



Indian Health Service

**Division of Diabetes
Treatment and Prevention**



Audit 2025

Orientation for Non-RPMS Electronic Audit

IHS Division of Diabetes Treatment and Prevention

10/24/2024



A note for those watching the recording:

If you would like copies of any of the materials referenced during this webinar, contact the IHS Diabetes Audit team at diabetesaudit@ihs.gov.

Abbreviations

- **ADC** = Area Diabetes Consultant
- **AI/AN** = American Indian/Alaska Native
- **Audit** = IHS Diabetes Care and Outcomes Audit
- **BP** = Best Practice = SDPI Diabetes Best Practice
- **DDTP** = IHS Division of Diabetes Treatment and Prevention
- **DMS** = RPMS Diabetes Management System
- **GPRA** = Government Performance and Results Act
- **EMR** = Electronic Medical Record (RPMS or other)
- **I/T/U** = IHS, Tribal, and Urban
- **RKM** = Required Key Measure
- **RPMS** = IHS Resource and Patient Management System
- **SDPI** = Special Diabetes Program for Indians
- **SOS** = SDPI Outcomes System

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**Area Diabetes Consultants and
Support Staff**

Today's Topics

- General Audit Overview
- Audit Process
- Audit Resources
- Audit Changes for 2025
- Audit Website and WebAudit
- Alaska Area Experience – Meera Narayanan and Beth Tressler
- Questions



Audit Overview



What is the Audit and why do it?

What: A process for assessing diabetes care and health outcomes for American Indian and Alaska Native people with diagnosed diabetes.

Why:

- *To work towards the goal of providing all diabetes patients with the highest quality of care, as outlined in the [IHS Diabetes Standards of Care](#).*
- To assess the diabetes care provided at a facility, including strengths and areas for improvement.
- To fulfill requirements of Special Diabetes Program for Indians (SDPI) grants (participation in Annual Audit).
- To contribute to Area and IHS outcome measures and reports.

When are Audits done?

- **Annual Audit:** Once per year, data submitted to and processed by DDTP.
 - **For Audit 2025:**
 - Audit Period: Jan 1-Dec 31, 2024
 - Due date: 3/15/2025
- **Interim Audit:** Can be many times per year, for SDPI, Area, or local use.
 - **Period of care:** Locally or Area determined
 - **Due date:** Locally or Area determined
 - Use of Interim Audit tools for any purpose other than the *Annual Audit*.

Who conducts Audits?

I/T/U health care facilities associated with an SDPI grant

- **Different types of facilities:** clinics, health stations, hospitals
- **Vary in size:** <25 to >5000 diabetes patients
- **Use a variety of EMR systems:** RPMS and others
 - Cerner, NextGen, Allscripts, EPIC, i2i,

What does the Audit measure?

Audit Form:

- Blood pressure
- Height and weight
- Tobacco use
- Exams
- Education
- Medications
- Immunizations
- Lab results
- Comorbidities: depression, CVD, TB
- More ...

There are changes (almost) every year!

PAGE 2

ACE Inhibitor or ARB

Prescribed (as of the end of the Audit period): _____

- 1 Yes
 2 No

Hepatitis C (HCV)

HCV diagnosed (ever): _____

- 1 Yes
 2 No

▶ If not diagnosed with HCV, screened at least once (ever): _____

IHS Diabetes Care and Outcomes Audit, 2025

NOTE: It is highly recommended that you review the [Audit 2025 Instructions](#) prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2024

Facility Name: _____

Reviewer initials: _____

State of residence: _____

Month/Year of Birth: ____/____

- Birth Sex: 1 Male
 2 Female
 3 Unknown

Date of Diabetes Diagnosis: ____/____/____

- DM Type: 1 Type 1
 2 Type 2

Tobacco/Nicotine Use (during Audit period)

Tobacco

Screened for tobacco use:

- 1 Yes
 2 No

Tobacco user:

- 1 Yes
 2 No

Tobacco cessation counseling/education received:

- 1 Yes
 2 No

Electronic Nicotine Delivery Systems (ENDS)*

Screened for ENDS use:

- 1 Yes
 2 No

ENDS user:

- 1 Yes
 2 No

*ENDS include: vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes which contain nicotine.

Vital Statistics

Height (last recorded): _____ ft _____ in

Weight (last in Audit period): _____ lbs

Hypertension (documented diagnosis ever):

- 1 Yes
 2 No

Blood pressure (last 3 during Audit period):

- | | |
|---------------------|-----------|
| Systolic | Diastolic |
| 1. _____/_____ mmHg | |
| 2. _____/_____ mmHg | |
| 3. _____/_____ mmHg | |

Examinations (during Audit period)

Foot (comprehensive or "complete", including evaluation of sensation and vascular status):

- 1 Yes
 2 No

Eye (dilated exam or retinal imaging):

- 1 Yes
 2 No

Dental:

- 1 Yes
 2 No

Depression

Screened for depression (during Audit period):

- 1 Yes
 2 No

Depression an active diagnosis (during Audit period):

- 1 Yes
 2 No

Education (during Audit period)

Nutrition:

- 1 RD }
 2 Other } 3 Both RD and Other
 4 None

Physical activity:

- 1 Yes
 2 No

Other diabetes:

- 1 Yes
 2 No

Diabetes Therapy

Select **all** prescribed (as of the end of the Audit period):

- 1 None of the following
 2 Insulin
 3 Metformin [Glucophage, others]
 4 Sulfonylurea [glipizide, glyburide, glimepiride]
 5 DPP-4 inhibitor [alogliptin (Nesina), linagliptin (Tradjenta), saxagliptin (Onglyza), sitagliptin (Januvia)]
 6 GLP-1 receptor agonist [dulaglutide (Trulicity), exenatide (Byetta, Bydureon), liraglutide (Victoza, Saxenda), lisdexamfetamine (Addyi), semaglutide (Ozempic, Rybelsus, Wegovy)]
 7 SGLT-2 inhibitor [canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance), ertugliflozin (Steglatro), sotagliflozin (Inpefa)]
 8 Pioglitazone [Actos] or rosiglitazone [Avandia]
 9 Tirzepatide [Mounjaro, Zepbound]
 10 Acarbose [Precose] or miglitol [Glyset]
 11 Repaglinide [Prandin] or nateglinide [Starlix]
 12 Pramlintide [Symlin]
 13 Bromocriptine [Cycloset]
 14 Colesevelam [Welchol]

CONTINUED ON PAGE 2. Be sure to complete both pages for all Audited patients.



Different time periods for different items



12-month (Audit) period for most including:

- Tobacco screening and use
- Weight
- Blood pressure
- Education
- Exams
- Labs



Exceptions:

- Height (last ever)
- TB test/results/treatment (ever)
- Immunizations (except flu)
- Health conditions (e.g., HTN, CVD)
- Medications (as of Audit period end)

Look for key words, such as: “Audit period”, “ever”

How are these outcomes reported?

Sample section from WebAudit Audit Report

IHS Diabetes Care and Outcomes Audit - WebAudit
Annual Audit

17 charts were audited from 17 patients determined to be eligible by Test13.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Birth Sex					
Male					29%
Female	12	17	71%		
Unknown	0	17	0%		
Age					
< 20 years	1	17	6%		
20-44 years	8	17	47%		
45-64 years	4	17	24%		
≥ 65 years	4	17	24%		
Diabetes Type					
Type 1	5	17	29%		
Type 2	12	17	71%		
Duration of Diabetes					
< 1 year	1	17	6%		
< 10 years	5	17	29%		
≥ 10 years	1	17	6%		
Diagnosis date not recorded	11	17	65%		

There are changes every year!

Results processed through the WebAudit




Input=data file **or** paper forms

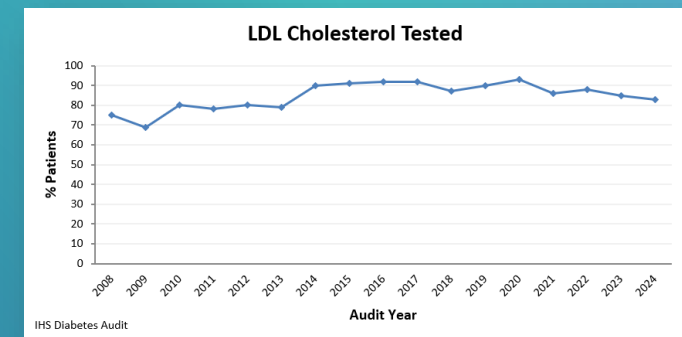
Output=reports **and** graphs

```
Audit2024DemoData_N5.txt - Notepad
File Edit Format View Help
AUDITDATE^FACILITYNA^REVIEWER^STATE^MOB^YOB^SEX^DODX^DMTYPE^TOBSCREEN^TOBACCOUSE^TOBCOUNSEL^ENDSSCREEN^ENDSUSE^FE
12/31/2022^DEMODOATA^KLS^NM^6^1963^2^1/19/2012^2^1^2^ ^1^2^5^3.78^171^1^127^80^126^81^105^62^1^1^1^2^1^2^1^1^2^2^1
12/31/2022^DEMODOATA^KLS^NM^3^1953^1^11/3/1995^2^1^2^ ^1^2^5^0.91^133^1^153^88^134^64^151^77^1^1^1^2^1^2^1^1^2^1^1
12/31/2022^DEMODOATA^KLS^NM^5^1964^2^3/1/1985^2^1^2^ ^1^2^5^4^180^1^123^73^136^97^128^84^1^1^2^2^1^4^1^1^2^1^1^2^1
12/31/2022^DEMODOATA^KLS^NM^3^1957^1^6/10/2011^2^1^2^ ^1^2^5^0.63^160^1^147^74^138^81^157^71^1^1^1^2^1^2^1^1^2^2^1
```



Diabetes WebAudit

- 
Facility Administration
Enter facility information and lock data.
- 
Data Processing
Submit (entry or upload), view, download, and check data.
- 
Reports
Generate reports and graphs.



Electronic Audits: RPMS vs. other EMRs

- Below are some specific examples. There are many other differences!
- Resources for both are available on the Audit website.

Activity	RPMS	Other EMR
Software programming: (done by)	IHS	Software company or vendor
Identify eligible patients	Registry or QMAN search	System dependent
Preparation	-Install DMS patch 18 -Update site-populated taxonomies -Review & update registry OR create list of diabetes patients	System dependent
Education documentation	RPMS-specific coding	System dependent



Audit Process

Encounters to data submission

- **Throughout the year:**
 - Patient encounters take place through:
 - **in-person** and **telehealth visits** with providers
 - medication refills, lab tests, immunizations, education provided, others
 - Information about all encounters is documented in EMR (or paper chart).
 - Other (historical) information may also be documented (e.g., TB diagnosed >10 years ago).



Encounters to data submission

At Audit time:

- **Identify** eligible patients with diabetes at facility.
- **Gather** data for these patients by one of two methods.
 - **Electronic Audit:** Extract data from EMR.
 - **Manual Audit:** Review charts (paper or EMR) and complete paper forms.
- **Review** data quality (round 1) – electronic only, if possible. (RPMS)
- **Submit** data via the WebAudit (created audit data file)
- **Review** data quality (round 2) - WebAudit

Note: See [Audit 2024 Instructions](#) for additional information.
Instructions for Audit 2025 will be available soon.



The Diabetes WebAudit System

- The **WebAudit** is a set of internet-based tools for Audit data entry, uploading files from electronic Audits, data processing, and reporting.
- All **Annual Audit** data are submitted to DDTP via the WebAudit.
 - **Electronic Audit** – created data file is uploaded
 - **Manual Audit** - data is manually entered from paper forms
- Once data are submitted, all data processing and report tools are the same.
- **Interim Audits** can be submitted at anytime.
 - Non-Annual Audits
- Data and reports from previous audits are retained in the system.
 - Audit Reports go back to 2008 for many sites.
- **At least one person from each facility has access.**
 - In general, individuals directly involved with conducting the Diabetes Audit.



Diabetes WebAudit

The IHS Diabetes Care and Outcomes Audit is a process to assess care and health outcomes for American Indians and Alaska Natives with diagnosed diabetes. IHS, Tribal and Urban Indian health care facilities nationwide participate in this process each year by auditing medical records for their patients with diabetes.

Login



Main Page (after login)



Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

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Diabetes WebAudit

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Diabetes WebAudit



[Facility Administration](#)

Enter facility information and lock data.



[Data Processing](#)

Submit (entry or upload), view, download, and check data.



[Reports](#)

Generate reports and graphs.

IHS Headquarters, Indian Health Service, 5600 Fishers Lane, Rockville, MD 20857 - [Find a Mail Stop](#)



Preparation

- **Notify** your Area Diabetes Consultant that you are planning to start DM Audit programming.
- **Gather and carefully review resources and materials.**
- DDTP Audit materials are available to help guide through the Audit process.
 - **Available now:**
 - Audit form
 - “Non-RPMS” Audit checklist
 - Audit data file specifications
 - WebAudit Report specifications
 - **In progress:**
 - Excel file with code lists
 - Audit Instructions
 - RPMS/DMS Audit logic for 2025
 - **Local - site specific documentation, others**

2025 Audit Non-RPMS Checklist

IHS Division of Diabetes Treatment and Prevention Annual Diabetes Care and Outcomes Audit 2025

Audit Checklist: Electronic Medical Record (EMR) Systems Other than RPMS
October 2024

Notes:

- This checklist provides general guidance on programming for the [IHS Diabetes Audit](#)¹ (Audit). It does not provide detailed information for any particular EMR system.
- There is a separate checklist for conducting Audits using the IHS Resource and Patient Management System (RPMS).
- Follow HIPAA guidelines for patient data confidentiality.
- Contact the IHS Audit team (diabetesaudit@ihs.gov) with any questions or to request resources.

Step	1.0 Preparation	Completed?
1.1	Notify your Area Diabetes Consultant ² (ADC) that you are planning to start Audit activities.	
1.2	View recorded webinar: Audit 2025 Orientation for Non-RPMS Electronic Audits (available on the Audit training page ³).	
1.3	Gather and carefully review resources for current year (2025). These are available on the Audit resources page ⁴ and include: <ul style="list-style-type: none"> • Audit Form • Audit Instructions (pay particular attention to Appendix A: IHS Diabetes Care and Outcomes Audit Data File Specifications for 2025) • Excel file of code lists 	
1.4	Identify technical personnel, including programmers, for your facility. These individuals may be in-house or with an external EMR vendor.	
1.5	Connect programmer(s) to key staff at your facility with knowledge relevant to the Audit process. Consider including staff from multiple departments: diabetes and/or Special Diabetes Program for Indians (SDPI) program; information technology (IT), medical, nursing, pharmacy, lab, optometry, dental, health information management (HIM), billing and coding, quality improvement, and administration.	
1.6	Develop a strategic plan that may include: <ul style="list-style-type: none"> • Team member assignment • Consistent and ongoing communication among team members • Testing plan • Timelines 	

¹ <https://www.ihs.gov/diabetes/audit/>

² <https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/>

³ <https://www.ihs.gov/diabetes/audit/audittrain/>

⁴ <https://www.ihs.gov/diabetes/audit/audit-resources/>

- Preparation
- Programming for the Audit export/data file
- Programming for patient lists/groups
- Testing and Troubleshooting
- Create Audit data file
- Submit and Review Data via WebAudit
- Documentation

Paper Audit Form

IHS Diabetes Care and Outcomes Audit, 2025

NOTE: It is highly recommended that you review the [Audit 2025 Instructions](#) prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2024

Facility Name: _____

Reviewer initials: _____

State of residence: _____

Month/Year of Birth: ____/____

Birth Sex: 1 Male
2 Female
3 Unknown

Date of Diabetes Diagnosis: ____/____/____

DM Type: 1 Type 1
2 Type 2

Tobacco/Nicotine Use (during Audit period)

Tobacco

Screened for tobacco use:

1 Yes
2 No

→ Tobacco user:

1 Yes
2 No

← Tobacco cessation counseling/education received:

1 Yes
2 No

→ **Electronic Nicotine Delivery Systems (ENDS)***

Screened for ENDS use:

1 Yes
2 No

→ ENDS user:

1 Yes
2 No

Examinations (during Audit period)

Foot (comprehensive or "complete", including evaluation of sensation and vascular status):

1 Yes
2 No

Eye (dilated exam or retinal imaging):

1 Yes
2 No

Dental:

1 Yes
2 No

Depression

Screened for depression (during Audit period):

1 Yes
2 No

Depression an active diagnosis (during Audit period):

1 Yes
2 No

Education (during Audit period)

Nutrition:

1 RD
2 Other } 3 Both RD and Other
4 None

Physical activity:

1 Yes
2 No

Other diabetes:

1 Yes
2 No

Diabetes Therapy

Select **all** prescribed (as of the end of the Audit period):

1 None of the following
2 Insulin

Code List 2025

- Coming soon!
- Refer to Audit 2024 Resource Webpage – Audit 2024 Code List

Division of Diabetes Treatment and Prevention (DDTP)

- About Us
- Search DDTP and SDPI
- Clinical Training
- Clinical Resources
- Education Materials and Resources (Online Catalog)
- Fact Sheets and Publications
- IHS Diabetes Audit**
- WebAudit Login
- WebAudit Information and Account Requests
- Audit 2024 Resources**
- Conducting An Audit
- Audit Training
- Audit Information RPMS/DMS
- Audit Information Other EMR

Audit 2024 Resources

Instructions and Forms

Carefully read the Audit Instructions document and review the Audit Form before beginning your Audit, even if you have conducted an Audit before.

- [Audit 2024 Instructions](#) [PDF – 707 KB]
- [Audit 2024 Form](#) [PDF – 156 KB]

Checklists

To facilitate completion of all steps in the annual Audit process, refer to the appropriate checklist.

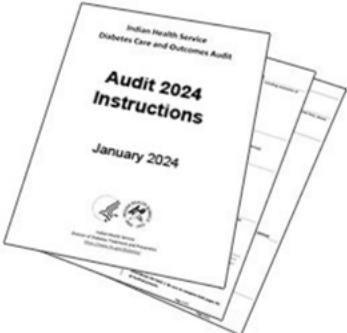
- [Manual Audit Checklist 2024](#) [Word – 55 KB]
- [Electronic Audit Checklist 2024 for RPMS](#) [Word – 46 KB]
- [Electronic Audit Checklist 2024 for Other Electronic Medical Record Systems](#) [Word – 41 KB]

Resource and Patient Management System (RPMS) Diabetes Management System (DMS) Materials

- [January 2024 DMS Manual](#) [PDF – 6.2 MB]
- [Audit 2024 Code Lists](#) [Excel – 389 KB]

Additional Resources

- [Diabetes Standards of Care and Resources for Clinicians and Educators](#)



Indian Health Service
Diabetes Care and Outcomes Audit
Audit 2024 Instructions
January 2024

Important Dates

Annual Audit 2024

- WebAudit open:
February 1, 2024 (anticipated)
- RPMS/DMS patch release:
January 25, 2024
- Due date:
March 29, 2024
- Audit period end date:
December 31, 2023



Using the Code Lists

- **Content:** May contain codes not used at your facility – focus on those that are.
 - Check with your local resources (audit team members) for other codes that might be used locally.
 - Examples: primary care clinics, lab tests, medications

Preparation

- **Identify and assemble your team.**
- **Key Staff to consider include:**
 - Technical personnel: Information Technology (IT), programmers (internal/external vendors), data analysts
 - Diabetes care and education: diabetes program staff, SDPI program, medical, nursing
 - Ancillary departments: dental, optometry, lab, pharmacy
 - Other: Health Information Management (HIM), billing and coding, quality improvement, administrators, others
- **Develop a strategic plan, that may include:**
 - Team member assignment
 - Consistent and ongoing communication among team members
 - Testing plan
 - Timelines

Electronic Audits - programming

- **Required:**
 - Identify eligible diabetes patients
 - Extract data for all items according to detailed logic
 - Create data file in specified format for current year
- **Optional, but recommended:**
 - Store created patient list for the Audit cohort.
 - Audit Report (summary of results for all patients)
 - Individual Audit report (data for one patient)



Determine patients to Include

- Identify patients who meet all the following inclusion criteria:
 - Have a diagnosis of diabetes mellitus.
 - Are American Indian or Alaska Native.
 - Have at least one visit (in person or telehealth) **with a diagnosis of diabetes as a purpose of visit** during the one-year Audit period to one of the following clinics:
 - General (01); Diabetic (06); Internal Medicine (13); Pediatric (20); Well Child (24); Family Practice (28); Chronic Disease (50); Endocrinology (69)
Note: numbers in parentheses are IHS specific clinic codes.
 - Non-RPMS programs will need to check with your organization to determine clinic equivalents and/or other potential primary care clinics.

Determine patients to Exclude

- Then, **exclude** patients who:
 - Received most of their primary care during the Audit period outside of your facility.
 - Are currently on dialysis AND received the majority of their primary care during the Audit period at the dialysis unit.
 - Died before the end of the Audit period.
 - Were pregnant during any part of the Audit period.
 - Have prediabetes (as determined by documented diagnosis of prediabetes, impaired fasting glucose [IFG], impaired glucose tolerance [IGT], or elevated A1C level).
 - Moved permanently or temporarily before the end of the Audit period.

Identifying eligible diabetes patients

Two common options:

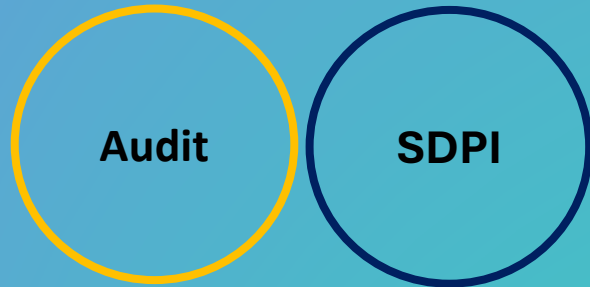
1. Diabetes registry or patient list, if available.

- Existing: be sure to review and update, as needed
- Newly created

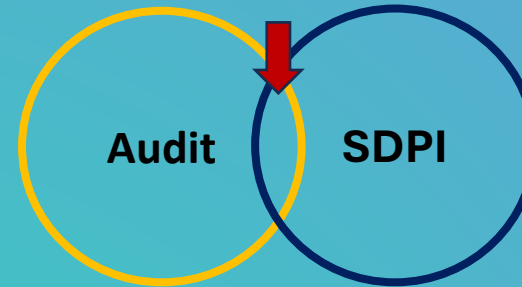
2. Search:

- Use diagnosis codes to identify patients with diabetes.
- Determine which diabetes patients:
 - Had at least one qualifying visit during the Audit period.
 - **Are identified as being American Indian or Alaska Native.**
 - Do NOT meet any of the exclusion criteria.
- **If possible, save list of patients in case the Audit needs to be rerun or for other activities.**

Different patient groups for Audit & SDPI Target Group: examples



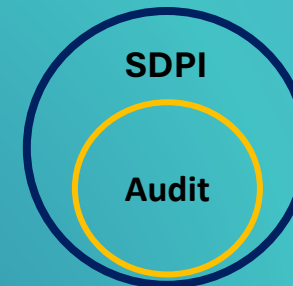
1. No overlap: education or diabetes prevention only
(SDPI can include only at risk for diabetes)



2. Some overlap: education or tobacco use screening
(SDPI can include people with and without diabetes)



3. SOS subset of Audit
(SDPI includes only some diabetes patients)



4. Audit subset of SOS
(SDPI includes all community members)

Different patient groups for Audit & SDPI Target Group: examples

5. Total overlap not likely.

a. SDPI Target Group number should be fixed for the year.



b. People with diabetes are added or removed from the Diabetes Register/List during the year.

Extract data from EMR

- **Review** Audit materials for the current year. If updating software (vs. new programming), pay particular attention to changes from the previous year.
- **Program** or update software per 2025 Audit requirements.
- **Test** and verify electronic Audit locally.
- **Test** data file upload via WebAudit.
- **Check** data quality using the WebAudit.
- **Optional: Confirm** accuracy by comparing local and WebAudit reports.
- **Make** any necessary corrections or changes.
- **Repeat** steps 2-7 as needed.

Data File Specifications for 2025

IHS Diabetes Care and Outcomes Audit Data File Specifications for 2025

General Information

1. **Data File Format:** Delimited text, with the following general requirements.

- Delimiter **must** be the ^ symbol, not a tab, space, or any other character.
- Line 1 contains the Audit field names in the order they appear below.
- Lines 2 and beyond contain the data, with each line representing a single record/patient.
- All records must contain a value or a placeholder for all fields. If there is no value for a field (because data are missing or due to skip pattern), the place holder is one blank space between the delimiters (i.e., ^ ^).
- Do not submit anything other than a blank space for missing or unknown data (e.g., not 0).*

9-page document

2. **Data Fields:**

- A list of Audit 2025 fields and basic details/requirements for each is provided on subsequent pages of this document.
- Extracting accurate data for many fields requires additional information, some of which is available in the Audit documentation.
- Other information is specific to the health record system being used and must be determined locally, including documentation of medications and education.

- Read through carefully.

Data File Specifications for 2025

List of Audit Data Fields

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments
1	AUDITDATE	Ending date of the one-year Audit period: 12/31/2024 for Annual Audit 2025	N/A	mm/dd/yyyy	
2	FACILITYNA	Name or abbreviation for the facility	N/A	Character (max length=20)	For confirmation purposes only, since the WebAudit will automatically supply and display the name.
3	REVIEWER	Reviewer's initials	N/A	Character (max length=3)	
4	STATE	Postal abbreviation for last known state of residence	N/A	Character (max length=2)	Do not populate if patient's address is outside of the US (e.g., in Canada).
5	MOB	Month of birth	N/A	# with value 1-12	
6	YOB	Year of birth	N/A	YYYY	
7	SEX	Birth sex	N/A	# field with: 1=Male 2=Female 3=Unknown	
8	DODX	Date of diabetes diagnosis	N/A	mm/dd/yyyy	If only year is known, use value 07/01/yyyy. If only month and year are known, use 15 for the day. Leave blank if year or entire date is unknown.
There are changes every year!					
9	DMTYPE	Diabetes type	N/A	# field with: 1=Type 1 2=Type 2 (or uncertain)	
10	TOBSCREEN	Screened for tobacco use	Audit period	# field with: 1=Yes 2=No	
11	TOBACCOUSE	Tobacco use	Audit period	# field with: 1=Yes 2=No	Populate only if TOBSCREEN value is 1=Yes.

Audit Data File: sample

```
Audit2025\emoData_N5.txt - Notepad
File Edit Format View Help
AUDITDATE^FACILITYNA^REVIEWER^STATE^MOB^YOB^SEX^DODX^DMTYPE^TOBSCREEN^TOBACCOUSE^TOBCOUNSEL^ENDSSCREEN^ENDSUSE^FE
12/31/2024^DEMOMATA^KLS^NM^6^1963^2^1/19/2012^2^1^1^1^1^2^5^3.78^171^1^127^80^126^81^105^62^1^1^1^2^1^2^1^1^2^2^1
12/31/2024^DEMOMATA^KLS^NM^3^1953^1^11/3/1995^2^1^2^ ^1^2^5^0.91^133^1^153^88^134^64^151^77^1^1^1^2^1^2^1^1^2^1^1
12/31/2024^DEMOMATA^KLS^NM^5^1964^2^3/1/1985^2^1^2^ ^1^2^5^4^180^1^123^73^136^97^128^84^1^1^2^2^1^4^1^1^2^1^1^2^1
12/31/2024^DEMOMATA^KLS^NM^3^1957^1^6/10/2011^2^1^2^ ^1^2^5^0.63^160^1^147^74^138^81^157^71^1^1^1^2^1^2^1^1^2^2^1
12/31/2024^DEMOMATA^KLS^NM^12^1959^2^1/1/1982^2^1^2^ ^1^2^5^3^169^1^128^79^124^78^119^73^1^1^1^1^1^ ^2^1^1^2^1^1^2^
```



Blank space here

- Can be viewed using Notepad, Word, Excel or other software that allows viewing of text files.
- **Only the original text file can be uploaded into the WebAudit.**

Audit Data File Format

1. Review data file to be sure it is in the proper format.

- **Delimited text format** with **^** as delimiter. It cannot be a tab, space or any other character.
- All data fields **MUST** be present in the file in the proper order for each data line.
- Line 1: lists Audit field names in the required order.
- Line 2 – n: contains the data, each line representing a single record/patient.
- All records must contain a value or a place holder for all item.
- If there is no value for an item (due to missing value or due to skip pattern), the place holder must be one blank space between the delimiters:

^ ^ instead of ^^



Blank space here

- Use only “blank space” for missing or unknown data.

Do not use ^0^

Audit Date File: Upload and Test

2. Upload electronic data file to the WebAudit.

- Conduct as an Interim Electronic Audit for patients identified.
- If successful, proceed to next step.
- If unsuccessful, troubleshoot by reviewing the errors message(s), make necessary corrections, and repeat previous step.
 - Ensure the file format follows the data file specifications provided.

3. Review uploaded data (View/Download Data tool)

- Is the number of records, correct?
- Compare data for sample of individual patients vs. EMR.
- Download data in Excel format to see data for all patients.

4. Review WebAudit Data Quality Check.

- Lists potential issues with data that were successfully uploaded.
- Large numbers of errors for a field indicate systemic problems.

Audit data file: Review reports

5. Review Audit Report from the WebAudit.

- Review results to ensure that they are consistent with what is expected based on knowledge of the facility.
- Compare with report programmed in your system (if available).
- Review for results close to 0% or 100%.
- Compare to report for previous year (Audit 2024).
- When available, review Trends Graphs from WebAudit.
- **If noted errors or significant differences, troubleshoot and fix errors.**

Issue seen in Audit Report

Issue: Very low percentage of patients with results for a lab test.

WebAudit Report (example)

LDL cholesterol	0	291	0%		
LDL <100 mg/dl	0	291	0%		
LDL 100-189 mg/dl	0	291	0%		
LDL ≥190 mg/dl	0	291	0%		
Not tested or no valid result	291	291	100%		

Solution: Requires troubleshooting in your EMR.

Issue seen in Data Quality Check Report

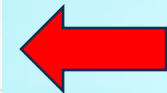
Issue: Large number of patients missing all key data fields.

WebAudit Data Quality Check Report (example)

Multiple – See error message

40

List of Audit Potential Data Errors for 2024									
Facility: Test02 Sample Data									
2024 Annual Audit									
Edit	WebAudit ID	Yr/Mo of Birth	Sex	Date of Diagnosis	Field Name	Value	Error Type	Error Message	Comments
	2318	1958 / 10	M	04/02/2014	Multiple – See error message	None	Potential	Record is missing data for ALL of the key fields: weight, blood pressure, A1C, LDL value, and uACR value.	Add comment
	2075	1948 / 9	M	04/06/2007	Multiple – See error message	None	Potential	Record is missing data for ALL of the key fields: weight, blood pressure, A1C, LDL value, and uACR value.	Add comment



Solutions: Could result from patients not truly eligible (should be removed).

- Create and upload a new data file, if necessary.

Note: Patients only having telehealth visits during Audit period (okay). Add Comment.

Test and Compare in WebAudit

6. Manually audit a small sample of records and compare vs. electronic Audit of the same records.

- Data for both formats can be submitted to the WebAudit (as separate Interim Audits).
- Compare WebAudit Audit Reports for manual and electronic.
- If any issues are found during testing, review and troubleshoot with your technical team.

Submit and Review Data via the WebAudit

	Step	WebAudit Tool(s)
1	Enter # eligible patients (NOT number Audited)	Enter Facility Info
2	Submit data (choose one) Electronic Audit ⇒ Manual Audit ⇒	Upload Data Data Entry
3	Check data for potential errors → edit data as needed	Data Quality Check View/Edit Data
4	Review reports and graphs of results → edit data as needed	Audit Reports & Trends Graphs View/Edit Data
5	“Lock” data	Lock Facility Data
6	Complete Audit evaluation (optional)	Link on screen and in email



WebAudit programming – In progress

- WebAudit Programming timeline for 2025:
 - **October 2024** - programming of 2025 WebAudit tools is in progress.
 - **February 2025** – WebAudit program should be available for general users. (WebAudit open)
- Data files needing to be tested before then:
 - The Audit team should be able to upload them for your files to the QA system - available sometime in December.
 - **Contact the Audit team (diabetesaudit@ihs.gov)** to let them know you have a file for testing.
 - A team member will send you a message via the IHS Secure Data Transfer Service that you can reply to with your data file attached.
 - **DO NOT send files via email! (even if encrypted)**
 - General feed back about potential issues will be provided.



Changes for 2025

Cardiovascular Disease: Change in report section

Cardiovascular Disease (CVD)			
CVD diagnosed ever	16	75	21%
CVD and mean BP <130/<80	5	16	31%
CVD and not current tobacco user* *Excludes patients not screened for tobacco use	11	15	73%
CVD and aspirin or other antiplatelet/anticoagulant therapy currently prescribed	9	16	56%
CVD and GLP-1 receptor agonist currently prescribed	4	16	25%
CVD and SGLT-2 inhibitor currently prescribed	3	16	19%
CVD and statin currently prescribed* *Excludes patients with an allergy, intolerance, or contraindication	13	16	81%

Add: CVD and mean BP <140/<90

Add: CVD and GLP-1 receptor agonist and/or SGLT-2 inhibitor currently prescribed

Added: Pneumococcal vaccine and Medication

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Immunizations					
Influenza vaccine during Audit period	29	75	39%		
Pneumococcal vaccine (PCV15, PCV20, or PPSV23) - ever	37	75	49%		

Add PCV21,



Tirzepatide [Mounjaro]

Add Zepbound - [Mounjaro, Zepbound]

2

75

3%

Change: SDPI RKM

Immunizations: Influenza			
Influenza vaccine during report period	29	75	39%
Immunizations: Pneumococcal			
Pneumococcal vaccine (PCV15, PCV20, or PPSV23) - ever	37	75	49%
Immunizations: Tetanus/Diphtheria			
Td/Tdap/DTaP/DT - past 10 years	49	75	65%

Note: A red box highlights the text "Add PCV21," with a red arrow pointing to the comma in the Pneumococcal vaccine row.

Minor Audit Form Changes: Input (None)

2024

Vital Statistics

Height (last ever): _____ ft _____ in

Weight (last in Audit period): _____ lbs

Hypertension (documented diagnosis ever):

1 Yes

2 No

Blood pressure (last 3 during Audit period):

_____/_____/_____ mmHg

_____/_____/_____ mmHg

_____/_____/_____ mmHg

2025

Vital Statistics

Height (last recorded) : _____ ft _____ in

Weight (last in Audit period): _____ lbs

Hypertension (documented diagnosis ever):

1 Yes

2 No

Blood pressure (last 3 during Audit period):

	Systolic	Diastolic	
1.	_____/_____	_____	mmHg
2.	_____/_____	_____	mmHg
3.	_____/_____	_____	mmHg

NOTE: Input remains the same – up to three values per patient. See Instructions and Data File Specifications for details.

Other minor changes

Examples:

- **Audit Form**

Laboratory Data (most recent result during Audit period)

A1C: _____ %
A1C Date obtained: ____/____/____
Total Cholesterol: _____ mg/dL
HDL Cholesterol: _____ mg/dL
LDL Cholesterol: _____ mg/dL
Triglycerides: _____ mg/dL
Serum Creatinine: _____ mg/dL
eGFR: _____ mL/min/1.73 m²
Quant UACR[†]: _____ mg/g
(*Quantitative urine albumin-to-creatinine ratio)

- **Audit Report**

Exams			
Foot exam - comprehensive comprehensive or complete	25	75	33%
Eye exam - dilated exam or retinal imaging	30	75	40%
Dental exam	20	75	27%

Footnotes

¹For triglycerides: >150 is a marker of CVD risk, not a treatment target; >1000 is a risk marker for pancreatitis.
²Chronic Kidney Disease (CKD): eGFR < 60 or **UACR ≥ 30** **Quantitative UACR ≥ 30**

Impact on Data File Specifications: only minor changes

IHS Diabetes Care and Outcomes Audit Data File Specifications for 2025

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments
41	TXTIRZEP	Prescribed <u>tirzepatide</u> [<i>Mounjaro</i> , <i>Zepbound</i>]	As of the end of the Audit period	# field with: 1=Yes 2=No	

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments
61	PNEUMO	Pneumococcal vaccine (PCV15, PCV20, <u>PCV21</u> , or PPSV23)	Ever	# field with: 1=Yes 2=No	Note: PCV21 added for 2025.

Carefully review **2025** Audit Data File Specifications before programming!

Impact on Data File specifications

Columns: 77 total (same as 2024)

- **1-77: No Change**



The Alaska Audit Experience

Lessons Learned

- **Eligible Patients:** Identifying them can be challenging.
- **Eligible Visits:** Reviewing only billable visits may not capture all Audit items.
- **Medications:**
 - Be sure to review dates and include only those that are current as defined by the **Audit instructions**.
 - Check Audit Report for high percent of patients with no current medications, which indicates a potential problem with the data and/or logic.
- **Education, exams, historical data:** Extracting data can be challenging due to lack of standardized coding. Be sure to note how these are documented at your facility.
- **Labs - general:** Check Audit Report for high percent of patients with no result, which indicates potential problem with data and/or logic.
- **Missing data:** Do not use value of 0 to represent missing information.

Takeaways and tips

- **Start early!** Mapping data and programming requires time, planning, effort, and teamwork.
- **Coding** - Use the codes (Code List) provided to identify comorbid conditions and complications (e.g., diagnosed depression, CVD, retinopathy).
- **Timing is important.**
 - Audit period: Jan 1-Dec 31, 2024
 - Due date: March 15, 2025
- **Use 2025 audit materials.**
- **Find friends!** Networking with other sites using the same software may be helpful.
 - Keep in mind, mapping of data is usually unique to each site.
- **Plan B:** Manual Audits are always an option.



Additional Audit 2025 Resources

Diabetes Standards of Care and Resources for Clinicians and Educators

Main "landing" page

The screenshot shows the main landing page for the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention (DDTP). The page features a dark header with the IHS logo and navigation links. The main content area is titled "Clinical Resources" and includes a search bar, a list of resources, and a section for "Diabetes Standards of Care and Resources for Clinicians and Educators". The page also features a sidebar with navigation links and a "Diabetes Care Topics by Group" section with three categories: "Prevention, Diagnosis, & Management", "Diabetes-Related Conditions", and "Education & Nutrition".

Blood Pressure SOC

The screenshot shows the "Blood Pressure SOC" page on the Indian Health Service website. The page features a dark header with the IHS logo and navigation links. The main content area is titled "Diabetes Standards of Care and Resources for Clinicians and Educators" and includes a section for "Blood Pressure". The page also features a sidebar with navigation links and a "Resource Links" section with links to "Diabetes Care Topics", "Recommendations At-a-Glance for All Topics", "Online version", and "Print version [PDF - 269 KB]". The page also features a "Diabetes Care Topics by Group" section with four categories: "Clinical Practice Recommendations", "Clinician & Educator Resources", "Patient Education Resources", and "CME Training".

<https://www.ihs.gov/diabetes/clinician-resources/soc/>

Indian Health Service Division of Diabetes Treatment and Prevention



Audit Resources

1. **Website:** <https://www.ihs.gov/diabetes> -> Select “IHS Diabetes Audit” from menu
 - a. Materials: Form, Instructions, Checklists, RPMS/DMS documentation
 - b. Training: Live, recorded, DMS
 - c. Other information and resources
2. **Support and Training:**
 - a. Audit team (WebAudit & general questions): email diabetesaudit@ihs.gov
 - b. [Area Diabetes Consultants/Area Audit Support](#)
 - c. RPMS questions and support (OIT Service Desk): <https://www.ihs.gov/Helpdesk/>
 - d. RPMS DMS recorded training: <https://www.ihs.gov/rpms/training/recording-and-material-library/>
 - e. Northwest Portland Area Indian Health Board (NPAIHB): <https://www.npaihb.org/training/>

Upcoming Audit 2025 Webinars

- **Audit Orientation - February 2025**
 - Introduction to the RPMS Diabetes Management System with a focus on conducting the Diabetes Audit.
- **Audit Reports - February 2025**
 - Overview of changes to Audit Reports for 2024 and guidance for reading and reviewing Audit reports.
- **DMS Audit Overview - February 2025**
 - Overview of the DM Audit and using the RPMS/DMS programming.

All Webinars will be recorded.