



Indian Health Service

Division of Diabetes
Treatment and Prevention



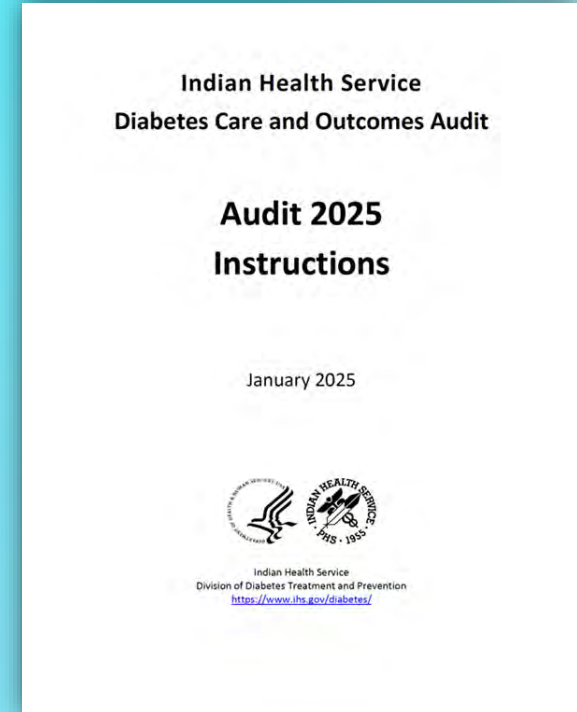
IHS Diabetes Care and Outcomes Audit

Audit 2025 Orientation

2/11/2025

Today's Audit Topics

- Overview
- Process and Methods
- Changes for 2025
- Data Quality Check Overview
- WebAudit
- Resources and Audit Webpages





Diabetes Audit Team

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**Area Diabetes Consultants and
Support Staff**

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



Audit Overview



IHS Diabetes Care and Outcomes Audit 2025 Cycle

| Task | 2024 | | | | | | | | | | | | 2025 | | | | | | | | | | | |
|--------------------------------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Planning | | | | | ■ | ■ | | | | | | | | | | | | | | | | | | |
| Prepare documentation | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | |
| Prepare programming specs | | | | | | ■ | ■ | ■ | | | | | | | | | | | | | | | | |
| DMS programming & testing | | | | | | | | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | |
| DMS beta testing | | | | | | | | | | | ■ | ■ | ■ | | | | | | | | | | | |
| WebAudit programming & testing | | | | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | |
| Non-RPMS programming & testing | | | | | | | | | | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | |
| Data submission | | | | | | | | | | | | | | | | | | | | | | | | |
| Data processing | | | | | | | | | | | | | | | | | | | | | | | | |
| SAS programming | | | | | | | | | | | | | | | | | | | | | | | | |
| Final report preparation | | | | | | | | | | | | | | | | | | | | | | | | |





What is the Audit and why do it?

What: A process for assessing diabetes care and health outcomes for American Indian and Alaska Native (AI/AN) people diagnosed with diabetes.

Why:

1. Work towards the goal of providing **all** patients with diabetes the **highest quality of care**, as outlined in the [IHS Diabetes Standards of Care](#).
2. Assess the diabetes care and education provided at a facility.
 - to help identify strengths and potential areas for improvement
3. Meet the requirements of the Special Diabetes Program for Indians (SDPI) grant for participation in the Annual Diabetes Audit.
4. To contribute to Area and IHS outcome measures and reports.

IHS Diabetes Audit (main landing page)

Division of Diabetes Treatment and Prevention (DDTP)

About Us

Clinical Training

Search DDTP and SDPI

Clinical Resources

Education Materials and Resources (Online Catalog)

Fact Sheets and Publications

Special Diabetes Program for Indians (SDPI)

IHS Diabetes Audit

WebAudit Login

WebAudit Information and Account Requests

Audit 2024/2025 Resources

Conducting An Audit

Audit Training

Audit Information RPMS/DMS

Audit Information Other EMR

Audit Help and Support

Audit - FAQ

The IHS Diabetes Care and Outcomes Audit

The IHS Diabetes Care and Outcomes Audit is a process to assess care and health outcomes for American Indians and Alaska Native people 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.

Click on the link below or left-hand menu to find information about different Audit topics. If you have questions or need further information, contact the [IHS Audit team](#).

- [WebAudit Login](#)
- [WebAudit Info and Account Requests](#)
- [Audit 2024/2025 Resources](#)
- [Conducting an Audit](#)
- [Audit Training](#)
- [Audit Help and Support](#)
- [Audit Information RPMS/DMS](#)
- [Audit Information Other EMR](#)
- [Audit FAQ](#)

Important Dates

Annual Audit 2025

- Audit period end date:
December 31, 2024
- RPMS/DMS patch release:
January 30, 2025
- WebAudit open:
February 13, 2025 (anticipated)
- Due date:
April 25, 2025



Indian Health Service Division of Diabetes Treatment and Prevention

<https://www.ihs.gov/Diabetes/audit/>



Clinical Resources (main landing page)

Division of Diabetes Treatment and Prevention (DDTP)

About Us

Clinical Training

Search DDTP and SDPI

Clinical Resources

Diabetes Standards of Care and Resources for Clinician and Educators

Diabetes Treatment Algorithms

Diabetes Education Lesson Plans

Diabetes Educator Tools

Kidney Health

Education Materials and Resources (Online Catalog)

Fact Sheets and Publications

Special Diabetes Program for Indians (SDPI)

IHS Diabetes Audit

Nutrition

Contact Us

Audit/SOS Login

Clinical Resources

The IHS Division of Diabetes developed the resources below specifically for clinicians and educators working with American Indian and Alaska Native diabetes patients.

Search Division of Diabetes and SDPI



Standards of Care

Algorithms

Diabetes Education Lesson Plans

Diabetes Educator Tools

Kidney Health

Diabetes Standards of Care and Resources for Clinicians and Educators

The Diabetes Standards of Care and Resources for Clinicians and Educators are intended to provide guidance to clinicians and educators as they care for American Indian and Alaska Native people who have or are at risk for type 2 diabetes. Use the [Recommendations At-a-Glance](#) as a quick reference. For each diabetes care topic, click on the link below to find regularly-updated recommendations, useful clinical tools and resources, and patient education materials.

Diabetes Care Topics by Group

Prevention, Diagnosis, & Management



Diabetes-Related Conditions



Education & Nutrition



Immunizations & Screenings



Pregnancy/Youth/Elders



Social & Behavioral Health



Indian Health Service Division of Diabetes Treatment and Prevention

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





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Diabetes Standards of Care and Resources for Clinicians and Educators

Blood Pressure

Blood pressure (BP) control in people with diabetes is essential to reduce the risk of diabetes complications, including heart attack, stroke, heart failure, retinopathy, and kidney disease. Hypertension (HTN) or high BP is defined as a systolic BP greater than or equal to 130 mmHg or a diastolic BP greater than or equal to 80 mmHg. Hypertension in people with diabetes is common and often requires multiple medications to achieve targeted goals.

Resource Links

Diabetes Care Topics

» [View All Topics](#)

Recommendations At-a-Glance for All Topics

» [Online version](#)

» [Print version](#) [PDF – 269 KB]

Clinical Practice Recommendations



Clinician & Educator Resources



Patient Education Resources



CME Training



Audits – Data Periods and Due Dates

1. Annual Audit: (submitted once per year)

- Data is submitted to and processed by DDTP (via WebAudit)
- 2025 Audit Data Collection Period: **January 1, 2024 - December 31, 2024**
- Due date for audit data submission: **April 29, 2025**
- Data will be “locked” by DDTP in mid May for all sites.
 - Programs can no longer modify data.

2. Interim Audits*: (submitted any time through the year via WebAudit)

- Can be many times per year for SDPI (RKM), Area, or local use
- Period of care: Locally or Area determined
- Due date: Locally or Area determined

****Use of Audit tools for any purpose other than the “Annual” Audit.***

Audit Types: Annual vs. SDPI RKM Data vs. Interim

| | Annual Audit | Interim for SDPI RKM | Interim Other |
|---------------------------------------|---|---|-------------------------------|
| Frequency | Once per year | As many as needed | As many as needed |
| WebAudit Type | Annual | Interim | Interim |
| WebAudit Versions Available | Current year only | Current + previous year | Current + previous year |
| Conducted When | Feb through mid-March | One or more times a year | Any time of year |
| Period Covered | 2025: Jan 1-Dec 31, 2024 | Jan 1-Dec 31 | Locally determined |
| Due Date | 2025: 4/29/2025 | 2024 Final: 1/31/25 2025 Baseline: 2/28/25 | Determined by Area or program |
| Who is included | Electronic: All eligible DM patients Manual: All or sample of eligible DM patients | SDPI Target Group | Determined by Area or program |
| Data reviewed by DDTP | Yes | In SOS only | No |
| Data used for national reports | Yes | Yes (baseline & final only) | No |

Audit Participation

Participants in the Annual Diabetes Audits include:

- I/T/U health care facilities associated with an SDPI grant and others.
- IHS Service Units that have historically participated in the Audit.
- **Different types of facilities:**
 - Clinics
 - Health Stations
 - Hospitals
- **Vary in size:** <25 to >5000 patients with diabetes
- **Use a variety of EMR systems:** RPMS and others
 - NextGen, Athena, Cerner, and more

What does the Audit measure?

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: / /

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), lirisenatide (Aduvia), 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.

Page 1 of 2

Audit Form (Page 1)

- Type of Diabetes and Date of Diagnosis
- Tobacco/Nicotine Use
- Height and weight
- Blood pressure
- Exams – foot, eye, dental
- Depression
- Education
- Diabetes Therapy
- More

What does the Audit measure?

PAGE 2

ACE Inhibitor or ARB
Prescribed (as of the end of the Audit period):
1 Yes
2 No

Commonly prescribed medications include:
ACE Inhibitors: benazepril, captopril, enalapril, fosinopril, lisinopril, ramipril
ARBs: candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan

Aspirin or Other Antiplatelet/Anticoagulant Therapy
Prescribed (as of the end of the Audit period):
1 Yes
2 No

Commonly prescribed medications include:
Anticoagulants: apixaban (Eliquis), dabigatran (Pradaxa), edoxaban (Savaysa), enoxaparin (Lovenox), rivaroxaban (Xarelto), warfarin (Coumadin)
Antiplatelets: aspirin, aspirin/dipyridamole (Aggrenox), clostazol (Plavix), clopidogrel (Plavix), prasugrel (Effient), ticagrelor (Brilinta)

Statin Therapy
Prescribed (as of the end of the Audit period):
1 Yes
2 No
3 Allergy/intolerance/contraindication

Commonly prescribed medications include: atorvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin

Cardiovascular Disease (CVD)
Diagnosed (ever):
1 Yes
2 No

Tuberculosis (TB)
TB diagnosis (latent or active) documented (ever):
1 Yes
2 No

TB test done (most recent):
1 Skin test (PPD)
2 Blood test (QFT-GIT, T-SPOT)
3 No test documented

TB test result:
1 Positive
2 Negative
3 No result documented

If TB diagnosed and/or test result positive, treatment initiated (e.g., isoniazid, rifampin, rifapentine, others):
1 Yes
2 No
3 Unknown

If TB result negative, test date:
Date: ____/____/____

Hepatitis C (HCV)
HCV diagnosed (ever):
1 Yes
2 No
If not diagnosed with HCV, screened at least once (ever):
1 Yes
2 No

Retinopathy
Diagnosed (ever):
1 Yes
2 No

Amputation
Lower extremity (ever), any type (e.g., toe, partial foot, above or below knee):
1 Yes
2 No

Immunizations
Influenza vaccine (during Audit period):
1 Yes
2 No
Pneumococcal (PCV15, PCV20, PCV21, or PPSV23) (ever):
1 Yes
2 No
Td, Tdap, DTaP, or DT (in past 10 years):
1 Yes
2 No
Tdap (ever):
1 Yes
2 No
Hepatitis B complete series (ever):
1 Yes
2 No
3 Immune
Shingrix/recombinant zoster vaccine (RZV) complete series (ever):
1 Yes
2 No

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)

Local Questions [Optional]
Select one:
1 _____ 4 _____ 7 _____
2 _____ 5 _____ 8 _____
3 _____ 6 _____ 9 _____
Text: _____

Page 2 of 2

Audit Form (Page 2)

- Other medications
- Hepatitis C
- Immunizations
- Laboratory test results: A1C, lipids, kidney function
- Comorbidities: CVD, TB, retinopathy, amputation

There are changes (almost) every year!



Data measures collected in the 12-month (Audit) period:

- 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”**

Data Collection: Measures

- For most measures one response is selected or provided for each patient.

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

Data Collection: Special Cases

- **Special Cases:**

- **Skip patterns:** Some items will be skipped, based on response to previous item.
 - a. Tobacco/ENDS use
 - b. Tobacco cessation
 - c. TB items
 - d. HCV screening (example)

- **Diabetes therapy:** Select **all** that apply.

Note: if 1 is checked = patient is not on any diabetes medications.

Hepatitis C (HCV)

HCV diagnosed (ever):

1 Yes

2 No



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

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*), lixisenatide (*Adlyxin*), semaglutide (*Ozempic*, *Rybelsus*, *Wegovy*)]

7 SGLT-2 inhibitor [bexagliflozin (*Brenzavvy*), 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*]

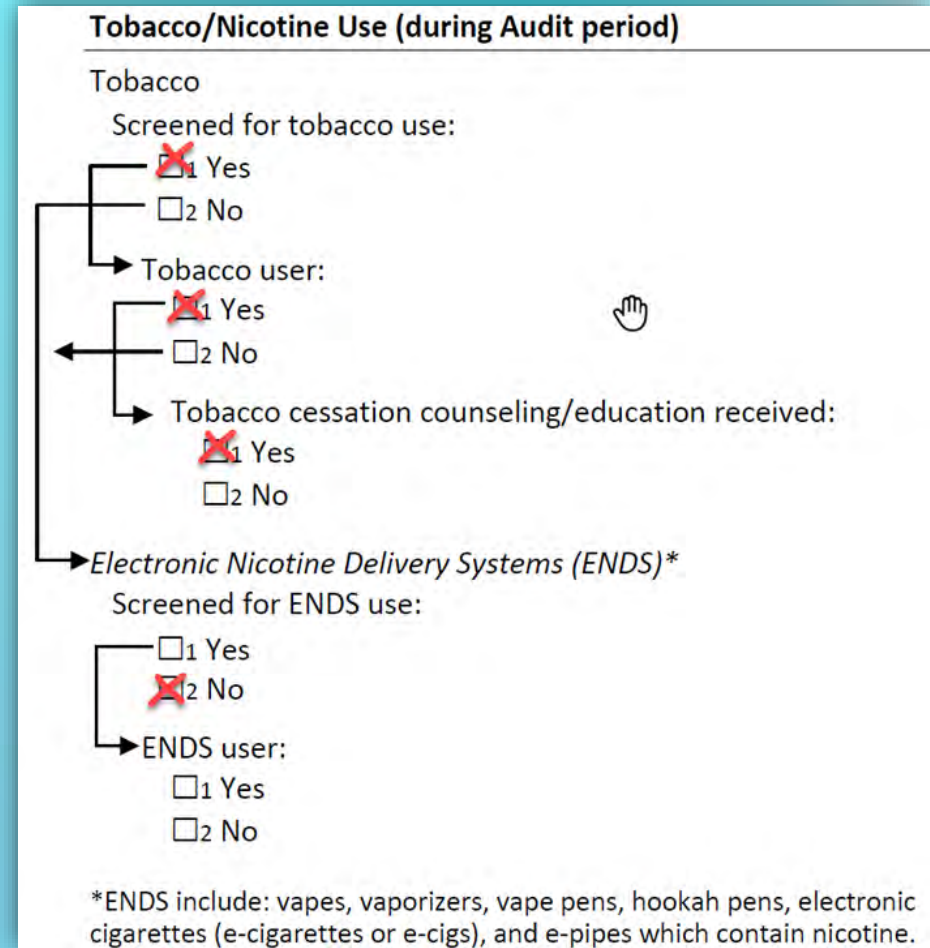
12 Pramlintide [*Symlin*]

13 Bromocriptine [*Cycloset*]

14 Colesevelam [*Welchol*]

Data Collection: Special Cases

- **Special Cases:**
 - **Skip patterns:** Some items will be skipped, based on response to previous item.
 - a. Tobacco/ENDS use
 - b. Tobacco cessation



Results processed through the WebAudit


Input=data file **or** paper forms

Output=reports **and** graphs


```
AUDITDATE^FACILITYNA^REVIEWER^STATE^MOB^YOB^SEX^DODX^DMTYPE^TOBSCREEN^TOBACCOUSE^TOBCOUNSEL^ENDSSCREEN^ENDSUSE^FEE
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^4^1955^1^12/01/2018^1^2^ ^ ^2^ ^5^5.00^ ^2^ ^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^5^1990^2^05/28/1990^2^2^ ^ ^2^ ^5^5.00^ ^2^ ^ ^ ^ ^ ^ ^2^2^1^1^2^4^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^1^1960^2^01/01/2018^2^2^ ^ ^2^ ^5^4.00^ ^1^ ^ ^ ^ ^ ^ ^2^2^1^1^2^4^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^7^2000^2^12/04/2023^1^1^2^ ^1^2^5^2.00^ ^1^130^85^ ^ ^ ^ ^1^1^1^1^2^2^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^3^2000^2^07/15/2018^1^2^ ^ ^2^ ^5^6.00^ ^1^ ^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^1^1960^3^ ^1^2^ ^ ^2^ ^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^2^2^2^2^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^3^1936^1^01/13/1935^2^2^ ^ ^2^ ^4^10.00^ ^2^ ^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^
```




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.



Audit Report (Output)

Sample page from
WebAudit

There are changes every year!

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2025 (Audit Period 01/01/2024 - 12/31/2024)
Facility: Test21 LB

Annual Audit

959 charts were audited from 959 patients determined to be eligible by Test21 LB.
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 | 389 | 959 | 41% | | |
| Female | 570 | 959 | 59% | | |
| Unknown | 0 | 959 | 0% | | |
| Age | | | | | |
| < 20 years | 36 | 959 | 4% | | |
| 20-44 years | 144 | 959 | 15% | | |
| 45-64 years | 402 | 959 | 42% | | |
| ≥ 65 years | 377 | 959 | 39% | | |
| Diabetes Type | | | | | |
| Type 1 | 34 | 959 | 4% | | |
| Type 2 | 925 | 959 | 96% | | |
| Duration of Diabetes | | | | | |
| < 1 year | 5 | 959 | 1% | | |
| < 10 years | 79 | 959 | 8% | | |
| ≥ 10 years | 506 | 959 | 53% | | |
| Diagnosis date not recorded | 374 | 959 | 39% | | |

Audit Processes and Methods



From Patient Encounters to Audit Data

Throughout the year patient encounters take place: (visits)

- in-person or telehealth visits with providers
- medication refills (pharmacy)
- lab tests (laboratory)
- immunizations (nurse visit, immunization clinics, pharmacy)
- education (DSMES, MNT, other)
- other (optometry, dental)
- **Visit information is documented in the EMR (or paper chart).**
 - Check with Health Information Management (HIM)
- **Look for other (historical) information that might be documented.**
 - TB diagnosed >10 years ago

Before You Begin

- **Notify your Area Diabetes Consultant** that you are planning to start Audit activities.
 - Especially if new to submitting audit data.
 - Transitioned from RPMS to other EMR during the Audit Period.
- **Gather and review** resources and materials.
 - From DDTP: [Audit resources webpage](#)
 - **Local: Previous year's reports, site specific documentation, others**

Take Time to Review the Audit Process

- **Review audit process for method(s) of submission**
 - Use available Audit Resources
- **Update Registers or List**
 - Determine who should be audited – Audit Group.
- **Additional preparations**
 - **RPMS/DMS users:**
 - Review taxonomies and then update taxonomies, as needed.
 - BDM (DMS) v2. Patch 18 is installed
 - **Non-RPMS:**
 - Review updated Data File Specifications and Code List for audit measures for data capture and reporting.

Review the Audit Process (cont.)

- **Create an Audit Data file (for the 12-month audit period).**
 - Create according to data file specifications. (non-RPMS)
 - Upload data file into the WebAudit program (RPMS/Non-RPMS)
- **Review Audit Reports for all means of submission.**
 - Manual, DMS, other EMR
- **Clean up audit data using:**
 - Data Quality Check Reports (WebAudit and DMS)
 - Trends Graph (WebAudit)
 - Annual Data Reports (WebAudit)
- **Correct or verify data in the Data Quality Check Report.**
 - Note in the Comments section and change in the Record, if needed.



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Audit 2024/2025 Resources

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Audit Training

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Audit Information Other EMR

Audit Help and Support

Audit - FAQ

Nutrition

Contact Us

Audit/SOS Login

Audit 2024/2025 Resources

Audit 2025 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 2025 Instructions](#) [PDF – 862 KB]
- [Audit 2025 Form](#) [PDF – 188 KB]

Checklists

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

- [Electronic Audit Checklist 2025 for Other Electronic Medical Record Systems](#) [Word – 49 KB]

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

- [Audit 2025 Code List](#) [Excel - 438 KB]

Audit 2024 Resources

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]

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

- [January 2024 DMS Manual](#) [PDF – 6.2 MB]

Additional Resources

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

Important Dates



Annual Audit 2025

- Audit period end date:
December 31, 2024
- RPMS/DMS patch release:
January 24, 2025
- WebAudit open:
February 1, 2025 (anticipated)
- Due date:
March 15, 2025



Identifying Patients to Audit: Inclusions and Exclusions



Identifying the correct group of people to audit is key!

Inclusion Criteria for 2025 DM Audit

Section 2. Identifying Patients to Audit: Inclusions and Exclusions

A critical task in performing the Audit is determining which diabetes patients to include. General guidance for identifying these patients is provided below.

First, identify patients who meet **all** of the following criteria:

1. Have a diagnosis of diabetes mellitus.
2. Are American Indian or Alaska Native.
3. Have **at least one visit** (in person or telehealth) with a diagnosis of diabetes as a purpose of visit to any of the following clinics during the one-year Audit period (numbers in parentheses are IHS specific clinic codes):
 - a. General (01)
 - b. Diabetic (06)
 - c. Internal Medicine (13)
 - d. Pediatric (20)
 - e. Well Child (24)
 - f. Family Practice (28)
 - g. Chronic Disease (50)
 - h. Endocrinology (69)
 - i. Pharmacy Primary Care Clinic (D5) **New**



Entire DM Register or List.
All have a diagnosis of
diabetes.



Active patients with diagnosis
of diabetes, seen in a primary
care clinic during audit period
in a Register or List.

Lost to Follow up
patients in your
Register or List

Inactive patients in
the Register or List

Exclusion Criteria for 2025 DM Audit

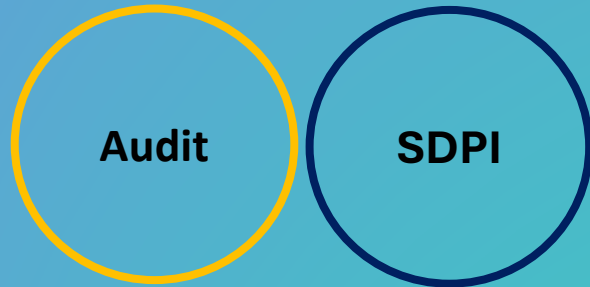
Then, **exclude** patients who:

1. Received most of their primary care during the Audit period outside of your facility.
2. Are currently on dialysis AND received most of their primary care during the Audit period at the dialysis unit.
3. Died before the end of the Audit period.
4. Were pregnant during any part of the Audit period.
5. Have prediabetes (as determined by documented diagnosis of prediabetes, impaired fasting glucose [IFG], impaired glucose tolerance [IGT], or elevated A1C level).
6. Moved permanently or temporarily before the end of the Audit period.



Audit Group vs SDPI Target Group

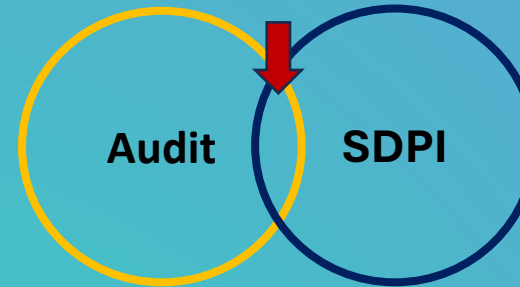
DM Audit Group vs SDPI Target Group: examples



1. No overlap: diabetes prevention only

Target Group Guidance:

Select your Target Group from adults and/or youth who are at risk for developing diabetes.



2. Some overlap: education or tobacco use screening.

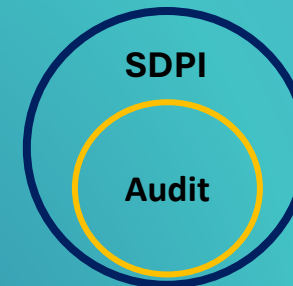
Target Group Guidance:

Select from adults and/or youth with diabetes or at risk for developing diabetes



3. SOS subset of Audit

(SDPI includes only some diabetes patients)



4. Audit subset of SOS

(SDPI includes all community members)

DM Audit Group vs SDPI Target Group: examples

5. Total overlap not likely.

a. Generally, SDPI Target Group number is fixed for the year.



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



Manual Audit Data Submission

Manual Audit Data Entry



IHS Diabetes Care and Outcomes Audit - WebAudit
 Audit Report for 2023 (Audit Period: 01/01/2024 - 12/31/2024)
 Facility: Teesda KLS

Annual Audit

21 charts were audited from 20 patients determined to be eligible by Teesda KLS. Unless otherwise specified, time period for each item is the 12-month Audit Period.

| | # of Patients (Numerator) | # Observed (Denominator) | Percent | Area Percent | IML Percent |
|---------------------------------------|---------------------------|--------------------------|---------|--------------|-------------|
| Birth Sex | | | | | |
| Male | 8 | 21 | 38% | | |
| Female | 12 | 21 | 57% | | |
| Unknown | 1 | 21 | 5% | | |
| Age | | | | | |
| < 20 years | 1 | 21 | 5% | | |
| 20-44 years | 7 | 21 | 33% | | |
| 45-64 years | 7 | 21 | 33% | | |
| ≥ 65 years | 6 | 21 | 29% | | |
| Diabetes Type | | | | | |
| Type 1 | 5 | 21 | 24% | | |
| Type 2 | 16 | 21 | 76% | | |
| Duration of Diabetes | | | | | |
| < 1 year | 0 | 21 | 0% | | |
| < 10 years | 6 | 21 | 29% | | |
| ≥ 10 years | 3 | 21 | 14% | | |
| Diagnosis date not recorded | 12 | 21 | 57% | | |
| Body Mass Index (BMI) Category | | | | | |
| Normal (BMI < 25.0) | 0 | 21 | 0% | | |
| Overweight (BMI 25.0-29.9) | 0 | 21 | 0% | | |
| Obese (BMI ≥ 30.0) | 0 | 21 | 0% | | |
| Height or weight missing | 21 | 21 | 100% | | |
| Severely obese (BMI ≥ 40.0) | 0 | 21 | 0% | | |
| Blood Sugar Control | | | | | |
| A1C < 7.0 | 0 | 21 | 0% | | |
| A1C 7.0-7.9 | 0 | 21 | 0% | | |
| A1C 8.0-8.9 | 0 | 21 | 0% | | |
| A1C 9.0-9.9 | 0 | 21 | 0% | | |
| A1C 10.0-10.9 | 0 | 21 | 0% | | |
| A1C ≥ 11.0 | 0 | 21 | 0% | | |
| Not tested or no valid result | 21 | 21 | 100% | | |
| A1C < 8.0 | 0 | 21 | 0% | | |
| A1C ≥ 9.0 | 0 | 21 | 0% | | |



IHS Diabetes Care and Outcomes Audit, 2023

NOTE: It is highly recommended that you review the [Audit 2023 Instructions](#) prior to conducting an Audit.

Audit Period Ending Date: ___/___/___

Facility Name: _____

Reviewer Initials: _____

State of residence: _____

Month/Year of Birth: ___/___/___

Birth Sex: Male
 Female
 Unknown

Date of Diabetes Diagnosis: ___/___/___

DM Type: Type 1
 Type 2

Tobacco/Nicotine Use (during Audit period)

Tobacco

Screened for tobacco use:
 Yes
 No

Tobacco user:
 Yes
 No

Tobacco cessation counseling/education received:
 Yes
 No

Electronically Recalled Delivery Systems (ERDS)*
 Screened for ERDS use:
 Yes
 No

ERDS user:
 Yes
 No

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

Vital Statistics

Height (last recorded): ___ ft ___ in

Weight (last to Audit period): ___ lb

Hypertension (documented diagnosis ever):
 Yes
 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):
 Yes
 No

Eye (dilated exam or retinal imaging):
 Yes
 No

Dental:
 Yes
 No

Depression

Screened for depression (during Audit period):
 Yes
 No

Depression an active diagnosis (during Audit period):
 Yes
 No

Education (during Audit period)

Readings:
 RD Both RD and Other
 Other

None
 None

Physical activity:
 Yes
 No

Other diabetes:
 Yes
 No

Diabetes Therapy

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

None of the following

Insulin

Metformin (Glucophage, Glucophage XL)

Sulfonylurea (Glibenclamide, glyburide, glipizide)

DPP-4 inhibitor (Linagliptin (Trinorin), saxagliptin (Onglyze), sitagliptin (Kovovion), vildagliptin (Galvus), loganiprotin (Lodiprin))

GLP-1 receptor agonist (Liraglutide (Victoza), semaglutin (Ozempic), dulaglutide (Trulicity), exenatide (Byetta), lixisenatide (Alduract))

SGLT-2 inhibitor (Empagliflozin (Jardiance), canagliflozin (Invokana), dapagliflozin (Farxiga), ertugliflozin (Steglatro), tozogliflozin (Kosglo))

Pioglitazone (Actos) or rosiglitazone (Avandia)

Trizapride (Mylargen, Mylargen-ER)

Acarbose (Precose) or miglitole (Glyset)

Nifedipine (Procardia) or nifedipine (Procardia)

Pramoxine (Avisc)

Bromocriptine (Parlodel)

Colesevelam (Welchol)

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

Page 1 of 2

Division of Diabetes Treatment and Prevention



Manual Audit: Gather Data

- **Select charts to review for eligible patients according to 2025 Audit Instructions.**
 - All or a random sample.
 - Random sample generally used for Manual Audits and larger audit populations.
 - Use the Audit Sample Sizes chart to determine number of charts to audit.
 - **2025 Audit Instructions (pg. 12-14)**
 - The number needed statistically valid results depends on the number of patients at your facility that meet the eligibility criteria for the Audit.
- **Review medical record for each selected patient.**
- **Complete one Audit Form for each record.**
 - Check off every box on the form.
 - **Exception: Skip patterns.**

Audit Sample Size – Random Sample

Table 2. Audit Sample Sizes

| Population (# eligible diabetes patients) | 90% Certainty Within 10% (Recommended) | 90% Certainty Within 5% | 95% Certainty Within 10% | 95% Certainty Within 5% |
|--|--|----------------------------|-----------------------------|----------------------------|
| <30 | all | all | all | all |
| 30 | 21 | 27 | 23 | 28 |
| 40 | 25 | 35 | 28 | 36 |
| 50 | 29 | 42 | 33 | 44 |
| 60 | 32 | 49 | 37 | 52 |
| 70 | 34 | 56 | 40 | 59 |
| 80 | 37 | 62 | 44 | 66 |
| 90 | 39 | 68 | 46 | 73 |
| 100 | 40 | 73 | 49 | 79 |
| 110 | 42 | 78 | 51 | 86 |
| 120 | 43 | 83 | 53 | 91 |
| 130 | 44 | 88 | 55 | 97 |
| 140 | 46 | 92 | 57 | 103 |
| 150 | 47 | 96 | 59 | 108 |
| 160 | 48 | 101 | 60 | 113 |
| 170 | 48 | 104 | 61 | 118 |
| 180 | 49 | 108 | 63 | 123 |
| 190 | 50 | 112 | 64 | 127 |
| 200 | 51 | 115 | 65 | 132 |
| 220 | 52 | 121 | 67 | 140 |
| 240 | 53 | 127 | 69 | 148 |

2025 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: ____/____/____

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 } 3 Both RD and Other
 2 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, gliclazide]
- 5 DPP-4 inhibitor [alogliptin (Nesina), linagliptin (Tradjenta), saxagliptin (Onglyze), sitagliptin (Januvia)]
- 6 GLP-1 receptor agonist [dulaglutide (Trulicity), avanavide (Byetta), bydureon, liraglutide (Victoza, Saxenda), lixisenatide (Aduvia), 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 [Cycloser]
- 14 Colesevelam [Welchol]

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



Manual Audit: Data Entry

• Data Entry into the WebAudit:

- Do not submit anything other than a blank space for missing or unknown data (e.g., not 0).
- Examples: blood pressures and some lab values

Blood Pressure (last 3 during Audit period):

If no Blood Pressure measurements during the Audit Period - leave blank.

| | | | |
|-------------|------------------------------------|-------------|------------------------------------|
| Systolic 1: | <input type="text" value="mm Hg"/> | Diastolic 1 | <input type="text" value="mm Hg"/> |
| Systolic 2 | <input type="text" value="mm Hg"/> | Diastolic 2 | <input type="text" value="mm Hg"/> |
| Systolic 3 | <input type="text" value="mm Hg"/> | Diastolic 3 | <input type="text" value="mm Hg"/> |

Blood Pressure (last 3 during Audit period):

Do not enter "0" if there are no values to enter.

| | | | |
|-------------|--------------------------------|-------------|-------------------------------|
| Systolic 1: | <input type="text" value="0"/> | Diastolic 1 | <input type="text" value=""/> |
| Systolic 2 | <input type="text" value="0"/> | Diastolic 2 | <input type="text" value=""/> |
| Systolic 3 | <input type="text" value="0"/> | Diastolic 3 | <input type="text" value=""/> |

Manual Audit Check List

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

Manual Audit Checklist
January 2025

| Step | 1.0 Preparation | Completed? |
|------|---|------------|
| 1.1 | Let your Area Diabetes Consultants ¹ know that you are planning to start conducting your Audit. | |
| 1.2 | Review the detailed Audit 2025 Instructions ² with particular attention to the section on conducting a manual Audit. | |
| 1.3 | Review the Diabetes Registry or list of diabetes patients for your facility and update, as needed. | |

| Step | 2.0 Complete Audit Forms | Completed? |
|------|---|------------|
| 2.1 | From a list of eligible diabetes patients, randomly select the appropriate number of charts to review Audit 2025 Instructions ² , pp. 12-14. | |
| 2.2 | Download the Audit 2025 Form ³ and make as many copies of the form as you have charts to review. | |
| 2.3 | Perform the chart audits and complete a paper Audit form for each chart reviewed. Be sure to complete all relevant items. | |

| Step | 3.0 Enter and Review Data via the WebAudit | Completed? |
|------|---|------------|
| 3.1 | Request a WebAudit account if you do not already have one. For more information, visit the IHS Division of Diabetes Audit website ⁴ . | |
| 3.2 | Login to the WebAudit: Go to the Audit website ⁴ and click on the "Log in" button. | |
| 3.3 | Go to Facility Administration tab or icon to enter number of diabetes patients. Note: Enter the number of patients that meet the Audit inclusion and exclusion criteria (i.e., eligible patients). | |
| 3.4 | Go to Data Processing tab or icon to enter data for each completed Audit form. <ul style="list-style-type: none">Click on Date Entry and under Audit Type: select Annual AuditFollow prompts to enter data. Use tab key to move to the next prompt.Save data entered.Go to the next record and repeat steps for each record to be entered. | |

and Prevention





Electronic Audit Data Submission

Indian Health Service Division of Diabetes Treatment and Prevention

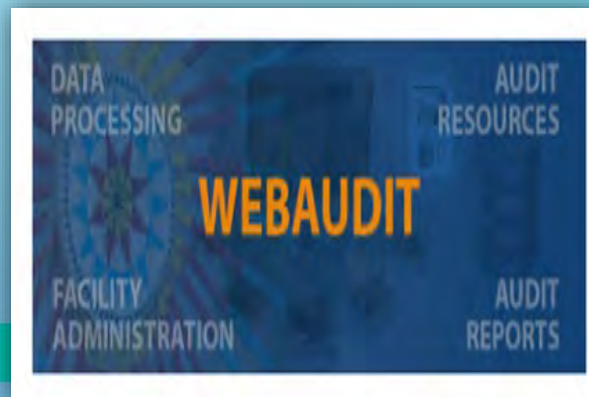


Electronic Data Submission



RPMS/DMS Programming

Other EMR Programming



```
AUDITDATE^FACILITYNA^REVIEWER^STATE^MOB^YOB^SEX^DODX^DMTYPE^TOBSCREEN^TOBACCOUSE^TOBCOUNSEL^ENDSCREEN^ENDSUSE^FEE
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^4^1955^1^12/01/2018^1^2^ ^ ^2^ ^5^5.00^ ^2^ ^ ^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^5^1990^2^05/28/1990^2^2^ ^ ^2^ ^5^5.00^ ^2^ ^ ^ ^ ^ ^ ^ ^2^2^1^1^2^4^2^2^1^2^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^1^1960^2^01/01/2018^2^2^ ^ ^2^ ^5^4.00^ ^1^ ^ ^ ^ ^ ^ ^ ^2^2^1^1^2^4^2^2^1^2^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^7^2000^2^12/04/2023^1^1^2^ ^1^2^5^2.00^ ^1^130^85^ ^1^1^1^1^1^2^2^2^1^2^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^3^2000^2^07/15/2018^1^2^ ^ ^2^ ^5^6.00^ ^1^ ^ ^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^1^1960^3^1^2^ ^ ^2^ ^ ^ ^ ^ ^ ^2^ ^2^2^1^2^2^4^2^2^1^2^2^2^2^2^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^3^1936^1^01/13/1935^2^2^ ^ ^2^ ^4^10.00^ ^2^ ^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^2^
```

DM Diabetes Care and Outcomes Audit - Webaudit
Audit Report for 2023 (Audit Period 01/01/2024 - 12/31/2024)
Facility: Test04 KLS

Annual Audit

23 charts were audited from 22 patients determined to be eligible by Test04 KLS.
(Unless otherwise specified, time period for each item is the 12-month Audit Period.)

| | # of Patients (Numerators) | # Considered (Denominators) | Percent | Any Percent | DM Percent |
|---------------------------------------|-------------------------------|--------------------------------|---------|----------------|---------------|
| Birth Sex | | | | | |
| Male | 8 | 21 | 38% | | |
| Female | 12 | 21 | 57% | | |
| Unknown | 1 | 21 | 5% | | |
| Age | | | | | |
| < 20 years | 1 | 21 | 5% | | |
| 20-44 years | 7 | 21 | 33% | | |
| 45-64 years | 7 | 21 | 33% | | |
| ≥ 65 years | 6 | 21 | 29% | | |
| Diabetes Type | | | | | |
| Type 1 | 5 | 21 | 24% | | |
| Type 2 | 16 | 21 | 76% | | |
| Duration of Diabetes | | | | | |
| < 1 year | 0 | 21 | 0% | | |
| < 10 years | 6 | 21 | 29% | | |
| ≥ 10 years | 3 | 21 | 14% | | |
| Diagnosis date not recorded | 12 | 21 | 57% | | |
| Body Mass Index (BMI) Category | | | | | |
| Normal (BMI < 25.0) | 0 | 21 | 0% | | |
| Overweight (BMI 25.0-29.9) | 0 | 21 | 0% | | |
| Obese (BMI ≥ 30.0) | 0 | 21 | 0% | | |
| Height or weight missing | 21 | 21 | 100% | | |
| Severely obese (BMI ≥ 40.0) | 0 | 21 | 0% | | |
| Blood Sugar Control | | | | | |
| A1C < 7.0 | 0 | 21 | 0% | | |
| A1C 7.0-7.9 | 0 | 21 | 0% | | |
| A1C 8.0-8.9 | 0 | 21 | 0% | | |
| A1C 9.0-9.9 | 0 | 21 | 0% | | |
| A1C 10.0-10.9 | 0 | 21 | 0% | | |
| A1C ≥ 11.0 | 0 | 21 | 0% | | |
| Not tested or no valid result | 21 | 21 | 100% | | |
| A1C < 8.0 | 0 | 21 | 0% | | |
| A1C > 9.0 | 0 | 21 | 0% | | |



Electronic Audits: RPMS vs. other EMRs

- Below are selected items. 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 |

Tools for Other EMRs: Code List and Data File Specifications

- The Code List and Data File Specifications documents are useful for data capture and the creation of the Audit Data File.
- Code List: DM EDUCATION tab:

| CODE | Description | Code type | Provider Type |
|-------|--|-----------|---|
| 95249 | Personal CGM - statup/training | CPT | MA, RN, LPN or CDCES directed by a physician or other qualified HCP |
| 95250 | Professional CGM -startup/training | CPT | MA, RN, LPN or CDCES directed by a physician or other qualified HCP |
| 95251 | CGM analysis, interpretation and report | CPT | MA, RN, LPN or CDCES directed by a physician or other qualified HCP |
| 98960 | Education and training using a standardized curriculum, face-to-face; individual | CPT | Qualified nonphysician HCP |
| 98961 | Eudcation and training using a standardized curriculum, face-to-face; group 2-4 patients | CPT | Qualified nonphysician HCP |
| 98962 | Eudcation and training using a standardized curriculum, face-to-face; group 5-8 patients | CPT | Qualified nonphysician HCP |
| G0108 | DM Outpatient self-management training services, individual | CPT | DSMT ADCES Accredited or ADA Recognized Only |
| G0109 | DM Outpatient self-management training services, group | CPT | DSMT ADCES Accredited or ADA Recognized Only |
| 99605 | Medication Therapy Management services provided by a pharmacist - face-to-face; initial 15 min; new pt | CPT | Pharmacist |
| 99606 | Medication Therapy Management services provided by a pharmacist - face-to-face; initial 15 min; estab pt | CPT | Pharmacist |

Navigation tabs: 27_DENTALEXAM, 28_DEPSCREEN2, 29_DEPDX2, 30_DIETINSTR, 31_EXERCISE, 32_DMEDUC, 34_TXINSUL, 35_TXMETFORM, 36_TXSUREA, 37_TXDPP4, 38_TXGLP1MED, 39_TXSC

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.
 - a. Delimiter **must** be the ^ symbol, not a tab, space, or any other character.
 - b. Line 1 contains the Audit field names in the order they appear below.
 - c. Lines 2 and beyond contain the data, with each line representing a single record/patient.
 - d. 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., ^ ^).
 - e. *Do not submit anything other than a blank space for missing or unknown data (e.g., not 0).*
2. **Data Fields:**
 - a. A list of Audit 2025 fields and basic details/requirements for each is provided on subsequent pages of this document.
 - b. Extracting accurate data for many fields requires additional information, some of which is available in the Audit documentation.
 - c. Other information is specific to the health record system being used and must be determined locally, including documentation of medications and education.

9-page document

- 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. |
| 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

```
AUDITDATE^FACILITYNA^REVIEWER^STATE^MOB^YOB^SEX^DODX^DMTYPE^TOBSCREEN^TOBACCOUSE^TOBCOUNSEL^ENDSSCREEN^ENDSUSE^FEET
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^4^1955^1^12/01/2018^1^2^ ^ ^2^ ^5^5.00^ ^2^ ^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^5^1990^2^05/28/1990^2^2^ ^ ^2^ ^5^5.00^ ^2^ ^ ^ ^ ^ ^ ^2^2^1^1^2^4^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^1^1960^2^01/01/2018^2^2^ ^ ^2^ ^5^4.00^ ^1^ ^ ^ ^ ^ ^ ^2^2^1^1^2^4^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^7^2000^2^12/04/2023^1^1^2^ ^1^2^5^2.00^ ^1^130^85^ ^ ^ ^ ^1^1^1^1^2^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^3^2000^2^07/15/2018^1^2^ ^ ^2^ ^5^6.00^ ^1^ ^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^1^1960^3^ ^1^2^ ^ ^2^ ^ ^ ^ ^ ^2^ ^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^2^2^2^2^
12/31/2024^2021 DEMO HOSPITAL (^AP^NM^3^1936^1^01/13/1935^2^2^ ^ ^2^ ^4^10.00^ ^2^ ^ ^ ^ ^ ^ ^2^2^1^2^2^4^2^2^1^2^2^
```



Blank space here

- Can be viewed using Notepad, Word, Excel or other software that allows viewing of text files.
- The Audit export file contains raw data; don't edit anything here.
- **Only the original text file can be uploaded into the WebAudit.**

Electronic Audit Checklist for RPMS

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

Electronic Audit Checklist: IHS Resource and Patient Management System (RPMS)
January 2025

| Step | 1.0 Preparation | Completed? |
|------|---|------------|
| 1.1 | Let your Area Diabetes Consultant ¹ know that you are planning to start conducting the Audit. | |
| 1.2 | Review the detailed 2025 Audit Instructions ² with particular attention to the section on conducting an electronic Audit using RPMS. | |
| 1.3 | Install the RPMS patch for Audit 2025: Diabetes Management System (DMS) Version 2.0, Patch 18 . Your facility's Clinical Application Coordinator (CAC) or local RPMS support team will need to do this. | |
| 1.4 | Review the DMS User Manual (January 2025) ³ . Pay particular attention to the information for Audit 2025, including the Summary of Changes on pp. 2. | |
| 1.5 | Review and update site-populated taxonomies. <i>a.</i> Run and review the "List Labs/Medications Used at this Facility" report. (DMS menu options: AS -> LMR) <i>b.</i> Run and review the "Check Taxonomies for the 2025 DM Audit" report. (DMS menu options: AS -> TC) <i>c.</i> Update taxonomies, as needed. (DMS menu options: AS -> TU) Tips: <ul style="list-style-type: none">• See pp. 5-8 of this document for a list of site-populated taxonomies.• Review Labs/Medications Used list(s) with laboratory and pharmacy staff when updating these taxonomies.• Remove lab panels.• Populate combination medications in all appropriate taxonomies. | |

Electronic Audit Checklist for other Electronic Medical Records Systems

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 | |

Prevention





Diabetes WebAudit

**DATA
PROCESSING**

**AUDIT
RESOURCES**

WEBAUDIT

**FACILITY
ADMINISTRATION**

**AUDIT
REPORTS**

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





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.
- Data submitted into the WebAudit for all data processing and report tools are the same.
- 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.
- **Interim Audits** can be submitted at anytime.

WebAudit Access and More

- **WebAudit access**
 - New – Register for an IHS Web Account (system separate from WebAudit)
 - Request WebAudit access (SOS)
- **WebAudit – Username**
 - If you ever had access but don't remember your login info, contact us instead of creating a new account.
- **WebAudit – User tip**
 - **Login** – In your browser, bookmark the [Audit website](#) or [WebAudit login page](#).
 - **Data Entry** – Use the tab and number keys.

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

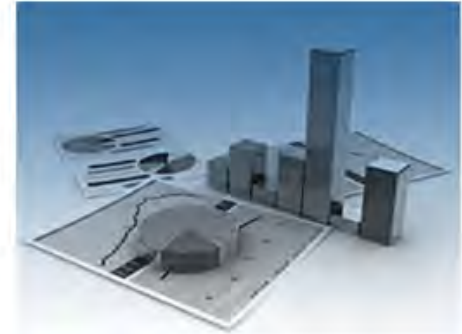
Audit Information Other EMR

Audit Help and Support

WebAudit Information and Account Requests

The WebAudit is a set of internet-based tools for Audit data entry, uploading files from electronic Audits, data processing, and reporting. The WebAudit tools can be used to conduct the Annual Audit and Interim Audits throughout the year.

With the WebAudit's point-and-click interface, users can quickly and easily enter or upload Audit data into a secure, centralized database. They can then view and edit their data, check it for errors, or download it in Excel format for local use. Summary reports are also available for the current year and previous years. Graphs with results over time in Excel format are also available for download.



- **Requirements:** To use the WebAudit, you must have a computer with internet access and an internet browser, such as Microsoft Edge.
- **Documentation:** Once logged into the WebAudit, users will find brief instructions on each page.
- **Request Access:** Each user must have their own account.

1. [Register for an IHS Web Account](#), if you do not already have one. The Username and Password for this account are separate from the account you use to log in to your local network.
2. [Request WebAudit access](#). Type in the Username and Password for your IHS Web Account and follow the instructions to request access.
3. Most requests for WebAudit accounts will be approved in 24 hours or less. You will receive an email message when your request is approved.
4. Contact the [IHS Audit team](#) if you have any questions or problems.
5. If you already have a WebAudit account, log in and/or reset your password.

Log in



- **Request Username:** Contact the [IHS Audit team](#) if you have a WebAudit account but do not remember your username.

Indian Health Service Division of Diabetes Treatment and Prevention




<https://www.ihs.gov/diabetes/audit/webaudit-information-and-account-requests/>

Submit and Review Data via the WebAudit

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

*Enter either the number of patients that meet the Audit inclusion and exclusion criteria (i.e., eligible patients) OR the number of people in your Target Group (if this Interim Audit is for SDPI Reporting).

Main Page (after login)



Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

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[Diabetes WebAudit](#) [Data Processing](#)

Diabetes WebAudit

Facility Administration

Data Processing

- Data Entry
- Upload Data
- View/Edit Data
- Data Quality Check





Reports

Audit Resources

Data Systems

Sign Out

Data Processing

| | | | |
|--|---|---|---|
|  |  |  |  |
| Data Entry | Upload Data | View/Edit Data | Data Quality Check |
| Enter data from a manual Audit (paper Audit forms). | Upload Audit Data File from an electronic Audit. | View and edit data entered or uploaded. | Check for potential data errors in data entered or uploaded. |

Reports Page



Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

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Reports



[Audit Reports](#)

Onscreen and PDF reports for single years, including the main Audit Report, Means, and SDPI Key Measures reports.



[Trends Graphs](#)

Excel file with a trends table and graphs of results over time for selected report items.



[Means Graphs](#)

Excel file with a table of means and graphs of the means over time for selected Audit items.



What's New for Audit 2025

1. **Documentation:** User Manual updated (**new release pending**)
2. **Inclusion Criteria Revision:** language
3. **Changes to Audit Form and Reports** integrated throughout.
4. **Logic changes:** diabetes education, immunizations, others.
5. **Find additional details and information:**
 - 2025 DMS User Manual for Version 2.0 Patch 18
 - 2025 Audit Instructions



Logic and Reporting Changes for Audit 2025


- **Cardiovascular disease (CVD) Report**
 - Added “CVD and mean BP <140/<90” to report.
 - Added “CVD and GLP-1 receptor agonist and/or SGLT-2 inhibitor currently prescribed” to report.
- **Dental – Added**
 - IHS Dental Tracking Codes: 0000 or 0190
 - RPMS Dental ADA/CDT Codes: 0120, 0145, 0150, D0120, D0150, D0160, D0180, D0190, D0191
 - POV ICD10 codes: Z01.20, Z01.20, Z13.84, Z29.3 [BGP DENTAL VISIT DXS]



Logic and Reporting Changes for Audit 2025

- **Depression Screening**
 - Added EPDS and CPT 96127 to Depression Screening
- **Hepatitis B**
 - Change logic for Complete Series Ever to include combination of 2 and 3 dose vaccines
- **Pneumococcal Vaccine**
 - Added PCV21
- **Other Diabetes Education-Added**
 - CPT visit codes 98961 (Self-Management Education and Training 2-4 Pts.)
 - CPT visit codes 99605 and 99606 (Medication Therapy Management)

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

| | | | | |
|---------------------------------|--|---|----|----|
| Tirzepatide [<i>Mounjaro</i>] | Add Zepbound - [<i>Mounjaro, Zepbound</i>] | 2 | 75 | 3% |
|---------------------------------|--|---|----|----|

| | # 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% | | |



Other minor changes

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**

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% |

| Immunizations: Pneumococcal | | | |
|---|----|----|-----|
| Pneumococcal vaccine (PCV15, PCV20, PCV21 or PPSV23) - ever | 33 | 64 | 52% |

2025 Audit Form Changes

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

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)



Data Quality Check – Brief Overview

Data Quality Check

Checks each data item and look for data that **might be** or **are definitely incorrect**.

- Two types of errors:
 - **Potential:** Value “might be” incorrect.
Example: values that are higher or lower than expected (e.g., $A1c < 2$).
 - **Definite:** Value is “definitely incorrect” **according to Audit logic**.
May be found in dates and skip patterns:
 - date of diagnosis is before date of birth
 - received cessation counseling but is not a current tobacco user
- Two report sections:
 - **Summary:** Number of errors for each data field.
 - **List:** Details for each error.

Data Quality Check

Review the Summary and then the List. Look for:

1. **Large number** of errors for one or more fields. If found:
 - Stop and explore possible reasons.
 - Create and upload a new data file, if necessary.
2. **Small number** of errors for one or more fields. If found:
 - Review each one.
 - Determine if corrections are necessary.
 - a. If needed, make corrections in WebAudit and note in Comments.
 - b. If no corrections are needed, note in Comments to verify information.

Data Quality Check Summary Report - WebAudit

There are 77 records for this facility.
137 Potential Data Errors were found.
Table sorted by Field Name ascending.

 [Download PDF Version](#)

| Field Name ^ v | Number of Potential Errors |
|------------------------------|----------------------------|
| Date of Diabetes Diagnosis | 35 |
| DM Therapy: Insulin | 1 |
| ENDS user | 10 |
| Multiple – See error message | 7 |
| Tobacco Cessation Counseling | 77 |
| Tobacco user | 7 |

Data Quality Check Details List - WebAudit




There are 2 records for this facility.

5 Potential Data Errors were found.

Table sorted by Field Name ascending.

 [Download PDF Version](#)



 [Download Excel Version](#)

| Edit | WebAudit ID | Yr/Mo of Birth | Sex | Date of Diagnosis | Field Name | Value | Error Type | Error Message | Comments |
|---|-------------|----------------|-----|-------------------|----------------------------|------------|------------|---|-----------------------------|
| | ^ v | ^ v | ^ v | ^ v | ^ v | | ^ v | | ^ v |
|  | 1002 | 1960 / 7 | F | 06/01/1960 | Date of Diabetes Diagnosis | 06/01/1960 | Definite | Date of Diagnosis is earlier than Date of Birth. You must check both dates and change one or both dates. | Add comment |
|  | 1002 | 1960 / 7 | F | 06/01/1960 | DM Therapy: Insulin | 2 | Potential | Response for this medication is inconsistent with DM type 1. Check DM type and therapy and change one or both if necessary. | Add comment |
|  | 1001 | 1990 / 5 | F | 03/01/2022 | ENDS use status | None | Potential | Missing value. Enter a value if possible. | Add comment |

Electronic Audits – Common Issue

Issue: Large number of patients missing all key data fields

What you'll see in the WebAudit (example):

| 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 telehealth |
|  | 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 |

Potential issue: This could result from patients not truly eligible (should be removed) OR patients only having telehealth visits during Audit period (okay).
If necessary, create and upload a new data file.

Additional Tips

- **Start early!**
- **Maintain DM Registers or Lists.**
 - Having a updated Register makes identifying those eligible for the DM Audit easier.
 - RPMS: View your Master List and share with others.
 - Update quarterly.
 - Programs transitioning to other EMRs from RPMS run a Master List and save.
- **Use those Audit Check Lists.**
- **Data clean up an important step**
 - Review the WebAudit reports – especially the Data Quality Report.
 - Makes data clean up easier for ADCs and DDTP.
 - Provides a better understanding about your data.

Audit Data Security

Manual Audits: Paper forms contain patient data and should be handled according to facility policies.

Electronic Audits

- RPMS/DMS Audit data files and some reports contain patient data and should be handled according to facility policies.
- Save DMS Audit files in a secure location, as instructed by your facility.

WebAudit

- Do not give your username/password to anyone.
- Lock your workstation or log out if you need to do something else.
- Handle files and documents with patient data (from View/Download Data or Data Quality Check tool) according to facility policies.

Audit Support

1. Area Diabetes Consultants

- Area Audit Support
- Link to access ADC list: [Area Diabetes Consultants](#)

2. DDTP Audit team

- WebAudit & general questions
- Email: diabetesaudit@ihs.gov (goes to Dorinda Wiley-Bradley and Kristy Klinger)

3. RPMS (OIT Service Desk): <https://www.ihs.gov/Helpdesk/>

- Specific to RPMS: DMS (BDM) and Visual DMS program support
- Installation, program functionalities and service issues
- On this webpage page go to: [IHS IT Self Service Portal](#)

Audit Resources

1. IHS Diabetes Audit

- Materials: Form, Instructions, Checklists, RPMS/DMS documentation
- Training: Live, recorded, DMS
- Other information and resources
- **Website:** <https://www.ihs.gov/Diabetes/audit/>

2. Other:

- RPMS DMS recorded trainings
- **Link:** <https://www.ihs.gov/rpms/training/recording-and-material-library/>

Upcoming Audit 2025 Webinars

Trainings: (60 minutes)

Time for all trainings: **3:00 pm – 4:00 pm ET** | 2pm CT | 1pm MT | 11am AKT

- **RPMS Diabetes Management System (DMS) Overview: Tuesday, 2/18/2025**
 - Using DMS tools focused on the DM Audit.
- **Audit 2025 Reports: Tuesday, 2/25/2025**
 - Review of Audit reports from the WebAudit.

All sessions will be recorded.



Questions?