent close to 97%. That wouldn't really be a Target Group that you could move the needle on. So just keep in mind this is all pretend data at this point. It pulled that data over for me and then it doesn't put it into the database though until I say that I want to save it. So I want to go, "Yeah, that's the right one." If it's not the right one and you realize you don't have what you need on the WebAudit, you can back out of this by canceling and then you can come back later and do it again. In this case I'm going to say that this was right and I'm going to save it. It tells me that the data was saved.

I'm going to go ahead and go back to that tool just so you can see what it looks like. Because this is a web-based system, every time you click through to a different screen, things might be a little bit different than what you saw before. So now I have this same tool here where I can pull data from the WebAudit but it's already put in the data that I just submitted into a table down here letting me know what area is submitted. Because this is the first time I put data in, it automatically is labeling this as my baseline data.

In addition to the numbers that we just saw, it tells me where the data came from, when it was submitted, on what date, not the time period that it covered but just when it was submitted and who submitted it. So again, as we said, more than one person for your program can have access to the system so you'll know who specifically submitted the data each time.

That's an overview of method one; that's pulling your RKM data from the WebAudit. Next, we're going to look at entering individual data; that was the second method.

Our network's been a little slow here. Thanks for bearing with us. You can see up here at the top that it's trying to get there. It usually doesn't run this slowly, but we've had some network issues this week.

All right, so now let's move over into the Enter Individual Data screen. Again, these instructions here are specific for this method of entering data. You'll see that unlike the WebAudit, it took me straight to a place where I can pull my data over, I actually have two options here. I have to enter individual members first and then I can enter their RKM data. We're going to start with the first link here Individual Information Entry.

Again, you can see it knows what grantee I am, what fiscal year I'm in, what my Best Practices are, what the number I said would be in my Target Group, the description, and it tells me how many members have already been entered. In this case, I haven't entered any using this method, so the number is zero. Keep in mind that you'll want to submit the data for your Target Group altogether. So that first one that we did from the WebAudit, that's the baseline data. You can't use a mix of methods to submit baseline data. You have to pick one and use it. However, if you submit the final data, you can use a different method in the future but just keep in mind for your baseline data you have to pick one method and stick with it.

So in this case, I'm going to be entering my individual Target Group members. This is that ID that I mentioned before. This is the number that the participant is given. It's just a number. It's unique within your program. What you can enter about your Target Group members is their month and year of birth and you can enter their gender, and that is all. You cannot enter their names. You cannot enter chart numbers or any other identifying information. Again, as you're entering this, if your list that you maintain locally is in Excel or on a piece of paper, or whatever you're using, you'll want to note this number and add that to your information as you enter each person into the system.

So as I enter that first person, I'm going to save them. Save their information, that is.

Again, generally, the system will not be this slow. I'm not sure what might be causing it to be slow today, but usually this process will go a whole lot more quickly.

Melanie Knight:

It could be, too, because people are just trying to get access as well.

Karen Sheff:

Let's go ahead and move on just a little bit. I don't want to hold this up on this and maybe as we start to answer some questions, we can continue walking through this process because this is taking a lot

longer than I would have expected. Let me see if I can cancel this and get to the third method so we can show you that method -- at least that takes the least time. We need to log back out and log in. I don't know if that would help or not.

Well I'm hopeful that the system will catch back up with us, but certainly I don't want to hold everybody's time up. I don't know if we want to go ahead and start answering some questions? Okay. All right, we'll sit tight and keep this on the screen and hopefully this will speed up for us here in a few minutes. But we'll go ahead and start taking questions one at a time. So Melanie is going to read the questions to me and I'll do my best to answer them with the help from the team.

Melanie Knight:

Great! Okay, first question is from Jamie Sweet, "How do you advice programs that have already submitted program/budget revisions in changing their Target Group?"

Karen Sheff:

Dr. Bullock, you want to take that one?

Dr. Ann Bullock:

Sure. Thanks for the question, Jamie, and hi everybody. Apparently, Jamie is talking about some current cycle one or two or most who were those in the last iteration of SDPI. They have already submitted their program and budget revisions and either have already received approval through their ADC and through Grants Management for those revisions or they're waiting on that approval. If you have not yet received that approval, you're still in the back and forth, trying to get the revisions into an approvable form, then you would want to check with your ADC and your Grant Management Specialist to see if you could add those changes in while you're still going through this.

If you have already received the approval, I guess it would depend on how big of a change you want to make to your Target Group. As Karen noted earlier, if you're going to only change it by a little bit, especially if you're going to increase the size then it may not be something that you have to get a formal approval for or make a revision for. If you're going to significantly expand the number of sub-groups in your Target Group, you might want to talk with at least with your ADC about that. But at least the important part here is you're probably expanding these two things which is less of an issue for approval than if you were proposing to say, "I'm going to only take care of half the people I thought I was going to," which would be the opposite. So if you have not yet submitted your revisions, if you're cycle three and four, plan for that as you do your revisions and submit them into Grant Solutions and to your Grant Management Specialist.

If you are in a process of getting those revisions approved, try and get those revisions in especially if they're significant. If you have already had that, and there aren't too many of you who are fully through that process of getting your supplemental funds, project narrative and budget revisions all approved but for those few of you who have, if it's going to be a big change, talk with your ADC and your GMS, but hopefully again, it might not be a big problem.

Melanie Knight:

Great! Thank you. Let's go to our next question from Nicky from Hualapai. "Will we have access to the aggregate data?"

Karen Sheff:

Yes. For your own program -- will you have access to the aggregate data? I apologize. So everyone will have access to their own program data. As far as the aggregate data, I'm not sure we've thought that through all the way as to how that will be shared with everyone. Dr. Bullock, do you have thoughts on that?

Dr. Ann Bullock:

Absolutely. So the short answer to that question is yes. Once we have this all together, we will be excited to show everyone what this looks like. So, yeah, the answer is you will have access to see what that looks like. Remember that we have 18 different Best Practices and 301 primary and sub-grantee programs that are going to be working on them. Some Best Practices will have lots of sites and lots of patients or participants that are in the Target Groups for them, and others may be sparsely selected or only have a few. So the aggregated data will have a wide range in that way. But once we have it and we combine the data from all of you who had picked the same Best Practice, so it will be 18 different aggregate data if you will, we will be glad to show it to everybody.

Melanie Knight:

Great, thanks. Next question is from Nicky as well. "The baseline education has to have been documented in RPMS? We are not considering education that may have been received through the community-directed program services?"

Karen Sheff:

So data don't have to be documented in RPMS. They don't have to be. We hope that most people would be able to but if they're not, and especially for baseline for FY 2016, if they're not, that's okay as long as you can somehow get access to that information to know who had the education then you can submit that and again, if you can't for some reason, then you can put the baseline as zero for this year. I'm not sure if that answered your question but I hope so. Anything to add, Dr. Bullock?

Dr. Ann Bullock:

Right. What we're talking about for baseline data is obviously the data for last year when you all were probably doing very different Best Practices and activities. As Karen just said, if you can't get the numbers who was in your Target Group who achieved the measure or got the education, or had the statin prescribed or whatever, Best Practice you're looking at if that's not possible to get, then as Karen said in the presentation, it's okay to use zero for that.

Melanie Knight:

Great! Thank you. Another question from Nicky. "For the final data, we are only reporting education received that is recorded in RPMS? Our education is being delivered by non-IHS educators so it's difficult to get information documented in the IHS record, no capacity to do so."

Karen Sheff:

Right, that's a great one to bring up. Again, if that method isn't available to you, to put the data into RPMS and into the Audit, that's okay. We would recommend then that you would use the ability to enter the individual data into the SOS and you can use that one and that would be fine.

Melanie Knight:

Great. The next question is from Suzanne Davis. "Can we use the WebAudit as our baseline data?"

Karen Sheff:

That's a good question. So the WebAudit is the system by which people submit audit data to us and this is going to get into the weeds for people that aren't familiar with the audit, so you can just sit back and take a drink of your coffee. But for the audit, you can do annual audit which for most people especially if you're doing an electronic audit is going to be your entire registry of patients and so that's not just your Target Group. Your annual audit for most people is not likely to be the one you want to use for the SOS, for SDPI, because it's more than just your Target Group. Your baseline RKM data should be just for your Target Group. Though you can't use your annual audit, you could conduct an audit separately on just those Target Group members and submit it as an interim audit in the WebAudit system.

Even if it's for last year, you can use the interim audit tools that are currently available in the WebAudit and you can submit it that way, and that can be pulled over into the SOS as well. Both annual and interim audits can be pulled over into the SOS. Most likely, you'll want to do an interim audit, what's called an interim audit, on just your Target Group members.

Melanie Knight:

Okay. Next question is from Stacy Cullen. "Our budget period start date was delayed but we started our work plan January 1, 2016 since we were told this is the start date. Does this mean that those who achieved the Required Key Measure between January 1, 2016 and budget start date will not be included?"

Karen Sheff:

That's a really good question and we know it's been very confusing with the different dates and everything for this year. So the answer is no. You absolutely can include those data. So even if it's before your budget period start date, if you were providing services and activities to your Target Group members that absolutely counts.

Melanie Knight:

Great, thank you. Next question is from Stefanie Stark. "Our Required Key Measure is Hepatitis B and we have a total of two patients that have completed the series. However, they received it prior to January through December 2015. How do we count them as two for our baseline?" And then there's an additional question to it, too. "If our Required Key Measure is Hep B then can we use the annual audit? Correct?"

Karen Sheff:

Okay, so two different questions. In the audit, remember that for those who do the audit, Hepatitis B is one of the elements that you look to see whether someone has ever had it. So even in the 2015 audit, even if they had the vaccine way before that, that still counts. So correct, those two people would still count. If you want to use your entire registry, register list of patients that you're using for the audit, if your resources allow and that's who your Target Group is, then yes, you could use your annual audit for that information. Dr. Bullock, do you have anything to add to that one?

Dr. Ann Bullock:

Right, I think you covered it well, Karen. Thanks.

Melanie Knight:

Great, thank you. I have two similar questions coming up on iCare. "Can we use iCare to make the register?" And then I'll go ahead and read the second one, too. From Cathy Waller, "my Target Group is in an iCare panel. Please give instructions for using iCare."

Karen Sheff:

I'm going to pass this question out to somebody else. But before I do, I just want to clarify that when people say iCare, it's little "i" and the word "Care." That is a component of the RPMS system, and not being an expert or even a user of that, I'm going to pass that question onto Chris Lamer. Chris?

Chris Lamer:

Hello! Thank you. Yeah, I'm not an expert either. I did send this question off to some of those folks who have more expertise on iCare than I do to see if I can get a definitive answer but to the best of my knowledge right now, that answer is no. The iCare panels and the diabetes registry are in two separate locations and they're siloed off for one another but that's just something that we have briefly talked about and are looking at possibilities for the future.

Karen Sheff:

Thanks, Chris.

Melanie Knight:

Okay, next question is from Nicky from Hualapai. "Since our program personnel are not IHS employees, we are not permitted to create registers or edit at RPMS. How do we proceed?"

Karen Sheff:

Again, if you don't have access to that and we understand some of you don't, and there's no penalty or anything for not using RPMS if you can't use it. It sounds like in your case, you're going to need to set up your Target Group list outside of RPMS. Some ideas for using that, Excel is a program that a lot of people have access to. Beyond that, we don't mention any specific software that you might use to keep your list of patients but it will be whatever you have access to at your local site. Dr. Bullock, other thoughts on that?

Dr. Ann Bullock:

Exactly as you said. If you don't have access to a particular system, either RPMS or another electronic health record, there are alternatives here to be able to do it just as what Karen has been saying. Karen, I think your demonstration has stopped spinning and we have a lot of questions to go. So defer to you as to when you want to return to your demonstration.

Karen Sheff:

Let's see if we can get it going. If the network seems to be working now, then maybe we'll continue on with this for a few minutes.

If I try to proceed and it's slow again, we'll just return to the questions. Sorry for the back and forth. But I've heard from my colleagues that the entire network seems to be slow here. It's not just the system. So please don't think it will always be this slow.

It's actually taking me to the third method now since I kind of didn't let it finish what it was doing. We'll go ahead and go over that one since we're here. This is the Enter Aggregate Data method. Again, this is the third method and the least preferred method. But in this case again, still same Best Practice, still same Required Key Measure, but all you're going to put in is a numerator and denominator, and a brief source. This is just a label. This isn't information that we're going to do anything with but it's just to let us know where it came from.

The denominator, the number of people in your Target Group is already pre-filled for you with the number that was entered before; however, you do have the ability to change this year. Again, as you saw with the WebAudit, sometimes there are minor changes in the Target Group number. It shouldn't be a lot though. I'm going to go ahead and leave that one at 130 and I'm going to say for baseline, it was a very small number of people that met the Required Key Measure.

The next step for this one is clicking on this calculate button. So you've entered a numerator and a denominator. You don't even have to enter the percent yourself. You can click on this button and it'll calculate the percent for you so it's letting us know that 10 out of 130 Target Group members met the Required Key Measure, that's 8% and it's asking us do we want to save that information, and if it's correct, then go ahead and click on Save. I'm going to go back to that tool. Again, you can see that now there are two entries into our RKM table. One is our baseline and one is a later date.

I just want to remind everybody, this is a demonstration only, so all of your baseline data have to have come from one source and then you may only have two entries in your table at the end of the year. Maybe only your baseline in your final and that's okay. But if you have the interest and you have the ability, and you want to enter data more often during this budget period, you can do it as often as you would like. So monthly might be helpful, quarterly, or you may not be able to do that at all and that's okay. Let's see if it's still running for us. It seems to be a little quicker. I'm going to return to that second data entry method or Data Submission method which is to enter the individual data.

I don't think it checked my first one that I was working on. It's back to this page where you're going to either enter your individual members or you're going to enter their RKM data. We're going to start back at entering our individual members. For those of who you that are saying that you don't have access to RPMS, you can use the system and actually it looks like it did keep my first member so you'll remember that I entered information for this person and they're listed here. Let's see if I can get one more person in here just to finish out the quick demo and then we'll wrap that up.

Let's say my next Target Group member has that information, click on Save; also, I want to point out to folks, if you have a list and you want to do this data entry quickly, you can see that I'm actually using my mouse. I'm clicking right here on this down arrow and it gives me a choice. You also have the option just typing in a number. If you know that six is June, you can type in the six and then you can tab to the year of birth and enter that as well instead of selecting it. That's sometimes a little bit quicker. Just an option, though. You can do it either way.

I'm going to go ahead and save that second person and that was a whole lot faster. Just to go back to that screen we were on, so then I have two Target Group members entered. So I'm going to stop there, you would continue through this until you enter all of the individual members of your Target Group. I'm going to go back to this main screen for the individual entry and I'm going to go the second option now.

I have entered my members. Now I want to enter their RKM data. You'll see that I find here a list of my two members. You'll be able to find however many you entered and there's a link to click to add their data. All it asks you is was the Required Key Measure met for this Target Group member. So remember this is your baseline data and if you have access to this information, did this person meet the Required Key Measure in the last calendar year, in 2015? I'm going to say this person did not and submit it, and then I'm going to go to my second person and I'm going to say that they did, and then

submit it. You'll see that on this list of members now, it tells me not only their individual information but it also lets me know their most recent information for the Required Key Measure and what date that was recorded on.

I want to back up for just a second. I want to go back to this Enter Individual main menu and I'm going to go to this individual entry. There are a number of different ways you can do things in the system, is the point that I'm trying to make. So there's not just one path that will take you to doing what you need to do. Of course now, it's going to slow down on me again. Let me stop that. Go ahead and see if I can get the report up and then I can wrap up the demo.

All right, it looks like we might be a little bit stuck again. I hate to keep hopping back and forth but at this point, we've covered the most straightforward way that you can use either of the three methods to enter data. Again, if you have questions about how the system works, you're welcome to join any of those Q&A sessions and we'll have the ability to demonstrate things there as well if you have specific questions. Feel free to join us then and we'll try to get through this as we get through the questions as well. But let's turn it back over to questions at this point.

Melanie Knight:

Okay. Our next question is from Arlyn Pittler. "In relation to the Best Practice, what will be the difference between the baseline data due April 29th and the semi-annual progress report due June 30th?" I'll go ahead and try to get us started up on this and then I'll let you and Dr. Bullock chime in if you have any more to add. Both are two separate items, historically, the semi-annual progress report doesn't ask for data so if may anything, just ask if you have submitted that baseline data. Other than that, it is separate from what we're requesting in terms of submitting your baseline data. It's a separate report and the main focus of that report is just ensuring that you're making progress on your application. Karen, did you have anything else to add to that?

Karen Sheff:

No, we haven't determined what's going to be required for the semi-annual progress report at this point. But you can rest assured that all of this will be tied together. You know, we're aware of what we've already asked people for and certainly don't want to burden people with things they've already done and more information will be coming about that as the time approaches for that to be viewed and all of that information will be on the website for SDPI.

Melanie Knight:

Next question is from Molly-Jayne Bangert from Kayenta. "We stated the Target Group of A1C greater than 10 and less than" -- I'm probably getting this wrong. I think between eight and ten, I could be wrong, but for the calendar year 2014. "Do we need to change it to calendar year 2015?"

Karen Sheff:

That's a good question. It sounds like your selected Best Practice then is glycemic control and you've decided on a Target Group of people who do not have A1C less than eight, have A1C greater than eight. Looking back to 2014, it would be best to look at 2015 if you have the ability to do that because even between 2014 and 2015, people's A1Cs may have changed. And so, you may have Target Group members that are already less than eight in 2015. I hope that makes sense. But generally speaking, your baseline data, you'll want it to be from the calendar year of 2015. Dr. Bullock, do you have anything to add?

Dr. Ann Bullock:

I agree, Karen. Our basic idea is in 2016, have we made any progress on where this group of people were at, at the end of 2015? So if possible, we really would prefer if you could take a look at the greater than eight, less than 10 A1Cs for your chosen Target Group here for 2015 if that's at all possible for you to do.

Melanie Knight:

Great, thanks. Next question is from Stacey Cullen. "What if Target Group members from 2015 do not return to the clinic for follow-up in 2016?"

Karen Sheff:

That's a good question. As we said in the presentation, the general idea is that you'll follow people from the beginning to the end of this year and have had their last year's data. If people don't return, there's not a whole lot that you can do about that. In terms of selecting your Target Group, you may make some choices there that would increase the likelihood of people coming back so I'm not sure what I think that is exactly and Dr. Bullock, feel free to jump in on this one.

We know that'll happen and that's okay. But if you can, in some way, choose your Target Group members to include people that are likely to come back, that would be a good idea.

Dr. Ann Bullock:

Just to add to that, another approach is -- and this is one we hope some of you will take -- is that you are intentionally looking for those who are not getting into your clinics, so that you might need to do some extra outreach with them because as all know, the people who are coming into our clinics, even though they're not all in perfect diabetes control, of course but they're much more likely to be in better control than the people who aren't coming in to see us; where we might need to do is roll up our sleeves and do some home visits and intensive case management, other kinds of good follow-up.

Right, pick your Target Group members as best you can so that you are likely to add them, have something to support them for 2016. As Karen said, if despite your best efforts you don't, then that's just what happens. Nobody expects that your final RKM data is going to be 100%. Nobody expects that. The folks who don't come back in despite your best efforts to try to help them to achieve this target or get services, those are just going to be the ones that are in denominator that will not have probably achieved that RKM. But that's okay. That's just the nature of working with human beings.

Karen Sheff:

Great! Thank you. It looks like my screen is working again. Let's see if we can finish up this demo and then get back to the questions. Again, I apologize for the back and forth. You'll recall that we've looked at all the different ways of submitting RKM data and you can see on the screen the data that you've submitted. But if you need to be able to have that information in a version that you can print it or share with other people, there is one basic report in the SOS for now. As I've said before, it's a work in progress and more reports will be coming. But at least for now, you can get a report of your RKM data.

All this shows is the information that you've already entered and it shows you for each time you've entered data. So again, your baseline, in this case, we have three because we were trying these different methods. Just keep in mind that you may only have two and at the beginning you may only have one. But this shows our baseline data. It shows the two other times that we've submitted data, and it shows for the other times what the change was from baseline, the relative change. Again, this is all made up data. Hopefully, yours will not look anything like this. Generally speaking, the baseline

data will have a lower percent and then the later time points will have a higher percent, and it tells you where the data was from and who submitted it.

You can see, that's on the screen. This is also available as a PDF version. Remember, PDF is a document format that allows you to look at it on one page, save it to your computer, and if you need to email it to somebody or submit it with a report, you can do that as well. This provides you basically the information that you'd put into the SOS. I'm even seeing as I look at this, we're calling this the Aggregate RKM Data Report. We probably need to change your own wording in the system, which is one of the things we can do because it's web-based. That might confuse people in terms of -- that we've called aggregate data when we group the data, cost facilities but for within your program, aggregate means just not looking at the individual. So we'll look at that to make sure we can minimize any confusion there.

Anyway, this one page or it might be a few pages if you get more data in there, but for most folks, this will probably be one page this year. It tells you about your Best Practices that you've selected, the Required Key Measure for it, Target Group information that you provided, the Best Practice you provided, and then the Required Key Measure data that you provided as well.

I think with that, we'll be able to conclude the demonstration part and I think we're going to switch our view to just a slightly different view while we continue to answer questions. Then we can switch back to the demonstration if we need to.

Melanie Knight:

Okay, so we'll continue with our questions. The next one is from Debra. "If you have WebAudit access, do you still need to request the SOS account?"

Karen Sheff:

All right. If you already have WebAudit access that means you already have an IHS web account. You have a username and password that you use to log in to the WebAudit. You will still need to request access to the SOS with that same username and password. So yes, it's a separate level of access for the WebAudit and the SOS. We just can't assume that everybody that has WebAudit access needs SOS access, so you'll need to go ahead and request that. But use the username and password that you already have for the WebAudit when you're requesting your SOS account. So you'll go straight to that second step on the Account Request Page to request access.

Melanie Knight:

Great. Next question is from Molly-Jayne. "We have a new nurse that previously had a web account for the audit at another service unit. We tried getting that changed to our service unit for the audit. Please explain or repeat if there's something that she needs to do for the SOS access."

Karen Sheff:

Okay. Any account you have, whether it's for the WebAudit or for the SOS is linked to an email address and it has your name attached to it, your name and email address attached to it. So if you have someone that had access to the WebAudit for another facility, the big question is whether she had the same email address. Again, I don't know. People at IHS, sometimes they keep their same IHS email address even if they move around. But if this person has a new email address, she's going to need to request a whole new account for a web account that she'll use for the WebAudit and the SOS. I know this gets really confusing talking about these different kinds of accounts. If you have really complicated situations like that, it might be best to reach out either to the Audit team or the SDPI team, and then we'll work with you to get it sorted out.

Melanie Knight:

Great. Next question is from Tegan. "Are there instructions available for creating a Target Group template in RPMS that will be uploaded into SOS?"

Karen Sheff:

Okay. As far as creating a template in RPMS, we don't have trainings specific to that. But actually, for the audit we have training that's been recorded already that walks through processes for like the patients and you can use the same process for creating a template of Target Group members in RPMS. So to create a template in RPMS, it's a similar process. That training is available on the Audit website, which we didn't look at.

Remember that you won't be uploading a Target Group into the SOS from RPMS. You'll be uploading it to the WebAudit and then you'll need to basically transfer it over into the SOS, if that wasn't too confusing. It's a couple of steps in each process, but you cannot upload directly from an RPMS template into the SOS, at least not now. That's one of those things that if in the future we hear that a lot of people want to do that, we can consider adding some folks, but right now you would need to go from RPMS to the WebAudit, and from the WebAudit into the SOS.

Melanie Knight:

Great. Next question is from Sandra. "Our Target Group size is now different than the number listed in our SDPI FY 2016 project narrative as we updated our active registry in December 2015. Is this okay?"

Karen Sheff:

Absolutely, it's okay. We hope that most folks will have a Target Group moving forward that's the same or similar to what they provided in their project narrative. But we know, we even told people at the time of the application that the number in the Target Group was an estimate and people will do the best they can. If your Target Group is going to be substantially smaller, that may raise questions and you may be asked to provide some further information about that. If it's bigger, there are unlikely to be questions, so it's okay to change it. But just be mindful that we may need more information about that moving forward. But when you go into the SOS, it won't be a problem.

Melanie Knight:

Next question is from Arlyn. "If our goal is to reach 50% of our registry, would our denominator be the entire registry or the 50%?"

Karen Sheff:

The goal is to reach 50% of the registry. So 50% of your Target Group -- if initially you're setting out and you're saying you think you can help about half the people on your registry, then half the people on your registry is going to be your Target Group. And then you'll work towards reaching as many of those people as you can.

Let's pick an example. I'm going to pick a silly example, but just bear with me. Let's say your registry has 40 people in it. If you think you can really serve half of those people, 50%, then your Target Group is going to be 20. And then how many of those you achieve is going to be your final result. You may get all 20 of them and get to 100% or you may not. Maybe you get 15% or 18%, or 19%, and that's okay. I hope that answered your question in a way that was clear. There are a lot of subtleties here and don't hesitate to email us if you have further questions.

Melanie Knight:

Next question is from Bernadine Russell. "Can you use the interim audit data throughout the year to see the percentage?"

Karen Sheff:

That's a great question and the answer is absolute yes. Within the WebAudit, so this is for folks that use the audit, you can conduct as many interim audits during the year as you would like. So if you want to look at how you're doing over the year, you can upload data into it monthly, quarterly, however often you would like and you can look at the data there.

You can also transfer that data over to the SOS if you like. You don't have to, but you can and if that helps to keep track for your SDPI folks that maybe don't need to know as much about the audit into a much more complicated system, but yes, absolutely, you can use the interim audit throughout the year.

Melanie Knight:

Next question is from Kristy Klinger. "Are the data elements in the WebAudit going to be the exact same elements as the SOS audit or can the SOS audit be different elements? A five-year-old who had never had diabetes documented for education but might have OBS-EX. From an education standpoint, the search elements would have to be much expanded for the SOS searches."

Karen Sheff:

That's a really good question. Again, this is getting into a lot of details and we know this can be confusing. But I'll do my best to start this up and then I'll probably pass it off to Chris.

The elements in the WebAudit, all of the Required Key Measures for all 18 Best Practices come from the audit. That is so we can use the audit tools to gather that information. We know that the audit generally was originally developed for people with diabetes, but it can be used as a tool for people without diabetes. In terms of whether the audit will capture education to someone who doesn't have diabetes, the answer is it depends on how it's documented in your system. If it's documented in your system in such a way that the audit can find it, then it will be picked up. It doesn't matter if the person is five and doesn't have diabetes. It will still pick it up.

Chris, I'm going to turn it over to you from there as to how to document in RPMS in order to capture the information or guidance on that.

Chris Lamer:

Yes, thank you. I think I followed along with the question here. Basically, it sounds like Kristy is saying we would want to have an expanded number of education tools to be able to capture what's really going on in the field and how people are documenting it using tools such as wellness exercise or wellness nutrition for prevention activities, especially in people like children. For that, it sounds like we want to add those education tools to the taxonomy that is being used to capture the education. That would be done through either the -- there's an option in PCC management reports, the CRS reports and the diabetes audit to update and modify those taxonomies and add in any of the education codes that you might be using.

Melanie Knight:

All right. Thank you, Chris. Next question from Juli Kelly. "We have sub-groups of our Target Group, and one of those sub-groups we could use the WebAudit for but another sub-group could not use the WebAudit for pulling data. Does this mean that we would have to choose method two or three since the sub-groups can't be entered separately?"

Karen Sheff:

What a good question and just when we think we've thought through everything, along comes something we didn't think of. This is definitely a situation that we didn't anticipate, people having sub-groups that could not use the same data system. I'm going to throw out some ideas, and then let other team members jump in.

For the folks that you can use the WebAudit for, we would encourage you to go ahead and do that. Maybe not as your initial baseline as your final data, but if you can pull some of that data over, that might be helpful. But if you don't have the ability for the other sub-groups to gather that information, you're not going to be able to have it all together. In that case, most likely what you're going to have to do is use the aggregates way to enter the information because there's not really any other option. Dr. Bullock, what are your thoughts in this one?

Dr. Ann Bullock:

I would actually say that the answer would depend on the size of those sub-groups. For example, perhaps you have one sub-group that you can get electronic health record data out of your system for, RPMS or other, and let's say that 70% of the folks you would have in your Target Group. We are really trying to emphasize the use of the WebAudit tools whenever possible here. There are a lot of reasons for that, some of which Karen went into in the presentation.

If the size of the group that you can use the WebAudit for, I would suggest you do that. Remember that this Required Key Measure is not intended, it can't possibly fully encompass all that you guys are going to do, not only with your non-Best Practice work, but as in this situation, perhaps even a little bit of your Best Practice work.

To use a counter example, perhaps the folks you're going to use that you could get WebAudit data for is the smaller percentage of your group. You might want to select the one where you can go in and enter the data individually. Whatever will give you the best picture of your participants is the way to do it, because as Karen just said, we right now don't have a way of mixing and matching the type of data that you enter into the system. Which reminds me that I wanted to just say to everybody, we know this is confusing, we know this is a big leap forward in what we're trying to do here, but this is also incredibly exciting that we're going to be able to get data on what we're doing in the Community Directed Grant Program for the first time. Really, we've never had the ability to do this before.

We know this year, as Karen said several times, is going to be kind of messy for lots of reasons, the new SOS of course, but also when people's budget periods, start dates are going to be and just everything that's made this a particularly interesting year for SDPI, but as that all settles out over the next few years, we're going to be able to get, as much as possible, objectively collected data. That's why we really want to emphasize the use of WebAudit because that's what's documented in our health records and we can pull that out directly. So we could easily say to Congress or whoever, "This is data that we got out of our healthcare record systems. This wasn't a number that somebody made up and threw onto their final report at the end of the year, because we collected this in an objective way."

The answer to this question, I would say, really depends on the size of the sub-groups and what the best approach will be to get the best picture of those Best Practice activities even if it doesn't

encompass the entire group of patients you may be working with for your Best Practice. I hope that's helpful.

Melanie Knight:

Great. Thank you. Next question is from Rouda and Eileen. "Our Target Group is diabetes patients with A1C equal to or greater than eight. Can we add members to this group throughout the year? We get new diagnoses and new patients in our clinics who are new patients and were not in 2015 registry."

Karen Sheff:

I'll start that one and then invite other team members to join. Keep in mind that what we're hoping is people will identify targets at the beginning of the year and follow them through the year. That does not mean that you cannot use your SDPI resources to serve other people even in the same capacity. So they may not be in your Target Group, but you can go ahead and use your SDPI resources to help care for those patients.

But generally speaking, especially for the clinical measures, the idea again is that you would identify people at the beginning of the year and follow them through the year. Again, that doesn't mean you can't celebrate your success in helping other people and that those people, other people will absolutely be included in your audit for this year, for the year that covers 2016. But generally for the Target Group, we would want it to be the same people. Dr. Bullock, what would you add to that?

Dr. Ann Bullock:

As you said, Karen, our preference is to follow the same group throughout the year. Now again, as Karen said during the presentation, there will be some especially community-based programs who perhaps cannot ahead of time determine or set group of patients or participants because they're welcoming all comers to their diabetes education classes. They'd have to have a denominator of the entire community if they were to select a Target Group that way.

So we realize there are some exceptions to the rule and there will be a number of you who are already presenting us with the slants that we perhaps will have to figure out a way to incorporate into this system. As you know, we are trying to bring -- you guys are very different from each other and trying to create a data system that boils things down to some common things here is really difficult.

So Rouda and Eileen, if you guys have selected a Best Practice Target Group which incorporates the very newest people with diagnoses of diabetes in your communities and they come in, and so you want to find the people who were diagnosed in clinics this morning and work with them as soon as possible then you may want to have a situation like our community-based friends who are going to be doing education programs in ways that they can't identify Target Group ahead. We may need to figure out a way to accommodate you as well. But as Karen said, if it is possible for you to identify that group beginning of the year, serve these others as they come along but maybe not include them in your Target Group that would be a lot easier for this purpose. But you absolutely, as Karen said, please do provide them the good services that you will deliver.

Melanie Knight:

Thank you. Next question is from Monica. "For the WebAudit method, it seems using the final 2016 diabetes audit WebAudit data might be better than an interim WebAudit for many sites using a clinical required key measure. Is this correct?"

Karen Sheff:

So good question Monica. So again, keep in mind that the annual audit data, especially for folks who are using electronic audits, RPMS should -- for most people include all of their patients with diabetes. So if that's not your Target Group the annual audit isn't going to reflect necessarily everything that you are able to do. In some cases, it might be but it might not be and so an interim audit would be better if your Target Group is not the same as everyone that you would include in your annual audit.

I just want to reiterate to that, because of this SDPI changes and the new things we're doing this year, there aren't actually any changes in the way the annual audit is going to work. The annual audit that we've always done for years and years will go on the same as it always has. So I just want to make sure folks understand that, that we don't expect you to change your audit to be your Target Group. Your audit should still be your audit and it should be on as many patients as you can include if possible.

So again, to answer the question -- if you really are serving all those people and that's your Target Group, sure you can use your annual audit. If it's not, you'll want to do an interim audit on your Target Group, your smaller Target Group.

Melanie Knight:

The next question is from Sunny. "So our Target Group isn't supposed to change but we are using total diabetes population as the Target Group for the diabetes-related education Best Practice. We are using WebAudit data to measure the Best Practice and the prevalence of diabetes fluctuates with new diagnosis. In that case, can we enter changes in Target Group as you have shown in the demonstration?"

Karen Sheff:

So, this is probably a pretty rare case that you're planning to use your entire diabetes population as your Target Group, again as to what we would like for SDPI, if that's what you would plan to do. If you want to start with your entire patient list of diabetes that you have now, probably, ideally, what we would want you to do is keep that as a register or a separate register template or copy. I'm not sure how this works in RPMS so that you can follow those people knowing that throughout the year you may add more people to your more general register of diabetes.

So again it probably would be helpful and would be ideal to us if you keep a separate list of patients. So you're big registry that you're going to always keep track of and then a separate one that's the people that you were serving as of the beginning of this year or that were on your registry at the beginning of this year. Dr. Bullock, anything to add to that one?

Dr. Ann Bullock:

Nope, that would be our preference for how to handle that, thanks.

Melanie Knight:

Next question is from Lynne and I think it's similar to Monica's question. "If using the WebAudit baseline in the SOS, is this the WebAudit 2015, 2014 data results, or do we wait until we have submitted the WebAudit 2016 (2015 data) in March 2016?"

Karen Sheff:

Right so that's a good question. So in our audit, annual audit is happening right as we're starting up with this SOS process and so -- we would not want to use your data from 2014. So as Lynne is saying,

the annual audit that you already did last year covered 2014. So you're correct that we haven't -- the due date for annual audits for this year which covers 2015 have not passed yet, people are still doing them.

I would say if you need, the annual audit for 2015 will be completed by the time your baseline data is due or at least your data will have been submitted. So again, not to confuse everybody but just answering questions for people who seemed to be very familiar with the audit.

Your annual audit 2016 data which covers 2015 calendar year will be due in March and your SOS baseline data are not due until the end of April. So that's not say you shouldn't get started on both of those. We hope folks are gearing up to do their audits and we hope everybody's working on identifying their Target Groups but you still have time to do that.

Again with that being said, if your Target Group is not the same as your registry, if you're not going to include everyone, you can go ahead and do an interim audit on your Target Group and you can go ahead and submit that into the WebAudit. Remember that annual and interim audits are completely separate; you can submit interim audits now. It will have no impact on your annual audit data, you can resubmit another interim later. So there are separate processes but you can go ahead and start using the audit tools now, even though you haven't submitted your annual audit for this year. I hope that made sense Lynn.

Melanie Knight:

Next question is from Molly-Jayne. "We have generated a list of patients with an A1C of greater than eight to less than 10. How do we easily identify of those individuals had education in the year from the audit, or do we need to check their EHR charts? It may be best to just manually create a new registry for the 2016 Required Key Measure education?"

Karen Sheff:

Right. So if you generated a list of patients, then what I think you will want to do as you've already generated them and save that as a template in RPMS or as a separate registry. You can have more than one register or nothing -- but the capital D audit register that you have or diabetes register. So if you just save that list of patients as a separate register, you can run the audit on them even if a lot of their other audit data -- for folks who do the audit, we collect data on a 70 some data elements now we're only asking you to report on one here.

So, the audit's kind of overkill when it comes to this but it has -- the one you need is in there. And so what I would recommend is creating a template of those patients or register, run the audit on them and you'll go ahead and get that education on those patients regardless of what the rest of their data looks like or even their A1C would not even matter. Really, you're just doing the whole thing to get that one number that you really need.

Melanie Knight:

Okay. The next question is from Beth. "Is it being suggested that we enter each individual and the Target Group into the SOS System? We are anticipating a Target Group of 2500 patients."

Karen Sheff:

So what's being suggested is to keep track of the individuals in your Target Group in whatever way that you can, the preferred method is to do it in RPMS. If you anticipate a Target Group of 2500 patients, I'm not sure if that is from a clinic or if it's from a community based group. If it's from a clinic again, in

theory, you should be able to store that list in RPMS, upload it to the audit and then your data will be stored there and your measure will be transferred to the SOS.

If this is a community-based system with the Target Group of 2500 patients, the list has to be stored somewhere. So either you're going to store a local list or you're going to enter it into the SOS. If it's 2500 patients, we understand that that's a lot to enter individually into the system from your individual list. We have talked about being able to potentially upload lists of individuals but we have not yet implemented that. As to specific guidance for what you should do right now, I'm going to turn that question over to Dr. Bullock.

Dr. Ann Bullock:

So Beth, you're at Yukon-Kuskokwim Health Corporation it looks like you guys definitely have an electronic health record system. I'm not remembering at the moment if you guys are like some of your other Alaska folks who have switched off of RPMS to another system but either way, you all have a good electronic health record system there. And since you're saying you have a Target Group of 2500 and you're calling them patients and I'm presuming they probably are in whatever electronic health record system you have.

So whether you're in RPMS you can create a registry as we all have been calling them or a template or the equivalent in your own version of your electronic health record system whatever that is. That's going to be your best bet for keeping track of that many. So how you create that will depend on which system you are a part but certainly with that number, I would not suggest entering them all in individually into the SOS. They're much better off with an electronic registry in whichever system you have.

Melanie Knight:

All right. Thanks. Next question is from Sandy. "When do we begin the 2015 WebAudit?"

Karen Sheff:

So switching gears, so this is specific to the audit, so if you're not involved directly in conducting that, don't worry too much. And again, it can be very confusing with all these different timelines and different systems.

So for the annual diabetes audit, we are actually starting the 2016 audit, it's already opened. The RPMS patch is out and the WebAudit is open. So the 2016 annual audit covers the calendar year of 2015 and you can begin now. All of the tools that you need are available, they're on the audit website. We've already had our audit orientation session which was recorded for you to watch and data will be due. For the annual audit on March 15, so I would say begin as soon as possible.

Melanie Knight:

Okay next question is from Tonita. "If we received our executive summary report, do we get our letter of award", and she's referring to the Notice of Award.

So depending on what your previous budget cycle was, if you are a previous budget cycle one or two grantee, you should have already received your Notice of Award or it should be available on the Grant Solution System.   If you're a previous cycle three or four grantee, your Notice of Award will mostly likely be available towards the end of March of this year with the budget period start date of April 1st.

If you are a new program, you should have received your NoA as well, unless there was a special circumstance you might have been tossed into the cycle three or four group based on a connection you might have had with a previous grantee.

So, if you have received -- one thing we have been doing is uploading executive summaries. So those may become available sooner before the NoA but again, if you are previous cycle three of four, you won't get that NoA until towards the end of March. Dr. Bullock did you have anything else to add on to that?

Dr. Ann Bullock:

That's right Melanie of course. So the executive summaries as Mel said you all should already have them or have access to them if you were a previous cycle one or two. And the genuinely new programs who did not -- were not part of a grant in the past in anyway, whereas cycle three and four, those executive summaries will be coming up soon.

And when we say executive summaries, what that's referring to is the executive summary of the objective review committee that evaluated your grant. For those of you who are getting NoAs, you obviously received a fundable score which was a score of at least 60, with the maximum theoretical of 100.

This executive summary we will make sure you know what exact score from 60 to 100 you received. And also comments both strengths and suggestions or weaknesses of what you submitted in your application. You obviously were all successful in getting through that so, this is for your edification and for help in the future to give you some suggestions on things that you might be able to benefit from not only with future applications but also with your program this year as some reviewers took the time to provide comments and suggestions based on what was in the application that might help you this year.

So that's what we mean by executive summaries and as Melanie said, that's the schedule for them rolling out.

Melanie Knight:

Great. Thank you. Next question is from Kim. "How do you increase your Target Group from what you first submitted? It was recommended from the reviewers to increase our target."

Karen Sheff:

So I'll start that one off and then other team members can jump in. So, again as it's been mentioned, most grantees got more money in their NoA than what they originally applied for. And so, they will have to submit a revised work plan to say what they plan to do with that additional money. That for most people will be the place to provide information on a revised Target Group. In fact, that may be the only place -- what else would other team members add to that?

Dr. Ann Bullock:

It sounds like Karen, this person is saying that they've seen their executive summary and even before they were aware of how much additional funding they may have received over what they applied for. But even within that executive summary with the funding they applied for, that the recommendation was, "Oh, you guys shot a little too low here, you need to propose a few more people in your Target Group."

So, as Karen said, this is a good place because virtually every grantee is receiving more than they applied for, so just about every one of you have this unique and special opportunity with the revised

budget and budget narrative to let us know about that. So, whether your executive summary made a comment about that or not if you want to increase the number or expand the Target Group that you proposed in your applications last fall, this is a good place to that.

Melanie Knight:

Okay. Next question is from Ramona, "will we receive a Notice of Grant Award?" and I don't know if that -- I'm thinking that's Grant Management System or Grant Solutions for 2016 approved grant. As I stated before, if you are previous cycle one or two or as Dr. Bullock mentioned genuinely, new. Your Notice of Grant Award should be available in the GrantSolutions System and if you are a previous cycle three or four grantee, your Notice of Award will be available towards the end of March.

Next question is from Michelle. "We provide diabetes-related education to over 700 youth participants. How would we track SOS numbers for this many participants in an excel spreadsheet?"

Karen Sheff:

So that's a good question. And wow, what an amazing service you're providing in your community that's great. I guess the answer is, you just have to do the best you can with it. I mean we'll have to assume that you have some list of those 700 participants and that in grabbing that number off the SOS, as you're providing the information into there is really -- the only way to do it at this point.

Dr. Ann Bullock:

Karen let me just add to that. You don't have to pick all 700 for your Target Group. That may be who you're providing services to and even if that is your Best Practice of diabetes-related education. If you have that many that you are providing services to, do they break down in some way like perhaps you can track the ones that you provided to at a certain school or Boys' and Girls' club or whatever it is that you're doing.

So, this is not meant to be burdensome more than just any data collection you know is. So, for this situation if these are not people that you can track in an electronic health record system, which would be the first choice, then you could keep track of all 700 of them. Then the second option would be, since we would not want to propose you have to manually enter all 700 into the system. We understand why that would not be much fun at all, you wouldn't have staff time for that, that you would instead pick a sub-group out of that in order to track as your Target Group, so that would be some considerations for your there.

Melanie Knight:

Great. Thank you. And we got five minutes left on the time that we have scheduled for this training. We will continue to answer questions but I want to go ahead and just turn your attention to our presentation here, where we have some upcoming question and answer webinars.

So, seeing all the questions that are coming up and we know this is a new system to you, so you guys will have -- you all have time to play around with this new system that we have developed and provided to you. But if you have any questions or just any general questions as well, those Q&A sessions are going to be available for you and one in February and I think two in March.

We also do ask that you provide your feedback. So as we mentioned at the beginning of today's session, there is a Certificate of Completion that's available at the end of this evaluation but at the same time, we do want to know what you think of these trainings. So please take some time and fill out that survey. For those who have signed in with your email address, in that lower right-hand box there, we will send an email that provides this link as well.

So we'll go ahead and continue answering questions. We'll start with the next one from Jamie. "Please clarify how programs make Target Group revisions. Three-fourths of California programs have already submitted budget program revisions, will these be uploaded in Grant Solutions for inclusion in the post-submission documents?"

I'll go ahead and get us started on this one. For the revisions, it's up to Grants Management Specialist how those items are to be submitted. My understanding and again, it may be best to check with the Grants Management Specialist to be sure though but historically, I've seen they're usually some way or another uploaded as some sort of document into the grant solution system. Whether it's uploaded specifically as post-submission in the application, I'm not sure it's going to be up to the GMS for that. Anybody else wanted to add on to that or -- okay.

Let me go ahead and move on to the next question from Michelle. "Will this system allow us to query the data entered for our participants?"

Karen Sheff:

So that's a good question. As of right now, the answer is no, but again we anticipate increasing the functionality of the system as we go through the year and especially providing feedback to us is a very helpful way for us to know what will be helpful for the most people and help us prioritize what changes we make.

If anything, if we are able to and we have the resources, most likely what we would do is have a way for people to download their data back out of this system. So for those of you that do use the WebAudit, you're familiar with this idea that you provide data to us but you can also download it back to yourself basically, which if you have RPMS is not so helpful but if you do manual entry, as if you individual entry in the SOS, that might be helpful.

So, we hope we'll be able to add that functionality but it's not there yet.

Melanie Knight:

Okay. Next question is from Patricia. "Where do we obtain a patient identifier number?"

Karen Sheff:

So again for the SOS specifically, we cannot provide a patient identifier it's just automatically going to assign them as you enter individuals. It starts with 1001 and starts adding from there to provide numbers for each individual Target Group member. So it's in the SOS system. So, as we said you'll need really note number that for each person as you enter them into the system because once you enter them into the system, that's the only way to find out their names, or whatever you, used to identify them will not be in the SOS.

So, as you enter each one, you'll need to make a note to somehow record that identifier that's provided by the SOS.

Melanie Knight:

Next question is from Coronel. "So, just to clarify, the numerator includes all patients that have met the required key measure in the Target Group? So, if we entered of two of 130 and for January 2016 and four more people met goals, February 2016 our new numerator would be six, correct?"

Karen Sheff:

Yes, that is absolutely correct. So if your baseline says that you have two out of your -- you have 130 members in your Target Group, two had already met the RKM at the beginning of the year and you enter four more -- so you have, then that's correct, your new numerator will be six. The two you already had plus the four. Then again, we're not really going to look at the number, even ask you to provide it till the end of the year, but as we said, you can look at that in the SOS or in the audit throughout the year if that's helpful to see your progress.

Melanie Knight:

Next question is from Cheyenne and Arapaho of Oklahoma. "We continually accept more clients throughout the year. We provide education, too. As Dr. Bullock said not to shoot ourselves in the foot with a high Target Group, we choose a conservative Target Group. What if we exceed this, what do we put down?"

Dr. Ann Bullock:

Since I was mentioned I'll start with this one. So, indeed when we were talking with you all about your applications back some months ago and we realized this whole idea of your Target Groups and things was new for some of you and especially with the full new application, and maybe some new services perhaps that you all were thinking about doing this year, picking a Target Group was probably not the easiest thing you've done or the easiest part of your application because you're like, "How do I know how many people we can realistically serve with these new services, with these new funds, et cetera."

So we did encourage you all not to get overly enthusiastic with an unrealistic Target Group number. So, given that you all did wisely choose not to say – or quoted me saying not to -- shoot yourselves in the foot by having picked a high one, with your finding as you're settling into your 2016 activities. So that you actually could serve more than you had guessed last fall. That's great, we're excited about that.

So if you are going to have a higher Target Group than what you put down, we've been talking about trying to get that into your revised budget and budget narrative information with your GMS, with your additional funds that's a good place to kind of record that. But if you've already gotten into the SOS, I don't think anyone will have done that yet and you have put in a lower number, then what ends of happening, you can work with the SOS team to raise that number for your denominator if you would like.

So good for you guys who are trying to be realistic and good for you also in recognizing that you could probably do even better than you thought you could and we are all about that, that's great.

Melanie Knight:
Great, thank you. Next question is from Carol, "we have Target Group members for our Best Practice. In addition, we have sub-groups that are optional activity. Do we enter all baseline for each sub-group?"

Karen Sheff:

So as I said during the presentation, remember that for now the SOS can only accommodate information for your Best Practice and your Target Group. So it sounds like you'll have a main Target Group for the Best Practice, that's what you'll want to focus on providing data for the SOS. Great, that you are able to offer other activities and services to different sub-groups of that group but you won't be able to provide that data to us being the SOS. Please do keep track of it locally, as that's an important

part of the evaluation of your program as well since you have the resources to do those additional activities.

Melanie Knight:

Next question is from Rick. "If we enter our local registry data into the WebAudit, will this create a new category in our WebAudit?"

Karen Sheff:

I'm not sure exactly what the question is. Again, for the annual diabetes audit, you'll want to use whatever group of patients you would have used regardless of SDPI, there's no impact of SDPI on your annual audit. If you are using a different local registry for the SOS, you would want to use that as interim audits, not as your annual audit and that's okay. You can do as many interim audits, used as audit tools for different groups at different times of the year for the interim but for the annual you would still want to stick with your main registry.

So it's not necessarily a new category in the WebAudit but it would just be an interim audit and if you're familiar with those tools, you know that you can upload an audit and you give it whatever name you want to, to help you keep track of it and it's really just for your use.

Rick, if you have any other questions or follow-up on that if you can reach out to the audit team, we'd be happy to help you with that.

Melanie Knight:

Great. Next question is from Rouda and Eileen. "So for our SOS, I will have to have RPMS that creates registry base on our Target Group first. Then upload it to the WebAudit, then upload it to the SOS?"

Karen Sheff:

For the most part yes. So you would have the registry created in RPMS and that's where obviously the activity that you're doing will be directly tracked. You would make sure that if you're planning education it's documented in RPMS. And it sounds like a lot to go through those next steps but they're actually really automated if you're using RPMS. So once that information is documented in RPMS, it's a very straightforward process to create a data file and upload it to the WebAudit and then you'll be able to pull those results into the SOS.

Just keep in mind that to pull them into the SOS, you have to actually have access to the WebAudit. So you'll need to work closely with -- and also, if you need access to the SOS, that doesn't necessarily mean you need or will get access to the audit. So, you'll need to work closely with your clinical folks to make sure that maybe one of them might need access to the SOS in order to pull that information over for you.

Melanie Knight:

Next question is from Miriam. "Glycemic control Best Practice question, say we have 100 diabetes patients that receive a combination of services through SDPI but we only let's say have half with a high A1C and those are the ones we will follow more intensively. Is our Target Group the whole 100 or the half?"

Karen Sheff:

Your Target Group would be the half. That was a very clear question. So my answer was short, I hope that makes sense.

Melanie Knight:

Next question is from Charlie. "We have had an Access database since 2007, the special diabetes program database. We recently screened 1,629 youth participants and we tracked a large number of participants each year. How would we reflect and track this in the SOS? We do not have an RPMS access."

Karen Sheff:

So, the database that you're speaking of so we don't confuse everybody is something that you're using locally. The SDPI program database is not something that's provided by us and it's separate from the SOS. And again, it sounds like your group that's planning to work with a large number of individuals and you don't have the ability to use RPMS to upload it into the WebAudit and then give it to the SOS.

So, at this point your options would be to enter the individuals, so entering those individuals into the SOS or to use the aggregate data options, Dr. Bullock do you have anything to add?

Dr. Ann Bullock:

Right, again as we've said with a similar question a few minutes ago. You guys maybe working with over 1,600 youth. Somehow you're tracking them so obviously you do have a way in that database. So if there is a way for that database to help you with the Best Practice work, that's great.

Otherwise what you may want to do is pick a subset of those 1,600 youth to be your Target Group for the purposes of this. It doesn't mean you won't serve them all because that maybe exactly the right thing for you to do is to serve 1,629 youths. But if you don't have a way of participating in the SOS process for that entire number of youths or participants in this case, then you may want to pick a smaller and more manageable sub-group that you can track and report on in the SOS.
Again, it doesn't mean you don't serve the whole crew, it just means that that's who you'll be tracking for this purpose. Whatever you think you can -- the maximum number you feel like you can track with whatever way you select in the SOS to do.

Melanie Knight:

Okay. The next question is from Teresa. "For our diabetes related education Best Practice, our activity is providing Intensive Diabetes Management by pharmacists. I am assuming that for baseline, we'll look to see if they received intensive diabetes education by a pharmacist in 2015. But I don't see how we can capture diabetes related education that is that specific using the WebAudit because if we pull in all diabetes-related education received not just education received in the pharmacist delivered intensive management. Would you agree that it would be simpler in the instance to use the manual entry or individual participants?"

Karen Sheff:

That's a good question and it actually raises an option for using the system that I didn't really talk about that much. So it's a good one. You're correct, that if you're looking for a very specific kind of education, the audit is designed to cast a wider net and look for different kinds of education. Another choice that you would have for doing that is using the WebAudit to do a manual interim audit. We didn't really focus on this one because we didn't think a lot of people would do this but you can use the

WebAudit itself outside of RPMS to enter information there. And as you know, you get a bit more information about individuals such as diabetes diagnosis, et cetera, and within the WebAudit, you can do a manual audit.

So you get a little bit of a richer dataset than if you use the SOS. Then once you manually enter that information as an interim audit you can pull it into the SOS, you don't have to enter it again. You just have to enter it in one place and pull it over. So Teresa, if you have any questions about that or how to do interim audits or how to set that up, feel free to reach out to the audit team to do that. Because it sounds like that might be a better option for you than using the SOS individual entry.

Dr. Ann Bullock:

Let's take a different approach to the answer to that question which is -- you're right that of course, that if you're looking for a very intensive kind of education type that you're proposing to do for your work this year which is all great. As Karen said, the audit tool will look for a wider -- cast a wider net in the kind you're looking for. So you have your choice, you can either say, "That's just great" for this purpose we are going to make sure that these people get some sort of intensive or some sort of diabetes-related education and we're just going to count that for our Best Practice RKM.

But we're going to really follow a smaller group much more intensively and we're going to keep track of them individually that won't go into the SOS at this point. But you can approach it either way. Just saying that that might be easier than trying to do all of this for the SOS, your choice on how you approach it. But that would be another one to do. It doesn't mean you can't do exactly what you're proposing to do. It just means you might be collecting the data in this larger way.

Karen Sheff:
And Chris, did you have anything to add on that one?

Chris Lamer:

Just a comment. There are other tools that you can use once you have your registry of patients. You might be able to do something like run them though VGEN or other RPMS tool, if you're using RPMS, or similar tool and other EHR systems to go in and look for those specifics of who provided the education as well as the education itself.

Melanie Knight:

Thank you. All right, next question is from Cheyenne and Arapaho. "If we're keeping a registry in office not in RPMS, how far back do you recommend we go back to include these clients? Currently our registry goes back three years and we have been thinking about changing that to just the past year."

Karen Sheff:

So in terms of focusing -- sorry, Ann did you want to go ahead and answer that one?

Dr. Ann Bullock:

I was going to say I'm not quite sure what the question is about. So they're obviously keeping an in-office registry at their own paper or in some other non-RPMS electronic format and I'm not sure what the questions relate to in terms of how far back it goes to include clients for what -- for their Target Group. I'm sorry, if you guys can clarify that in the chat and we'll come back to this.

Melanie Knight:

Okay. Next question is from Sara. "Our grant encompasses four facilities and submits four separate audits each year. Our 2016 Target Group includes patients from all four facilities including patients not on any diabetes registry. How would we run an interim audit for SOS purposes?"

Karen Sheff:

Well, there's another situation we did not anticipate. Great that you're using the audit tools and able to look at smaller groups of people but the way the system is built, you cannot combine those incoming people from outside that system. It sounds like you would need to -- I don't know maybe have some -- of a hybrid approach that you could -- as Dr. Bullock answered one of the other questions. Go ahead and do the interim audits for those that you can and then sort of put the numbers together and enter it as an aggregate. Dr. Bullock, other thoughts?

Dr. Ann Bullock:

Yeah, rather than get too complicated with trying to combine different systems. Again, that the Required Key Measure does not have to include every single person that you serve even for the Best Practice work itself if you're in a situation as these folks said SEARHC are describing in and certainly they're in southeast Alaska. You have -- I'm sure not only separate facilities but they're on separate islands.

Probably the best thing to do would be to again, pick the approach that covers the most of your patients or participants. We hope that will be in your electronic health record system and that you would therefore put into your Target Group registry the number that you know you can track in that system. And then report for your RKM in that Target Group that achieve the required key measure.

Fully realizing and you're welcome to tell us in your annual report in this coming year that that's what you had to do but that you actually served some others who you could not get into that registry for whatever reason. So you can -- you can do a fancy approach as Karen was saying or the more straightforward would be to track the ones you can track and make that your Target Group.

Melanie Knight:

Okay. Next question is from Molly-Jayne. "The number of patients we need to have for the denominator would be much easier and appropriately handled if we changed it from 350 to 200. Is it too late to decrease, primarily due to not having as much staff as anticipated? We're using education that was provided by one of the team as our CNS's often list/keep follow-up appointments as diabetes education, which is not." Dr. Bullock you want to take that one?

Dr. Ann Bullock:

Sure. So it sounds like on your application this is the opposite situation where you thought you had were going to have resources in this case in the form of staff that you don't. And also, that some of the data you were looking at apparently included some visits for education that were not actually education. So hey good, you guys realize of those things but that's not diabetes education with what was being entered for some of those visits.

However because this is a downsizing of what you were thinking you would do, hopefully you are -- you have not yet fully had approved your revisions for the additional dollars that you'd be receiving and you could let your ADC and GMS know exactly what you said in your question here.

As to why you would actually have to -- it looks like make a downsize estimate on your Target Group. That shouldn't be a problem. We know these kinds of things happen. If you have already had approval of your revised budgets for your additional dollars, I would still check with your ADC and GMS as how to get this revision approved. Because it was part of what went through the objective review process in the fall. So something has to change there, we understand that. Hopefully, if you haven't already gotten your revisions approved, you can put this in there. That would be the simplest and most straightforward thing to do for sure.

Melanie Knight:

Next I think is a follow-up from our previous question from Cheyenne and Arapaho. They were talking about how they are keeping a registry in office not in RPMS. "How far back do you recommend we go back to include those clients?" They had the registry going as far back as two years but they're thinking about one year. So they did add – "yes, for deciding the Target Group we have in in-house services database." Dr. Bullock do you want to take that one? It is question 46.

Dr. Ann Bullock:

Yeah, I'm still trying to connect to see what the question is asking. This depends on what Best Practice you guys are doing. I think there's still some more information we need to try and answer your question. If you're just looking for a Target Group of people who meet certain criteria, we have to go back further than that -- It depends on your database. So this is probably a question we should answer offline because I think there's some more we need to get from you guys.

Melanie Knight:

Thank you. Next item is not a question but just a comment from Kristy Klinger. "FYI, RPMS registries are always a lot of manual entry. I don't think there is a way around that but once it's entered it will not change and therefore, you will need to pick the time upfront and just do it."

Dr. Ann Bullock:

That's a good point that Kristy is making which is that registries are wonderful. They do however take someone to set them up and to make sure you have in there who you want. There are some shortcuts on entering people into registries but it still does require setup. But once it's set up and you have a registry that just includes your Target Group, it gets a whole lot easier from there. And so we do highly recommend that. Thanks for your comment Kristy.

Melanie Knight:

Yeah -- two questions from Michelle. "How do we answer to our Tribal council if we can only provide education to a small Target Group? When we are Community-Directed grant programs and the need for education in the community is great. Also, why is it that we are required to submit our data into a system that's clinical and audit-driven and does not truly reflect community directed services?"

Dr. Ann Bullock:

Michelle is asking two big questions here so let's break them down. Just repeat the first one. "So how do we answer to our Tribal council if we can only provide education to a small Target Group when we are community directed and there are lots of people who need education?" Michelle, it obviously depends on the resources that you have. And again, your Target Group is not -- we're not painting it to anybody including Congress or your Tribal council that that what is the Target Group you may have selected to work on and report this RKM data on that encompasses everything you're doing. We assume it isn't everything you're doing. This is just our start, just the beginning that this SOS system is.

I'm getting our hands around the great work that you guys are doing that are directly changing things in your communities for the better. So how you do this here and talking with your Tribal council is -- I wouldn't just talk about your Best Practice Target Group. I would talk about all of the patients and participants in your community that you are serving with these SDPI dollars.

Sure, let them know about this Best Practice work and that you're going to work intensively with a particular group of patients or participants and focus on them and try to get some numbers about that. But make it clear to them because we do it every chance we get to, to say that, "That's not going to be everything people do." Down the road, as Karen said earlier, we really hope we will be able to expand the SOS. And we will be able to get data on the other good work you guys are doing as well. But for now, it's just catching this one part so that's an important thing to understand.

The second question is one that we've been hearing questions about for ever since we kind of got into this new Best Practice grouping for 2016. So just to recount what that question is, why are we required to submit data into a system as critical and audit-driven and does not truly reflect community directed services? And we fully realize again that these Best Practices do not encompass everything that a program will be doing and particularly, the community-based programs that are probably doing a spectrum of activities.

But as you might imagine, because you've probably tried on some level to do it yourself, these are really tough to measure. Not just you can measure the number of community walking programs you started. You can measure those other sorts of things but to measure actual outcomes to them, it's nigh on to impossible and it's just not us that says so -- or you guys who have thought about it and try to figure out how to generate outcome measures for this sort of work. But if you look at all the national programs well beyond IHS, whether it's CDC or any other huge organization it's really -- they're struggling the same way we are with coming with measures which show outcomes from many of these community-based activities.

But the one thing we do know is that almost all of you guys are providing education to your participants in some form or other that may not be all you do with your community-based program. You are indeed probably doing a lot of other activities, and that's great. But we do know that education does matter. We can't always measure the outcome to that education, but at least we can measure that people are getting information about how to prevent diabetes, how to work on food and security, how to treat their diabetes and keep their sugars down. Whatever it is you all are working on, it's a component of, I will go out and say -- every single community-based program in one form or other.

Sometimes you're working with people one-on-one, many times you're probably doing group classes. That's all great, the point is you're getting good information about diabetes prevention or treatment out to community members so they could use that information to better their lives. But those are the reasons why we are using this kind of data to -- even for your community-based programs because it's really tough to measure otherwise. And we need to show that we are getting information out to communities, so this is a good way to do that. But we realize there are lots of other activities you guys are no doubt doing and that's all great too.

The reason for using the audit is that, the audit is at its heart is a data collection instrument. We use it of course to look at entire groups of patients in our facilities to see how clinical care is done but really, it's a program that collects data out of electronic systems and makes it easier to follow and to report on. So the audit is this wonderful amazing tool that the audit team from DDTP and from OIT refines every year.

So rather than try to create a new way of collecting data for most of you, using that audit as a way to get it is a very simple -- relatively speaking and straightforward way to get another value out of this amazing tool. But for those of you who don't have access to the audit as Karen showed you earlier,

you have options, too. I hope that helps explain why we're using this type of data and data system even for community-based programs. Thanks.

Melanie Knight:

All right. Thank you. Next question is from Eloisa. "Am I understanding this right? We are not getting a template to use for our annual progress report for March 31, 2016 but to include the information into the SOS? We closed out the 2015 doing BMIs for adults and children. Our target population is eight to 15 years. So in this year, our number will be a small target population so we can't add children after what date?"

So I'll cover at least the first part about the annual progress report. The fiscal year 2015 annual progress report is up and available now and it's on the website. That has due date of March 31, 2016. So I'm not quite sure if you're talking about your 2015 annual progress report or your 2016 annual progress report.

But the 2015 is up and the 2015 is based on the older Best Practices. So you want to make sure that there is a very good difference between that report and what will be geared towards the new Best Practices. So that's all I have on that. Any of my colleagues have anything else to add on the additional questions she has?

Karen Sheff:

I think just maybe clarifying, what we talked about today is all about SDPI for FY 2016. And so we don't need SOS data for FY 2015 just whatever the requirements are for those reports.

Melanie Knight:

And a question from Connie. "Is there any way funding can split between IHS and Tribes who do not have access to RPMS but have been using the access database since 2007 and the Great Plains Area? It is frustrating knowing how much money has been given to the IHS per data and nothing has been spent for Tribes." Dr. Bullock would you mind answer that one?

Dr. Ann Bullock:

So the Great Plains Area does have a data system that it uses and some would sound helpful. I am not terribly knowledgeable about it. So I really would hate to try to talk about the Access database that you all have that you've been using for the last eight or nine years. As for whether funding can be split between IHS and Tribes, well the SDPI grants go to the successful applicants, so there is no way to split that beyond.

But if there is a Tribe that needs to work with its IHS sites or vice-versa certain many sites do find ways to do that either through MOAs, agreements with each other, or sometimes through contracts, that actually can help provide funds from one to the other to help with data access depending on how that's appropriate and how its approved in your application. So I'm not sure Ms. Brushbreaker what you're referring to here beyond that. I would recommend getting with the Great Plains Area Diabetes Consultant, to talk more about the Access data system, because that's not one that we use or are familiar with at the Division of Diabetes.

Melanie Knight:

Next question is from Lana. "I believe the question is, since we used a separate form of tracking data through Excel and maintain this database for the last three years services provided, how far back should we go? The last three years, two years, one year?"

Dr. Ann Bullock:

This is back to the question from CNA, right? I believe. So it sounds like their entire -- that they don't have any access to an electronic health record system for participants that they've been working with SDPI in the past but they keep track of them themselves.

Again, your Target Group for 2016 is based, you know, the baseline data is for the past one year. So if you're looking at data, I would go back the past one year. If you're looking for people to include in your Target Group that would be, I guess up to you guys to know who is active in terms of how you would pick that community.

Melanie Knight:

Next question if from Connie. "The audit is great for IHS and clinical but has no effect for the Tribes. Our information has no effect on our audit, so why do we, as Tribes have to improve the audit when our efforts are not included?"

Dr. Ann Bullock:

I'm not seeing that question. Is it on the tracker?

Melanie Knight:

We'll add it.

Dr. Ann Bullock:

Great. Thanks. So that's easier to read it and try to address the questions here. Connie you're asking some good questions, I want to make sure we're catching everything you're trying to say here. So the audit is great in so many respects and it does help us tell lots of stakeholders about the good work that's happening across the system. Indeed there's much good news there.

It is overwhelming clinical and it does relate to patients who have diabetes. So as Karen said in the presentation, the audit itself, the annual audit, has a separate purpose from what we're trying to do here because we realize fully that not all of you are doing clinical work. Many of you are doing work that is more community-based. And so it may not get as reflected in the annual audit, as other types of work might be.

For this purpose, the SOS still allows you guys to show what you're able to do. Again, to -- it may only be a part of what you're doing at your Tribes to help prevent and treat diabetes. But at least, it captures a little piece of that which for most of you is some of the educational efforts you have. So you're right, it may not make a difference in your audit but that is separate, completely separate in this sense from this SOS Best Practice work.

This is -- what you do will affect that, that's the whole point. You guys will be putting information into the SOS, which does show what you are achieving yourself. So it is separate from the annual audit and it shows you guys improving the group of patients or participants that you have elected to work with. And so what you do at the Tribal level is absolutely captured by this. That is the entire point. So thanks for the question.

Melanie Knight:

Sorry we had a siren going by. Last question is from Ronnie. "So that reporting data for January 1st to December 31, 2015 is not reported on SOS reporting and it's reported via the diabetes audit?"

So that report, the annual progress report for FY 2015 that is -- it's a separate report from what we're talking about today. The SOS as Karen mentioned is geared towards FY 2016. So the templates and the instructions for the 2015 annual progress report is available on the webpage. I'm not quite sure though what you're referring to in terms of the diabetes audit.

Karen Sheff:

Right, and I know we have so many different timeframes for SDPI and for the audit. So the template that you timeframe that you mentioned is January 1st to December 31, 2015. So that timeframe is relevant for a couple of different things. So that's the time period for the annual audit that we're about to do, but again that is separate from SDPI. But it happens -- as the same time period we're looking for baseline data, so the annual audit timeframe, as well as baseline data timeframe happened to be the same, that doesn't mean they will be the same. They just cover the same period of time. I'm not sure if that answered your question Ronnie or Ann, if you have anything to add?

Dr. Ann Bullock:

Not on that one but there was one more comment that Ms. Brushbreaker added about. "Isn't there some money that is given for data infrastructure?" And that is correct. One of the SDPI set asides which did go through Tribal consultation. It has been there for many years going way back to the earliest days of SDPI is $5.2 million set-aside for data infrastructure support.

Half of that or $2.6 million goes to the national IHS Office of Information Technology to support many of the things we need including the audit and RPMS. But also, things like the National Data Warehouse and things that are not just related to RPMS, so half of that $5.2 million for data infrastructure support goes to the national IHS IT Office for all of those many different things. The other half, two million, goes to the Area offices to help not only IHS sites but Tribes with data-related issues and then $600,000 that remains, stays with the Division of Diabetes which absolutely goes into all of these kinds of activities including the development of the SOS and the audit and the other things that impact everybody not just IHS, but Tribes in Urban programs as well.

So yes, I just wanted to answer her question that there was $5.2 million set-aside for data infrastructure support. But as you all know, data is so important and it is such as a costly thing these days to get all the things done that need to be done that as large a number as that sounds like it just kind of gets us going. And doesn't take care of all the needs around data, and we know that.

Melanie Knight:

All right. Well that's all the questions we have. So I think we'll go ahead and end our session today. Just want to remind everyone that still on that we do have some upcoming Q&A webinars. So if you have more questions, please bring them up then. Other than that, thank you everyone. Dr. Bullock did you want to say any closing words?

Dr. Ann Bullock:

Just a little bit partly because I think we have this couple of folks still typing in and we do want to catch as many as we can before we sign off. I want to thank everybody. I really want to thank Karen Sheff, Karen Schellenberger and their entire team. The amount of work it has taken to put this data system together, as well as this presentation is just phenomenal.

We have an amazing team that we work with and we will absolutely be seeing the benefits that all of our work together. You, out in the field and us trying to put together a system that somehow catches the spirit, as well as the numbers of what you guys are doing, so that we can continue to make the case to the Congress and to others just how important SDPI is. So thank you guys very much. I think there was one more question that came in Mel.

Melanie Knight:

Yeah. So it's on the annual progress report just asking, "are there different due dates for the annual progress report based on previous cycles?" So yes, there is. I'm going to go ahead and just plug in the link for the webpage because it does have those due dates. So I'm going to go ahead and just plop that in and you can look at it then. Again if you have any further questions, feel free to ask them on the upcoming Q&A. We'll also have some separate Q&A sessions that are specific to the Fiscal Year 2015 annual progress report.

Dr. Ann Bullock:

So while we're giving these last few people a chance to provide any questions or comments to us. Probably, the first thing to do is make sure you all have access to WebAudit accounts that somebody in your program has a WebAudit account. If not, make sure you get one. Once you're sure you have a WebAudit account, then get access -- request access to the SOS.

Once you have that, go in and take a look around. Take it for a test drive, see what Karen has been showing you, take a look. See what it looks like and what it's going to take. Ask questions. Come to these Q&A's. Send emails to our team. I think you guys have had the email address up there for off and on. You could put that up there again for questions. So as you are taking a round, kicking the tires on the SOS, as you have questions ask them.

We want to do all we can to make this process for this brand new system as easy and useful for you all as we possibly can. And you all are going to teach us and tell us how to make this better because we want this to be as user-friendly as possible as well as collect data that helps us make the case about the great work you guys are doing.

I think mainly what we're seeing in the last few minutes are people just making some – "where is the review of our application? We just received our Notice of Grant Award." Okay, so Melanie will you check for CNA to make sure that their executive summary is available? They probably should check in Grant Solutions under -- is it a Grant Note? Please remind us where they would find the executive summary.

Melanie Knight:

Well, it's in Application Note and we're not quite sure yet if they're able to access it or if they'll have to wait until their Notice of Award becomes available, and then they'll be able to access it.

Dr. Ann Bullock:

Okay great. With that I think we've caught all the questions.

Some folks are already letting us know they'll be emailing us, that's great. We know that this is a whole new thing and it takes all of our thinking together to make sure we're all on the same page about it. So with that, thanks everybody. Karen, any last minute questions, and thanks for your great presentation.

Karen Sheff:

No, I just want to thank you Dr. Bullock for everything you do for us in supporting the SDPI team. Again it's a whole team that makes all these things happen. It's a great team to work with. Thank you.

Dr. Ann Bullock:

Thanks everybody. We look forward to talking with you on the Q&A sessions. They are not required but please join if you have anything you'd like to ask. You all take care and have a great day.