

Special Diabetes Program for Indians (SDPI) FY 2016 Funding Distribution*

Category	Cost
Community-Directed Grants	\$130.2m
Interventions that address local community priorities using diabetes best practices.	
Urban C-D Grants	\$8.5m
Community-directed programs in urban settings.	
SDPI Program Support	\$6.1m
Fixed, predictable expenses – Costs that are expected from year to year that are used to run the SDPI grant program, support grantees and clinicians, provide data that shows progress, etc.	\$5.7m
Multiple Services Contract and IHS Division of Diabetes Treatment and Prevention (DDTP) Data funds <ul style="list-style-type: none"> • DDTP contract staff • SDPI/Diabetes Conference (venue, logistics, web platform) 	<i>\$2.65m</i>
Division of Grants Management, Grants Management Specialists for SDPI	<i>\$1.02m</i>
Area Diabetes Consultant (ADC) support	<i>\$1.02m</i>
GrantSolutions and Application Review Module (ARMS)	<i>\$460k</i>
DDTP online catalog clearinghouse	<i>\$300k</i>
Tribal Leaders Diabetes Committee (TLDC) support	<i>\$250k</i>
Variable, expected expenses- Costs that are expected but may vary year to year, such as conference costs, travel, printing outreach materials, etc.	Varies
SDPI/Diabetes national conference (speakers, printing)	<i>\$85k</i>
DDTP travel to TLDC, Area/SDPI meetings, conferences	<i>\$85k</i>
Objective Review Panels	<i>\$60k</i>
National DMS training for local site staff	<i>\$36k</i>
Printing materials for online catalog	<i>\$35k</i>
Shipping special catalog orders, conference materials	<i>\$25k</i>
Equipment, supplies, software	<i>\$15k</i>
Staff training	<i>\$10k</i>
Fees for contracts, funds, transfers, etc.	<i>\$10k</i>
Unplanned expenses- Necessary costs that SDPI Support funds helped cover to avoid reducing grants.	Varies

*Funding Distribution details were shared during the TLDC Virtual meeting, April 4, 2018

Data Infrastructure Support	\$5.2m
National Office of Information Technology (OIT)	\$2.6m
Adobe Connect License - Enables communication and training between the DDTP and SDPI grantees	\$9,600
Quality Measures and Clinical Care tools - Development and maintenance of quality measures that enable RPMS users to run quality reports, submit data to Congress, and report to HRSA to maintain grants. Reminders to assist providers in providing care to patients with diabetes and gestational diabetes. Measure and decision support logic is made available to external programs to promote unified reporting.	\$137,649
Diabetes Management System - Updated the RPMS application that maintains the Diabetes Audit logic and reporting functionality.	\$384,000
User support - Training and user support for diabetes related questions, problems, and issues related to RPMS or other OIT functions.	\$237,287
HealthShare License - Enables RPMS and other EHR users to aggregate patient data to improve patient care (provides clinicians with information from multiple EHRs or sites. Provides a diabetes related dashboard to focus on needs of the population as well as the individual patient.	\$1,375,000
National Data Warehouse - Enable RPMS and non-RPMS programs to better submit medical record data to the National Data Warehouse and to develop and maintain new quality measures to assess diabetes care for AI/ANs.	\$12,250
First Data Bank contract - Pharmacy medication and medication education handout database used by RPMS.	\$390,000
Area IT Programs - IT staffing, travel, support for documentation and reporting, maintaining hardware, software licensing, training, and enhancement, performance improvement, and access to clinical resources.	\$2m
Alaska	\$155,416
Albuquerque	\$135,416
Bemidji	\$165,416
Billings	\$125,416
California	\$165,417
Great Plains	\$195,417
Nashville/USET	\$185,417
Navajo	\$190,417
Oklahoma City	\$245,417
Phoenix	\$185,417
Portland	\$175,417
Tucson	\$75,417
DDTP Data Funds	\$600k
Multiple Services Contract: DDTP data and programming staff	\$480k
Informatics/pharmacy consultant	\$110k
Data software, etc.	\$10k
TOTAL COST	\$150m