The IHS Diabetes Care and Outcomes Audit: 2024 & 2025 Results

Devina Boga, PhD, MSPH
Lani Desaulniers, MD
Dorinda Wiley-Bradley, RN, CDCES

7/22/2026

Indian Health Service
Division of Diabetes Treatment and Prevention

Today's Topics

- The IHS Diabetes Care and Outcomes Audit (the Audit) overview and process
- Annual Audit 2024 & 2025 results and trends
- Using the Audit results to identify areas for improvement in diabetes care
- Questions

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
- **EMR** = Electronic Medical Record (RPMS or other)
- **GPRA** = Government Performance and Results Act
- **IHS** = Indian Health Service
- **I/T/U** = IHS, Tribal, and Urban
- **OIT** = IHS Office of Information Technology
- **RPMS** = IHS Resource and Patient Management System
- **SDPI** = Special Diabetes Program for Indians

Audit Overview and Process

IHS Diabetes Care and Outcomes Audit

The Audit is a process to assess care and health outcomes for American Indians and Alaska Native (AI/AN) people with diagnosed diabetes. IHS, Tribal, and Urban Indian (I/T/U) health care facilities nationwide participate in this process each year by auditing medical records for their patients with diabetes.[1]

- First Audits were performed by Model Diabetes Programs in 1986
  - IHS Diabetes Standards of Care developed the same year
- Expanded to all 12 IHS Areas using a centralized database in 1997
- The WebAudit was launched by DDTP in 2008 for centralized processing and storage

IHS Diabetes Care and Outcomes Audit

Purpose:

A process to work towards the goal of providing all patients with diabetes the highest quality of care, as outlined in the **IHS Diabetes Standards of Care**

- To assess diabetes care provided at a clinic facility
  - Identify strengths and potential areas for improvement
- To fulfill requirements of Special Diabetes Program for Indians (SDPI) grants
  - Required participation in the Annual Audit
- To contribute to Area and IHS outcome measures and reports

Audit Program Participants

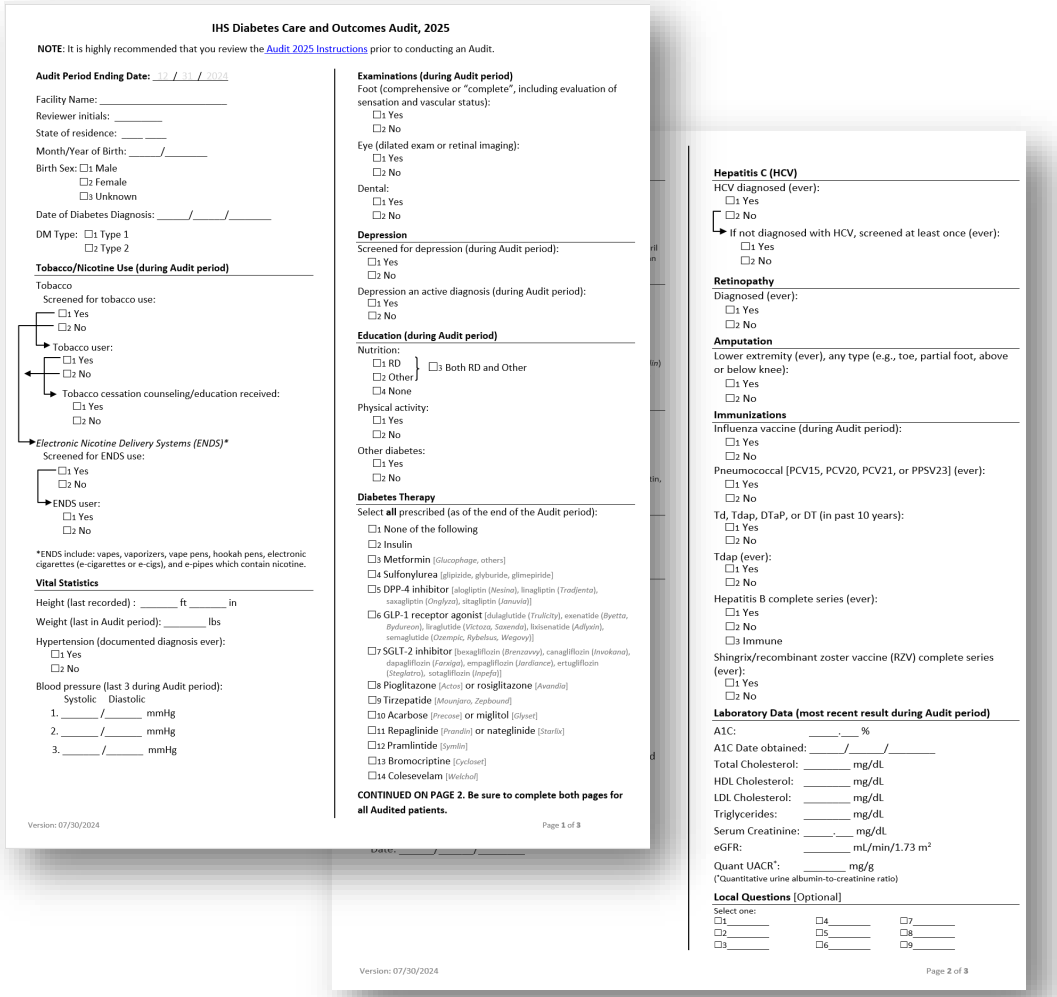
- **Participants in the Audit include:**
  - I/T/U health care facilities associated with an SDPI grant and others.
  - IHS Service Units that have historically participated in the Audit.
- **Different types of facilities:**
  - Clinics
  - Health Stations
  - Hospitals
- **Vary in size:** <25 to >5000 diabetes patients
- **Use of a variety of EMR systems for Manual and Electronic submission of data (RPMS and others):**
  - Cerner, NextGen, Allscripts, EPIC, i2i, Athena, Meditech
  - Audit 2025 – 135 Non-RPMS programs (~42 %)

Audit Timelines

- **Timeframe:** Audit year refers to year that the audit was performed.
  - **Audit 2024** data collection period: January 1, 2023 - December 31, 2023
  - **Audit 2025** data collection period: January 1, 2024 - December 31, 2024

- **Annual data collection and reporting by I/T/U facilities**
  - Data submission (WebAudit opens): February – March
  - Data review, data cleaning, and report preparation: April – July
  - Final results and report preparation: July – September
  - Distribution: following approval from IHS

Audit assesses >40 outcomes, including:



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*), 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*]

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

Version: 07/30/2024 Page 1 of 3

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_____ ☐2_____ ☐3_____ ☐4_____ ☐5_____ ☐6_____ ☐7_____ ☐8_____ ☐9_____

Version: 07/30/2024 Page 2 of 3

Process: Exams, education, immunizations, medications

Clinical measures: Blood pressure, height, weight, lab results (A1C, lipids)

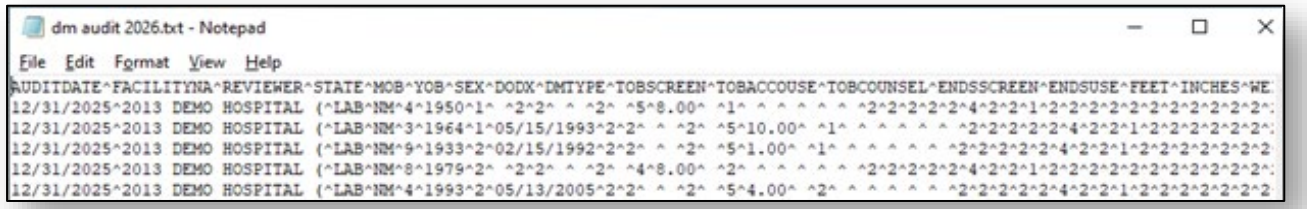
Complications: CVD, CKD, retinopathy, TB

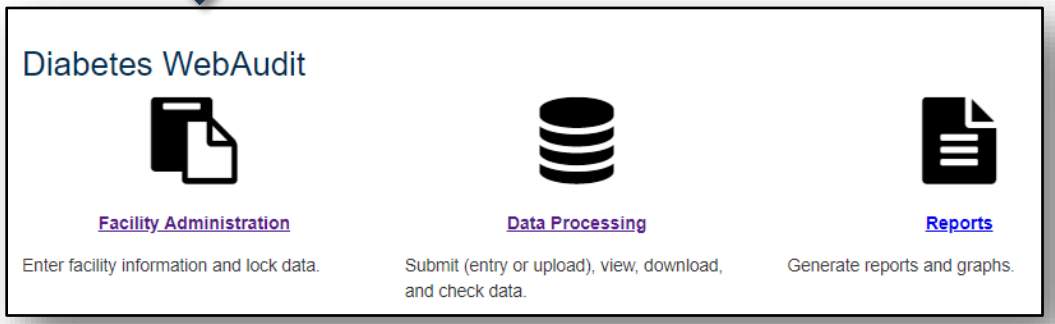
Note:

- Most are for 12-month Audit period, but some look back longer or shorter.
- There are changes (almost) every year!

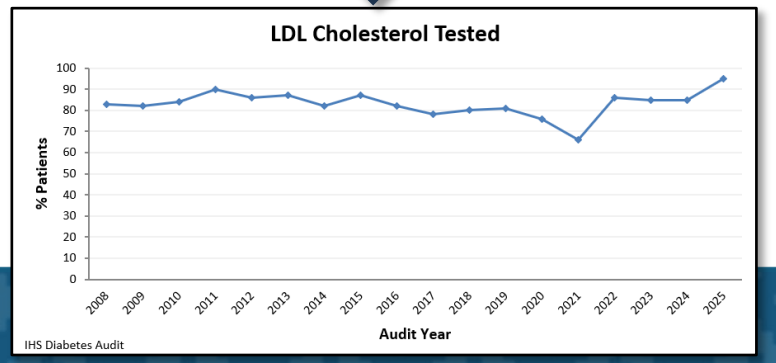
Results processed through the WebAudit

Input=data file or paper forms





Output=reports and graphs



Audit Report - Selected Subsections

IHS Diabetes Care and Outcomes Audit – WebAudit
DRAFT Audit Report for 2025 (Audit Period 01/01/2024 - 12/31/2024)
Facility: Test02 Sample Data
Annual Audit

	# of Patients (Numerator)	# Considered (Denominator)	Percent
Blood Pressure (BP) - Based on one value or mean of two or three values			
<130/<80	18	75	**24%**
130/80 – <140/<90	34	75	**45%**
140/90 - <160/<100	14	75	**19%**
160/100 or higher	3	75	**4%**
BP category undetermined	6	75	**8%**
<140/<90	52	75	**69%**

Kidney Evaluation			
Chronic Kidney Disease (CKD) (In age ≥ 18 years)			
CKD[2]	18	74	**24%**
CKD[2] and mean BP <130/<80	2	18	**11%**
CKD[2] and mean BP <140/<90	13	18	**72%**
CKD[2] and ACE inhibitor or ARB currently prescribed	12	18	**67%**
CKD[2] and GLP-1 receptor agonist currently prescribed	9	18	**50%**
CKD[2] and SGLT-2 inhibitor currently prescribed	6	18	**33%**

	# of Patients (Numerator)	# Considered (Denominator)	Percent
Cardiovascular Disease (CVD)			
CVD diagnosed ever	16	75	**21%**
CVD and mean BP <130/<80	5	16	**31%**
CVD and mean BP <140/<90	14	16	**88%**
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 GLP-1 receptor agonist and/or SGLT-2 inhibitor currently prescribed	5	16	**31%**
CVD and statin currently prescribed* *Excludes patients with an allergy, intolerance, or contraindication	13	16	**81%**

2 Chronic Kidney Disease (CKD): eGFR<60 or Quantitative UACR≥30

Audit 2024 and 2025 Results

Participation: Sites participating, charts reviewed

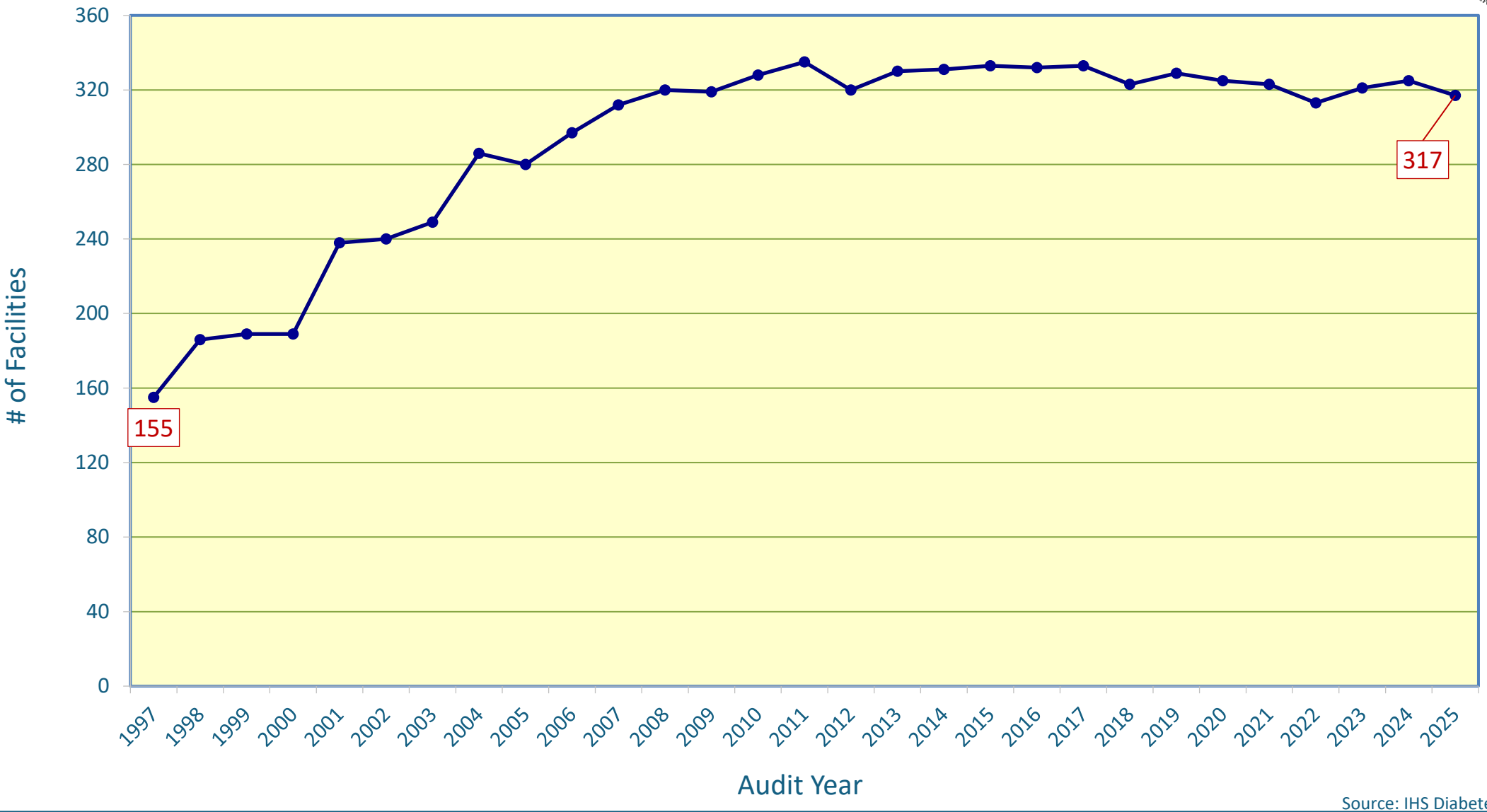
Process: Screenings, exams, education, immunizations

Clinical measures: Blood pressure, lab results (A1C, lipids)

Complications: Cardiovascular disease (CVD), chronic kidney disease (CKD), retinopathy, lower extremity amputation(LEA)

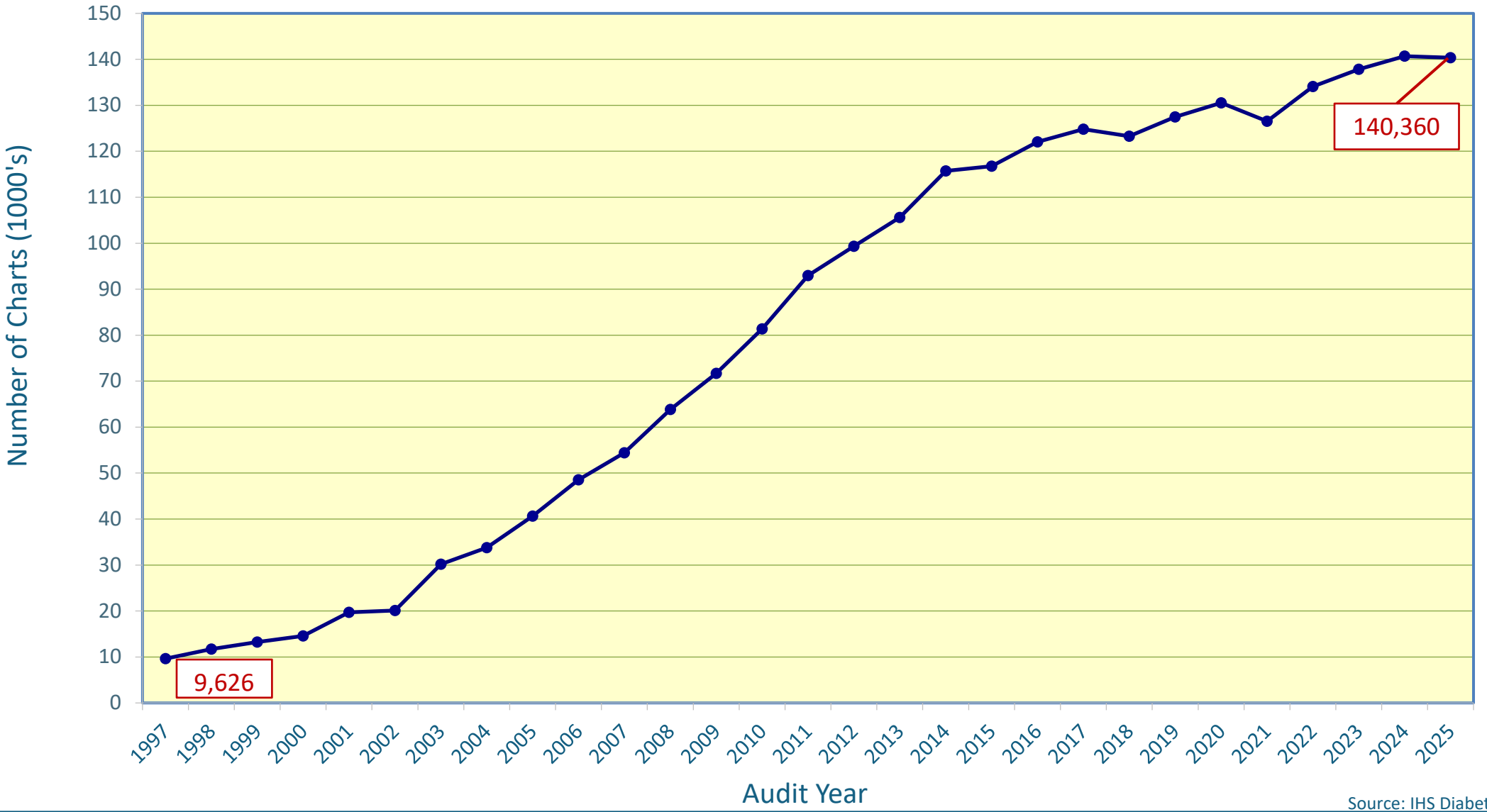
How can this data be used?

Number of Reporting Facilities
1997-2025



Source: IHS Diabetes Care and Outcomes Audit

Number of Charts Audited
1997-2025



Source: IHS Diabetes Care and Outcomes Audit

How are national Audit results used?

FACT SHEET

2024 IHS Diabetes Care and Outcome Audit Results

Indian Health Service
Division of Diabetes
Treatment and Prevention

Background

American Indian and Alaska Native people continue to experience rates of diabetes that are higher than other populations in the U.S.

The National Diabetes Statistics Reports includes an age-adjusted prevalence of 10.1% for US adults, as compared to a prevalence of 13.6% for American Indian/Alaska Native (AI/AN) adults. Encouragingly, the prevalence in AI/AN adults has decreased significantly from 15.4% in 2013.

The Diabetes Care and Outcomes Audit (Audit) was initiated in 1986 in conjunction with the IHS Standards of Care for Diabetes, to provide a framework to assess and improve quality of care of these individuals throughout the Indian Health System. It is currently managed by the IHS Division of Diabetes Treatment and Prevention (DDTP).

IHS Diabetes Care and Outcomes Audit

- A process to assess care and health outcomes as defined by IHS Diabetes Standards of Care for AI/AN people diagnosed with diabetes.
- 2024 Annual Audit reporting is based on data submitted from 273 SDPI programs (IHS, Tribal, and Urban) and 51 IHS facilities (non-SDPI).
- The RPMS Diabetes Management System (DMS) tools create and maintain diabetes registries, aggregate data from RPMS to generate Annual Audit and SDPI Required Key Measure (RKM) reports, and produce data files for uploading into the Diabetes WebAudit and SDPI Outcomes Systems (SOS) programs.
  - ❖ RPMS tools provide the ability to run audits specific to individuals, facilities, providers, communities, or other defined populations.
  - ❖ Provides a data source for clinical quality improvement projects at IHS, Tribal, and Urban facilities.
- The Diabetes WebAudit (WebAudit), a web-based program, collects and aggregates data from electronic data files or manual data-entry submissions.
  - ❖ Non-RPMS users can submit data to the WebAudit using either electronic or manual submission methods.
  - ❖ Annual Audit and SDPI Required Key Measure (RKM) reports are produced.
- Interim Audits can be performed at any time in either the DMS or WebAudit to monitor and evaluate progress.

Quick Facts

The 2024 Audit represents data from:

140,584 persons with diabetes
Increased participation from 11,703 in 1998. The Audit participation increased when it was required for SDPI reporting.

75% sites submitted data via RPMS
25% by other RPMS or manually.

75 data measures
Increased from ~21 in 1986, compared to the National GPRA report which includes five diabetes measures.

324 sites
213 Tribal
82 IHS
29 Urban

2024 Highlights

Mean A1C 7.72 (decreased 12% since 1997)
61% had A1C <8% (increased 5.3% since 2014)
19% had A1C >9% (decreased 8% since 2014)

Blood Pressure (BP) control
69% had mean BP <140/<90 (6% increase since 2008)

Cholesterol
Mean total cholesterol was 163 (20% decrease since 1998)
Mean LDL cholesterol was 86 (28% decrease since 1998)

Education was documented for a majority of people with diabetes within the Audit year
58% Diabetes Education
49% Physical Activity
48% Nutrition
74% Any Education

Annual Exams (rates rebounding since 2021)
36% Dental (27%)
55% Retinal exam (42%)
50% Complete foot exam (39%)

Assessment of Diabetes Complications

Audit data provides detailed information about the presence of diabetes complications, and the utilization of evidence based-strategies to mitigate those complications.

80% have a diagnosis of hypertension

36% had a diagnosis of cardiovascular disease
79% tobacco non-user (7% increase from 2013)
76% were on statin Rx (2% increase from 2022)
26% were on a GLP-1 receptor agonist (10% increase from 2022)
25% were on a SGLT2 inhibitor (13% increase from 2022)

55% had an assessment for kidney disease (eGFR and UACR); of those
31% had evidence of Chronic Kidney Disease (CKD)
71% with CKD on ACE inhibitor (unchanged from 2022)
29% with CKD on GLP-1 receptor agonist (10% increase from 2022)
27% with CKD on SGLT-2 inhibitor (14% increase from 2022)

55% had a retinal examination; of those
24% had evidence of diabetic retinopathy

4% had documented history of a lower extremity amputation (increased 1% from 2019)

Conclusion

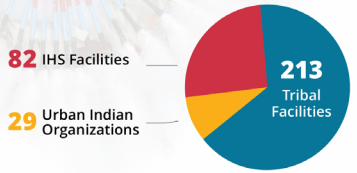
The Audit is a comprehensive diabetes care assessment tool for SDPI programs, providers, facilities and communities to use to identify areas for improvement. In addition to the annual Audit report, local sites can run the Audit in RPMS, or in the WebAudit at any time during a year to track the results of interventions over time.

INFOGRAPHIC

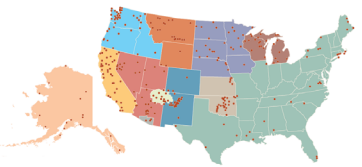
2024 IHS Diabetes Care and Outcome Audit Results

Indian Health Service
Division of Diabetes
Treatment and Prevention

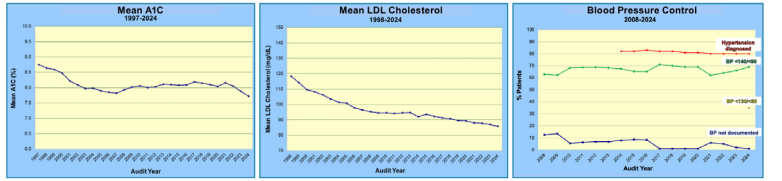
The majority of Audit sites are Tribal programs[1]



324 facilities submitted data to the Audit



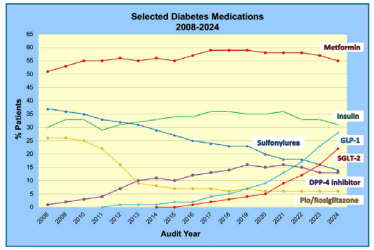
273 SDPI programs (IHS, Tribal, and Urban) and 51 IHS facilities (non-SDPI).



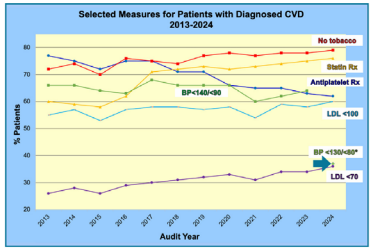
1997 to 2024
Mean A1C
12% to 7.72%[2]

1998 to 2024
Mean LDL cholesterol
28% to 86 mg/dL[2]

2008-2024
Percentage of people with mean BP <140/<90
6% to 69%[2]



2008 to 2024
Metformin remains the most commonly used medication.[2]
There have been steady increases in the use of GLP-1 receptor agonists and SGLT-2 inhibitors over the last 10 years.

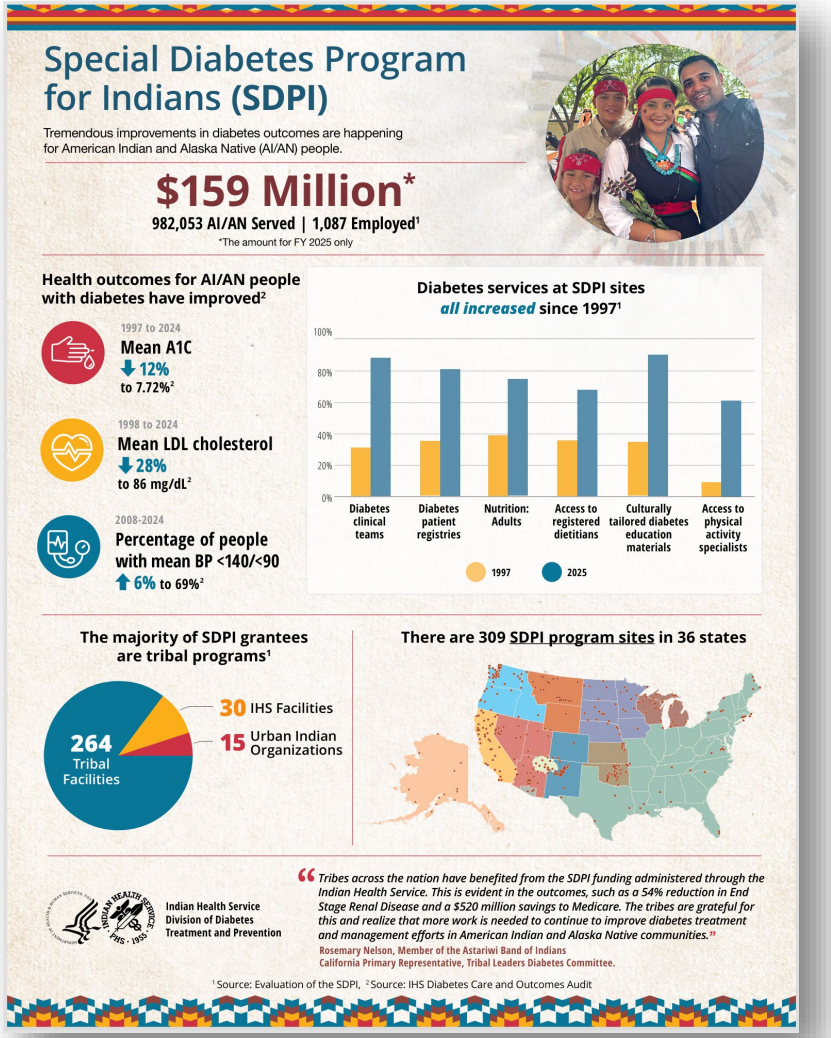


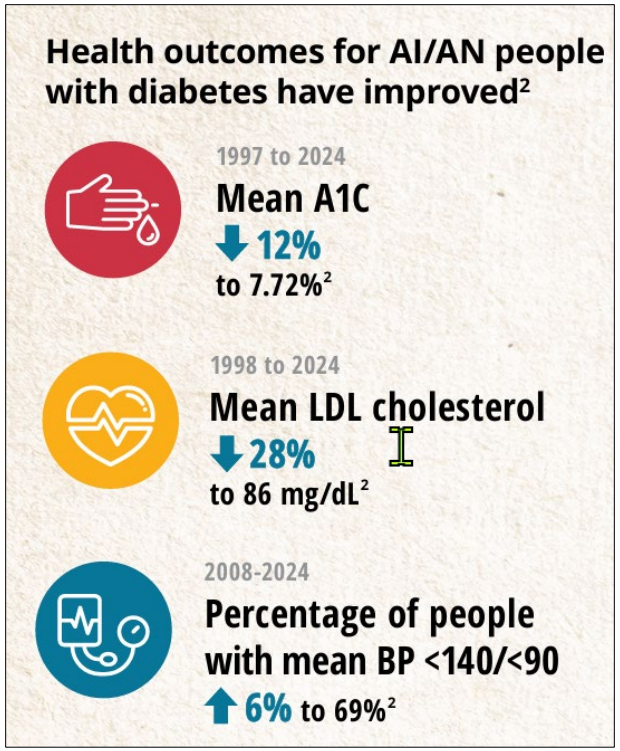
2013 to 2024
Significant improvement in CVD risk reduction measures.[2]
- Target BP <130/<80 added in 2024 to align with ADA Recommendation.
- Antiplatelet therapy data may not reflect over-the-counter aspirin use.

[1]Source: Evaluation of the SDPI | [2]Source: IHS Diabetes Care and Outcomes Audit

[2024 IHS Diabetes Care and Outcomes Audit Results Fact Sheet][2]

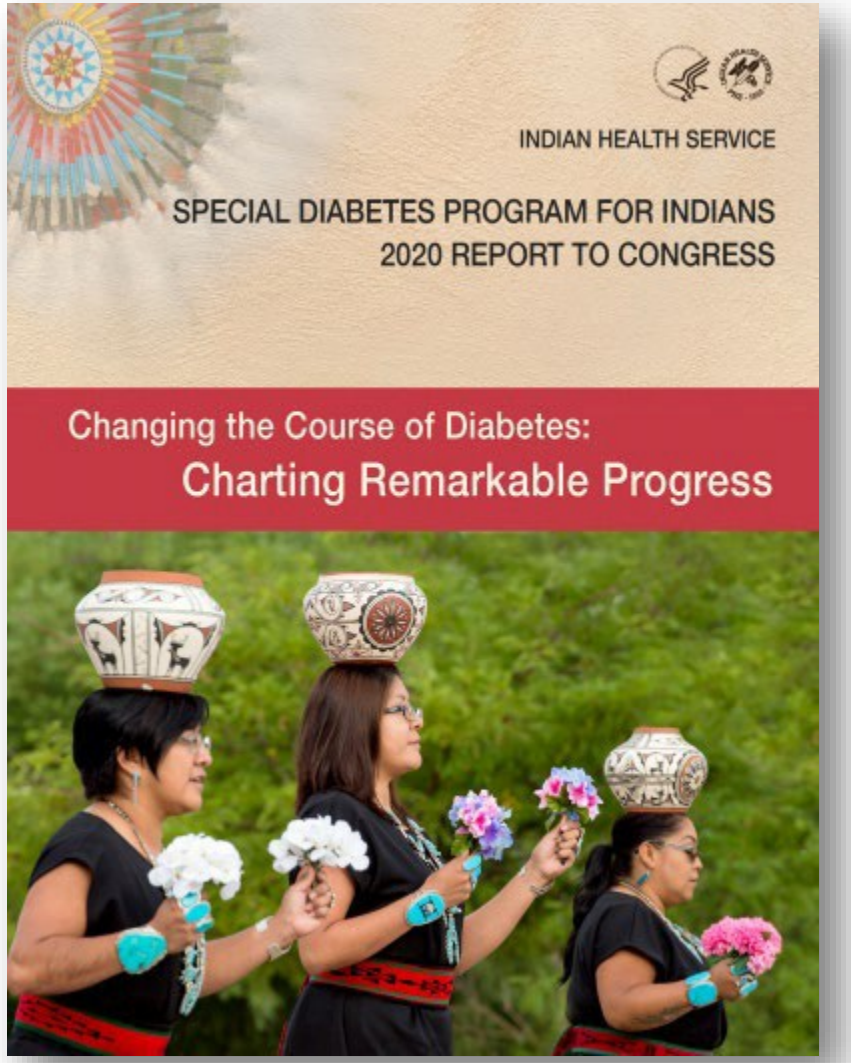
How are national Audit results used?

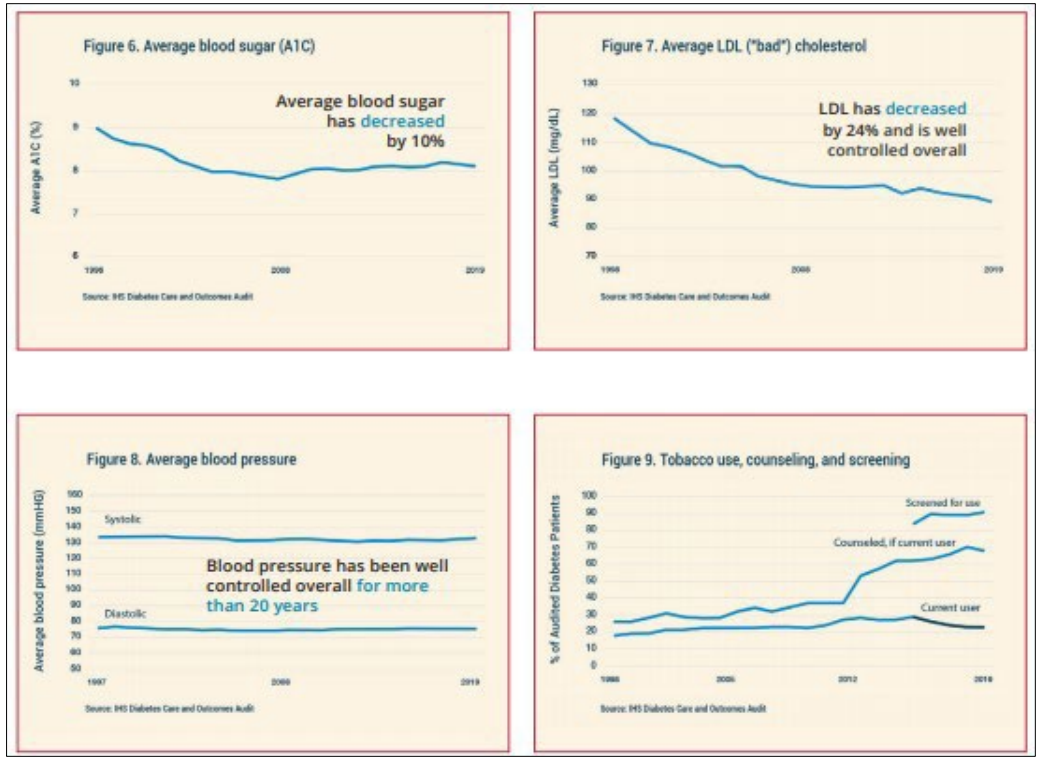




SDPI 2025 Infographic[3]

How are national Audit results used?

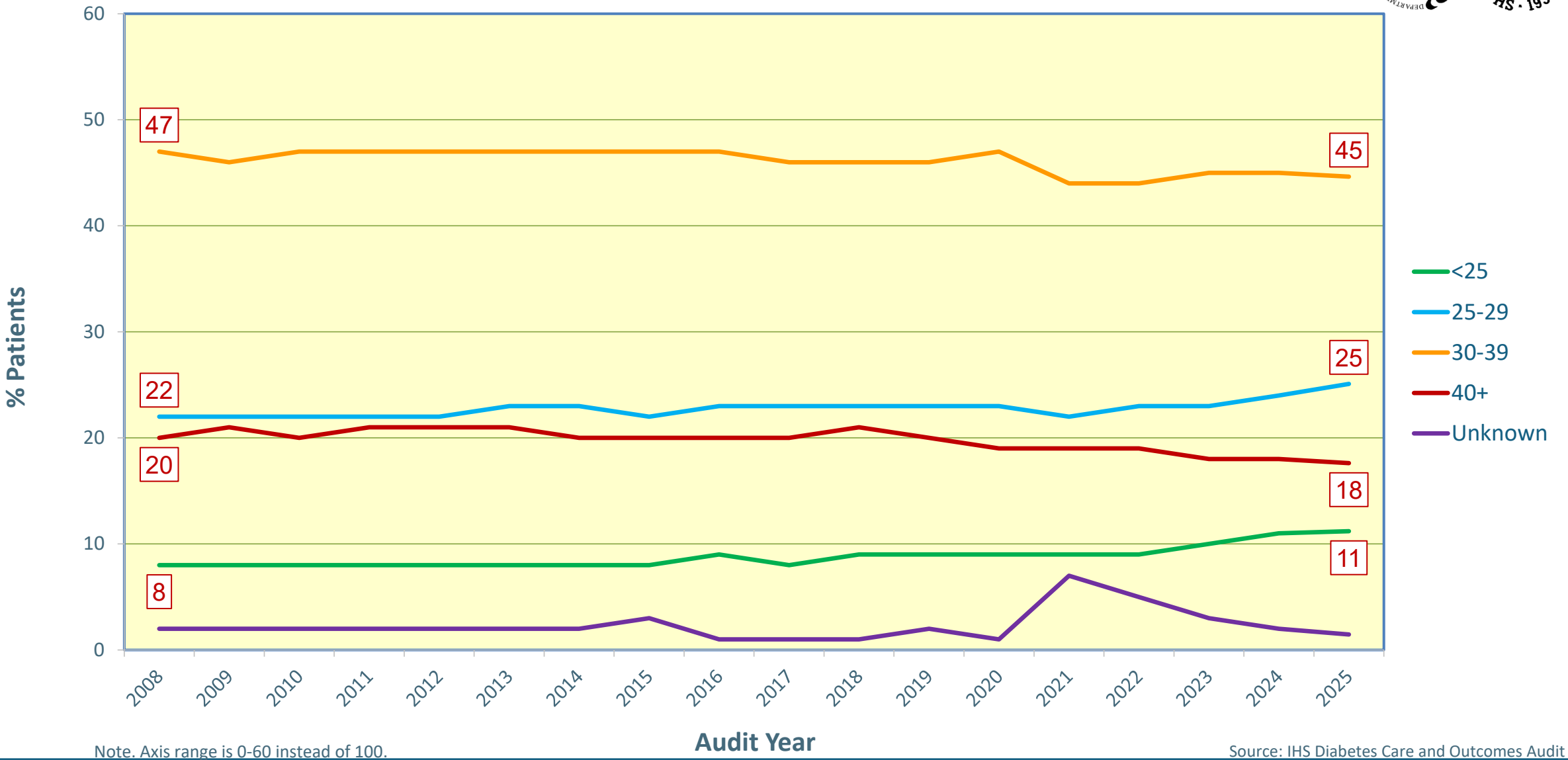




[SDPI Reports to Congress | Special Diabetes Program for Indians (SDPI)](#)[4]

Patient Characteristics

BMI Category (kg/m²)
2008-2025



Note. Axis range is 0-60 instead of 100.

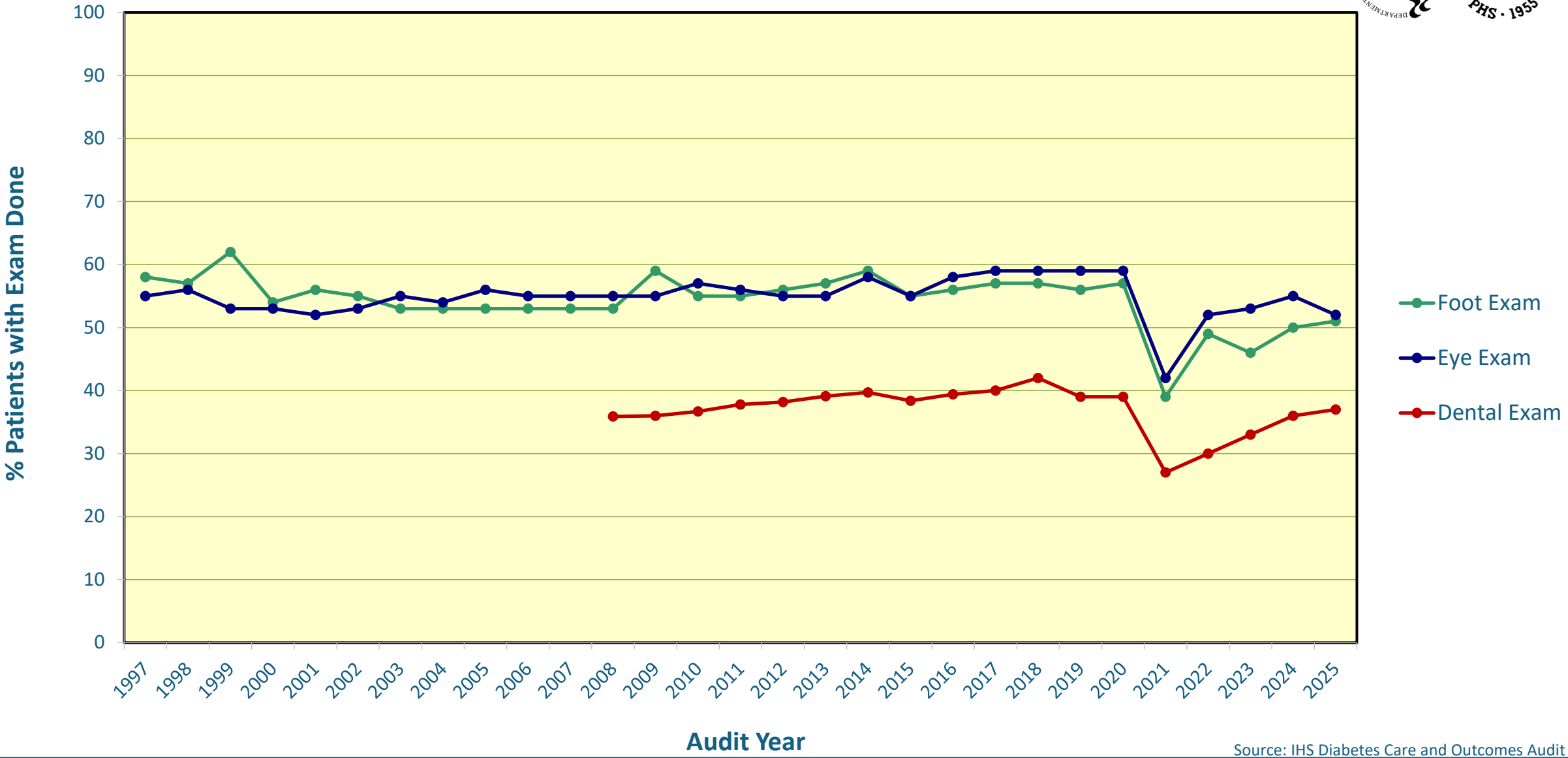
Source: IHS Diabetes Care and Outcomes Audit

Audit vs. GPRA

	Diabetes Audit	Government Performance and Results Act (GPRA)
Purpose	Assess health care and outcomes for AI/AN people with diabetes	Demonstrate that IHS is using funds effectively toward meeting its mission.
# of diabetes measures	Greater than 40	Five
Who does it	I/T/U facilities associated with an SDPI grant (required) and others (optional)	-IHS and Urban facilities (required) -Tribal facilities (optional)
Who is in it	AI/AN people with diabetes that receive primary care within a facility	Patients from participating facilities within a defined geographic region as defined for each measure
Data source	I/T/U facilities gather and submit data to DDTP	IHS National Data Warehouse
More information	Audit website	GPRA website

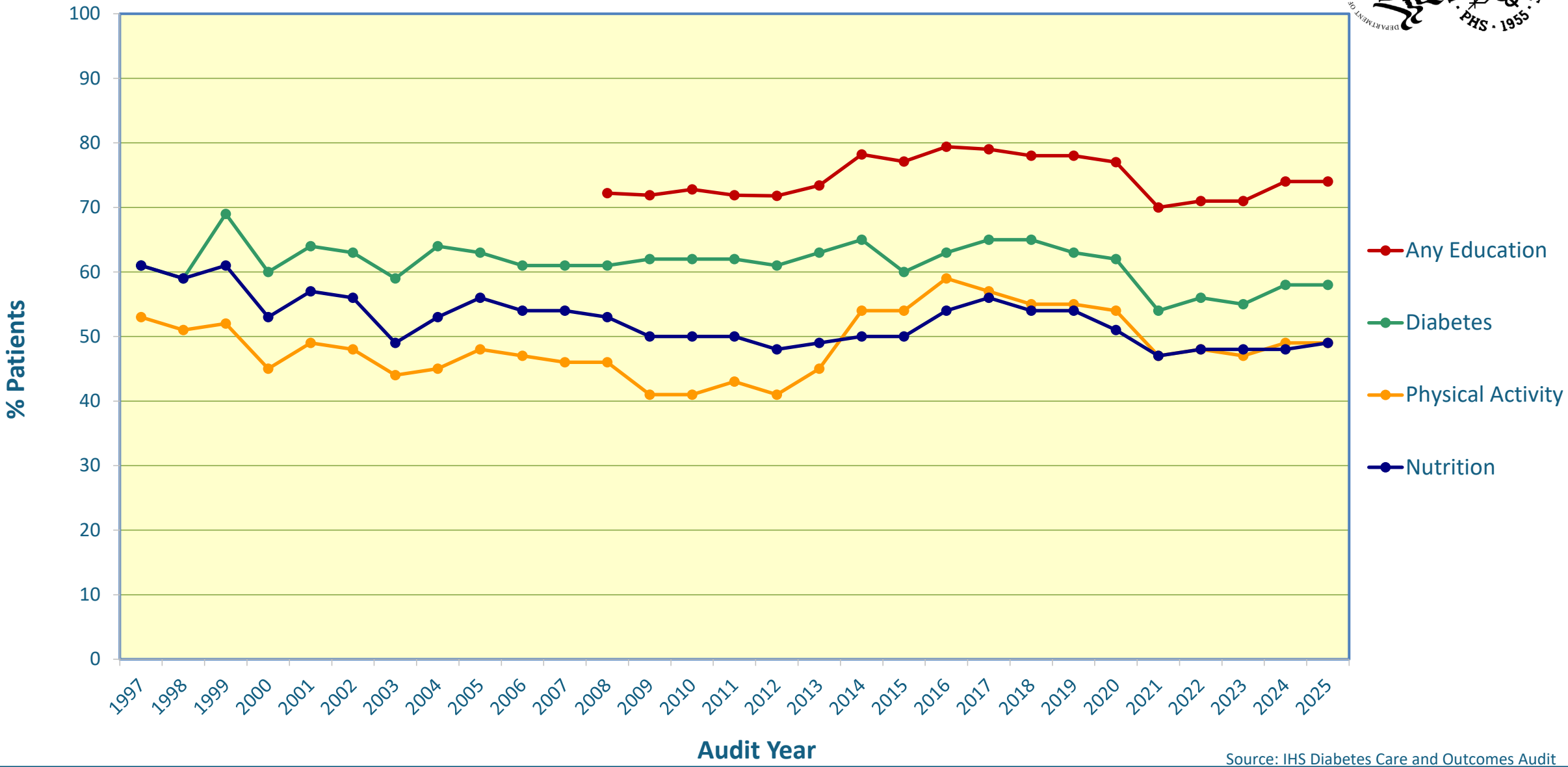
Process Outcomes

Exams
1997-2025



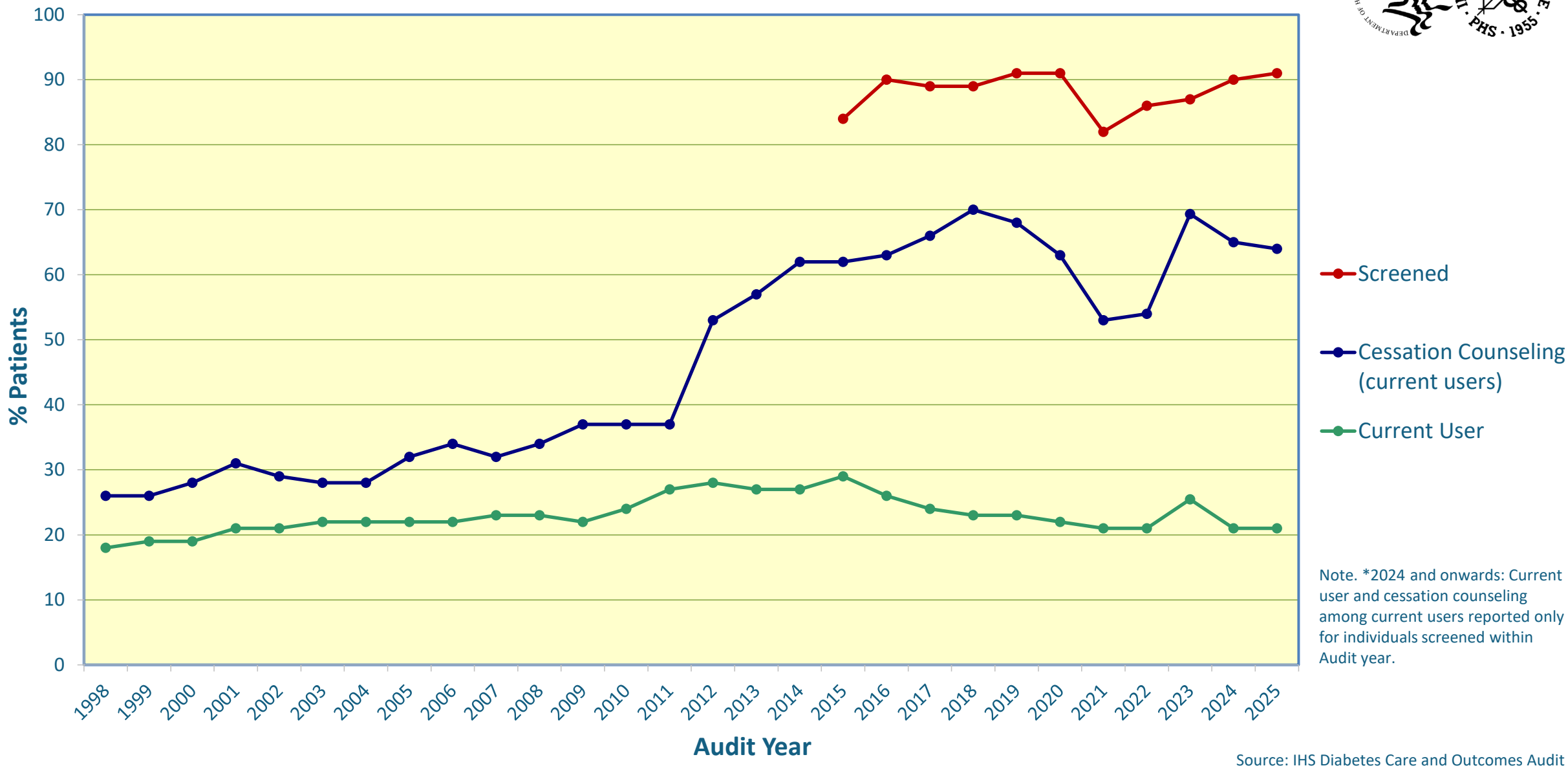
Source: IHS Diabetes Care and Outcomes Audit

Patient Education
1997-2025



Source: IHS Diabetes Care and Outcomes Audit

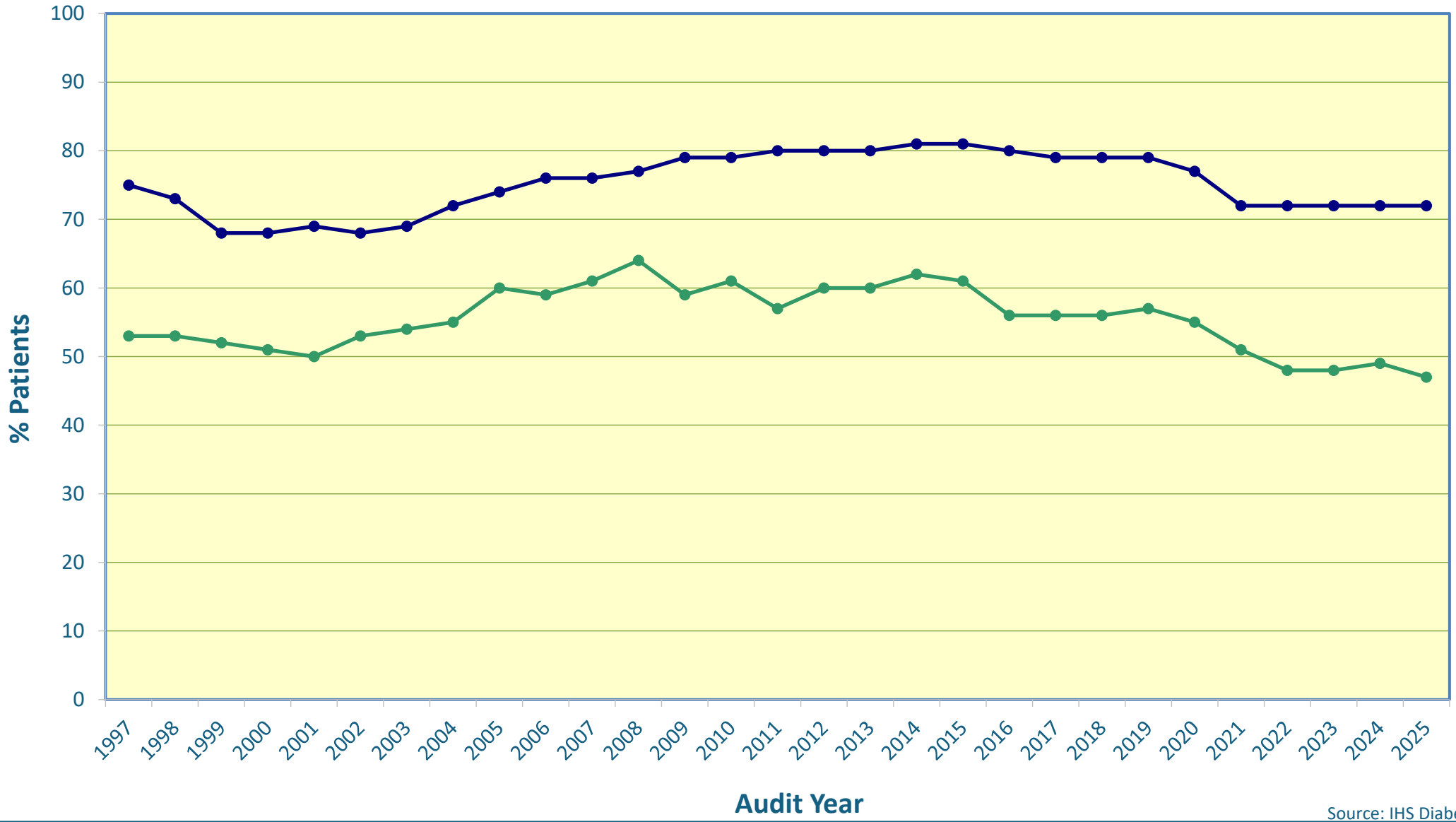
Tobacco Screening, Use, and Cessation Counseling 1998-2025*



Note. *2024 and onwards: Current user and cessation counseling among current users reported only for individuals screened within Audit year.

Source: IHS Diabetes Care and Outcomes Audit

Immunizations
1997-2025

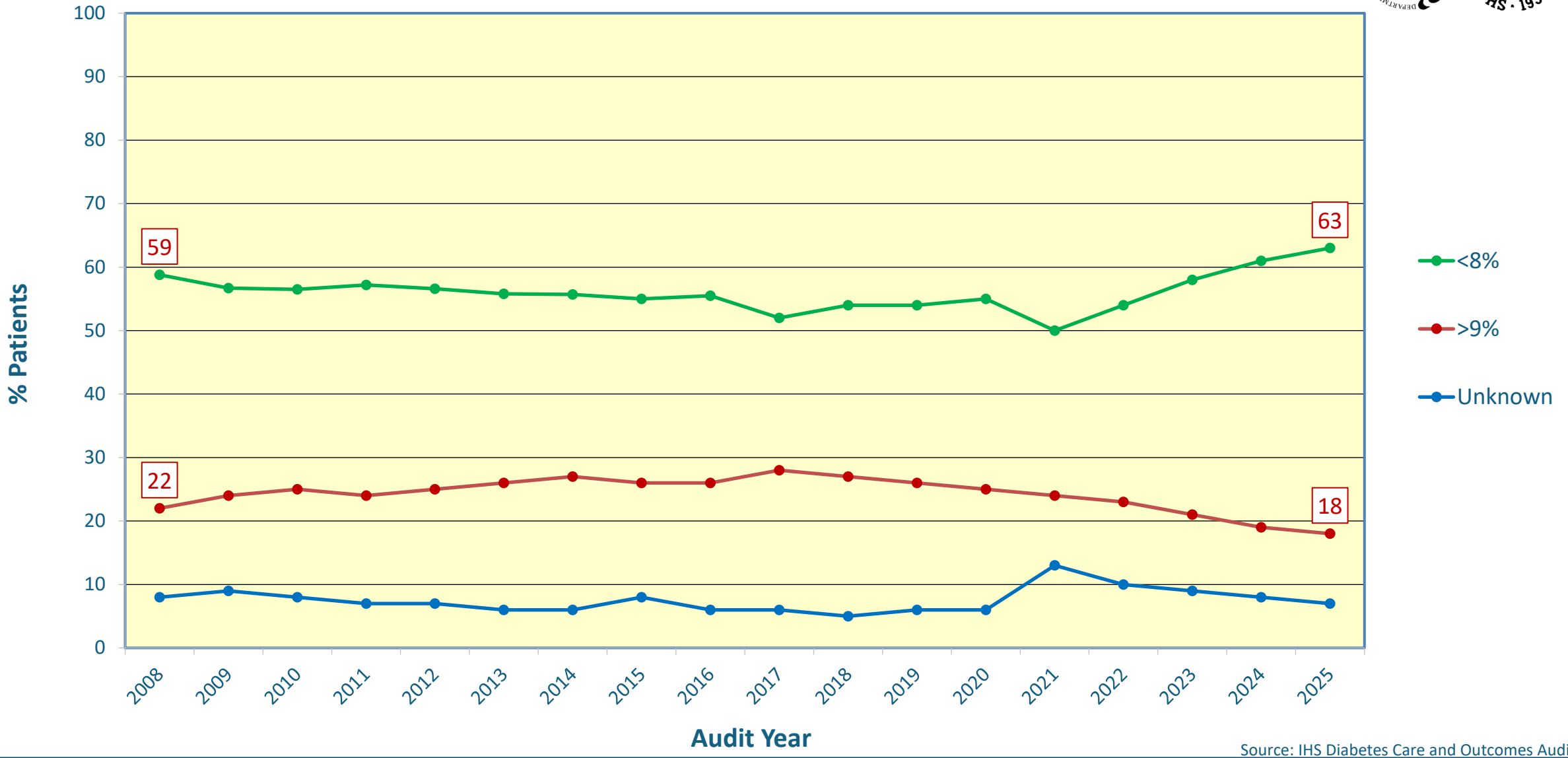


Note. *2023 Change: Counts any of the current vaccines (PCV20, PCV15, PPSV23), ever; 2025 change: includes PCV21

Source: IHS Diabetes Care and Outcomes Audit

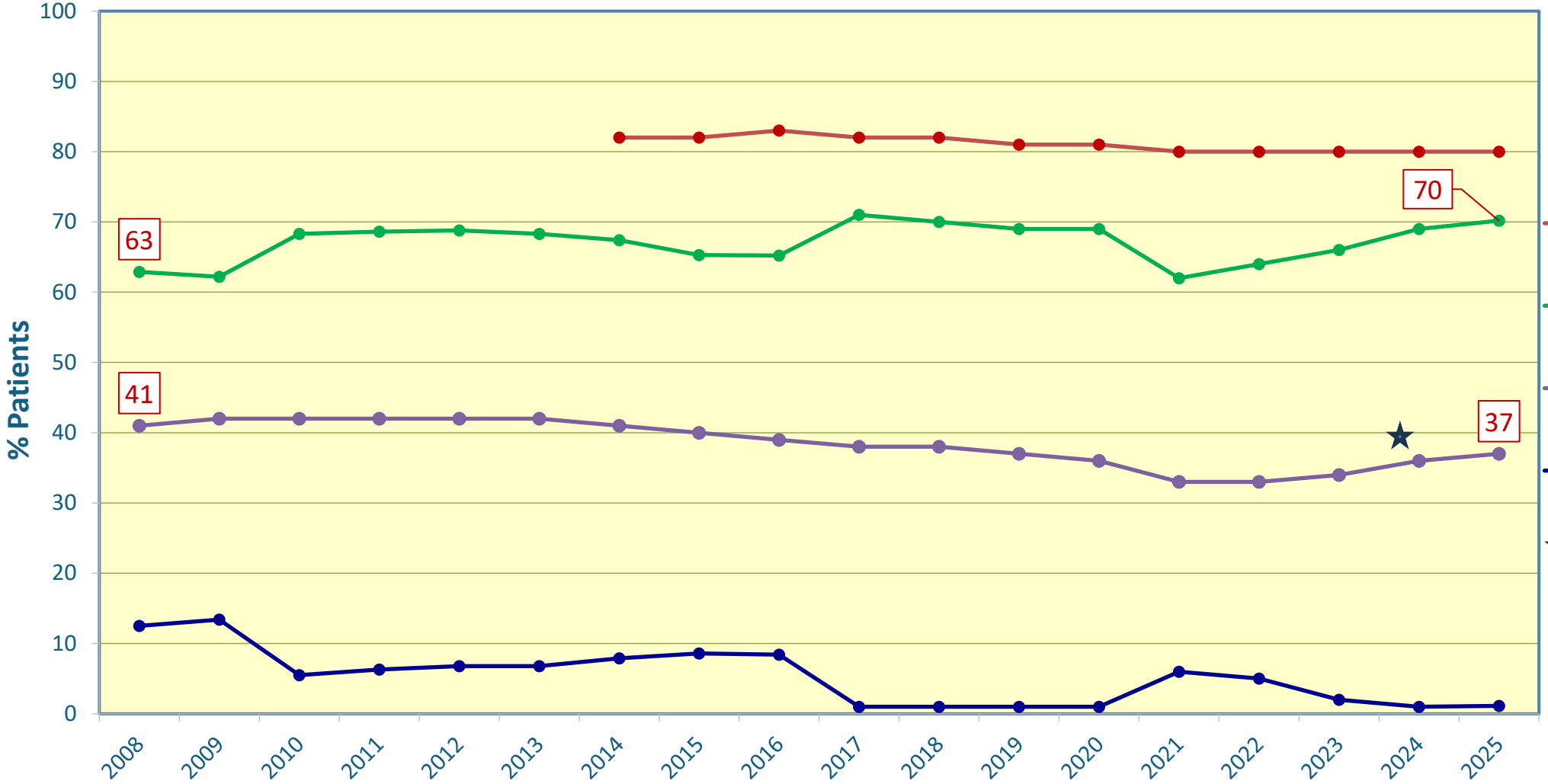
Clinical Measures

Blood Sugar Control (A1C)
2008-2025



Source: IHS Diabetes Care and Outcomes Audit

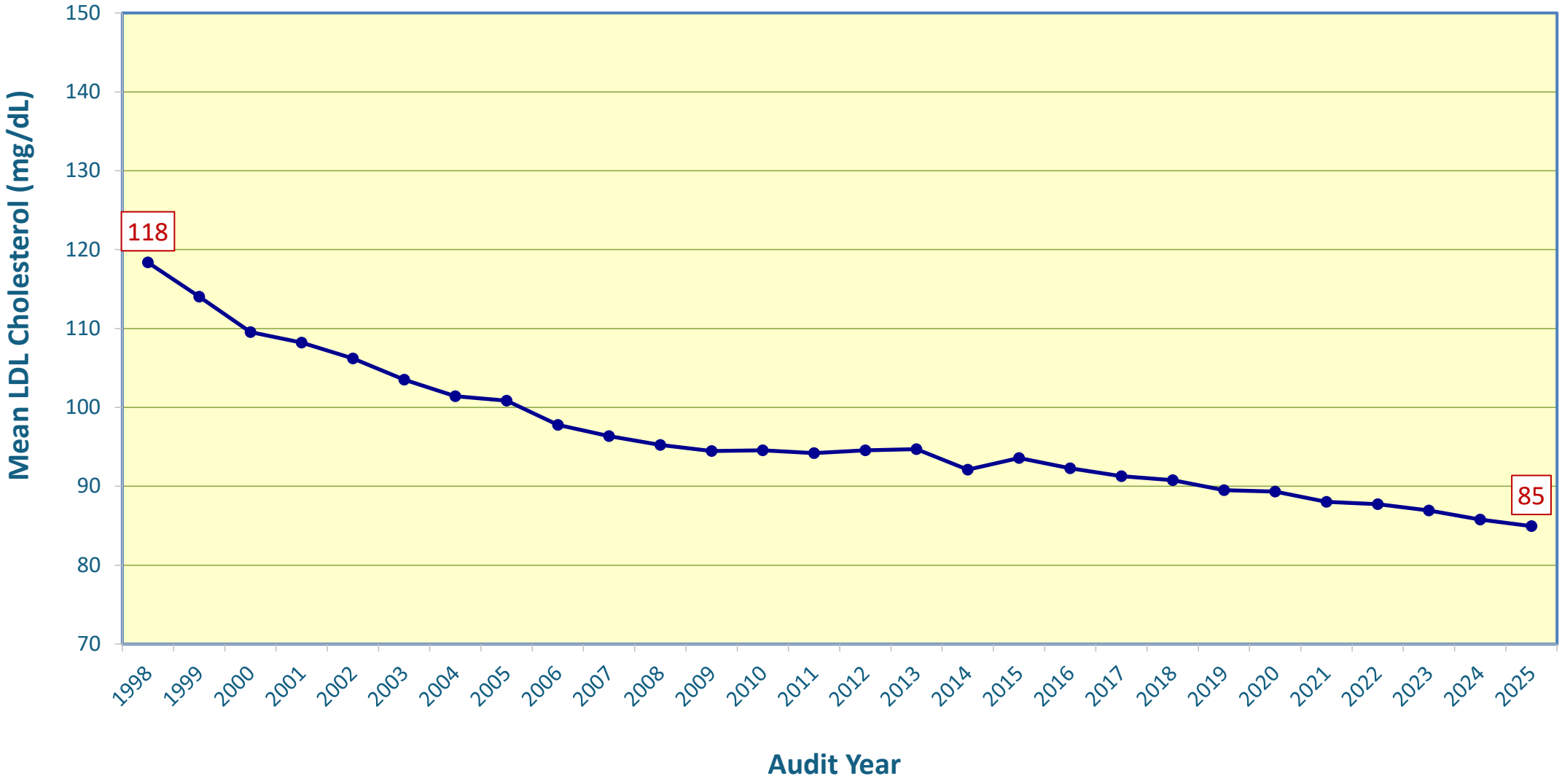
Blood Pressure Control*
2008-2025



Note. *2010-2016: Patients with 2 or 3 blood pressure values.
2017 and onwards: Patients with 1, 2, or 3 blood pressure values.

Source: IHS Diabetes Care and Outcomes Audit

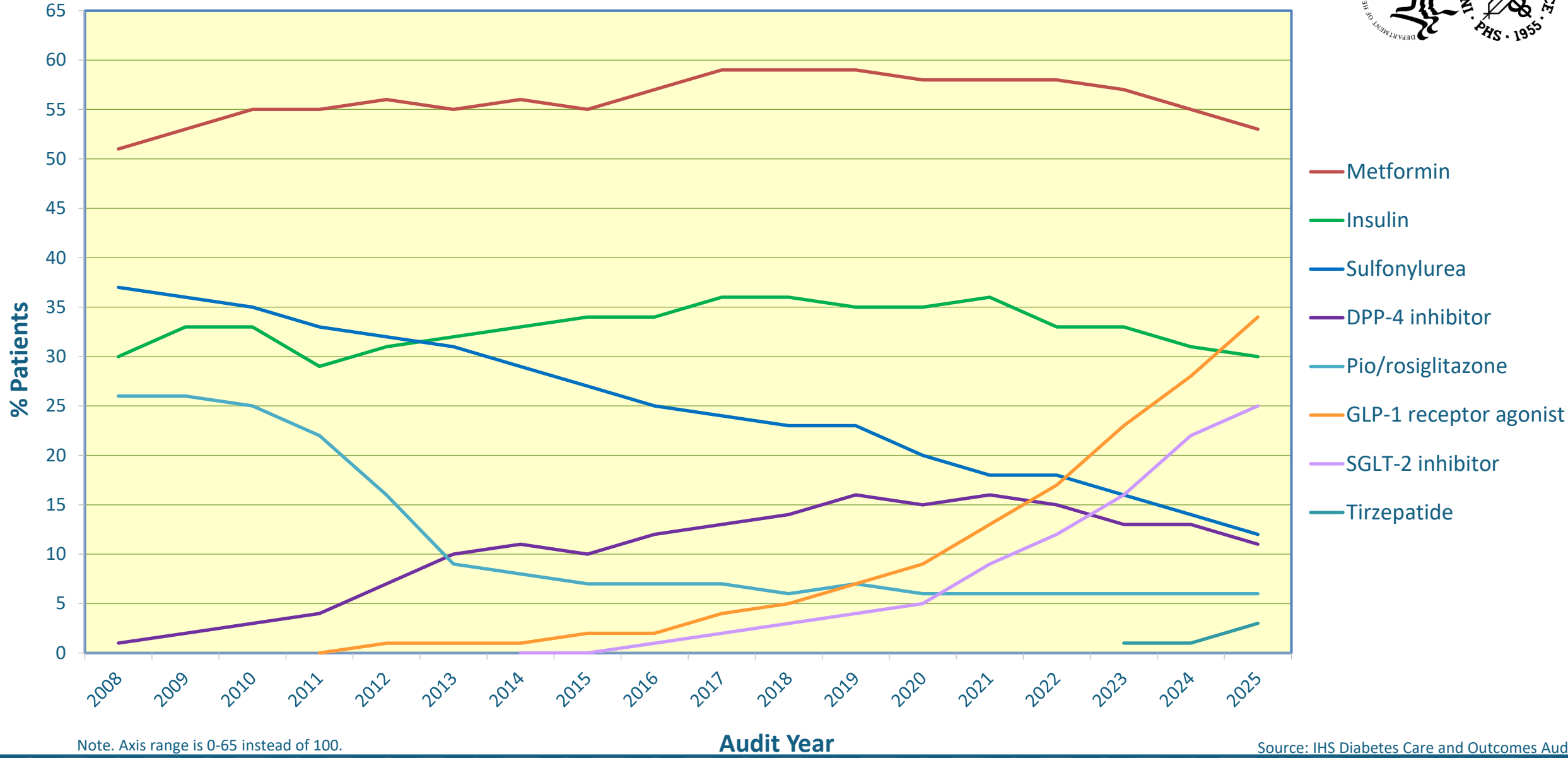
Mean LDL Cholesterol
1998-2025



Source: IHS Diabetes Care and Outcomes Audit

Medications

Selected Diabetes Medications
2008-2025

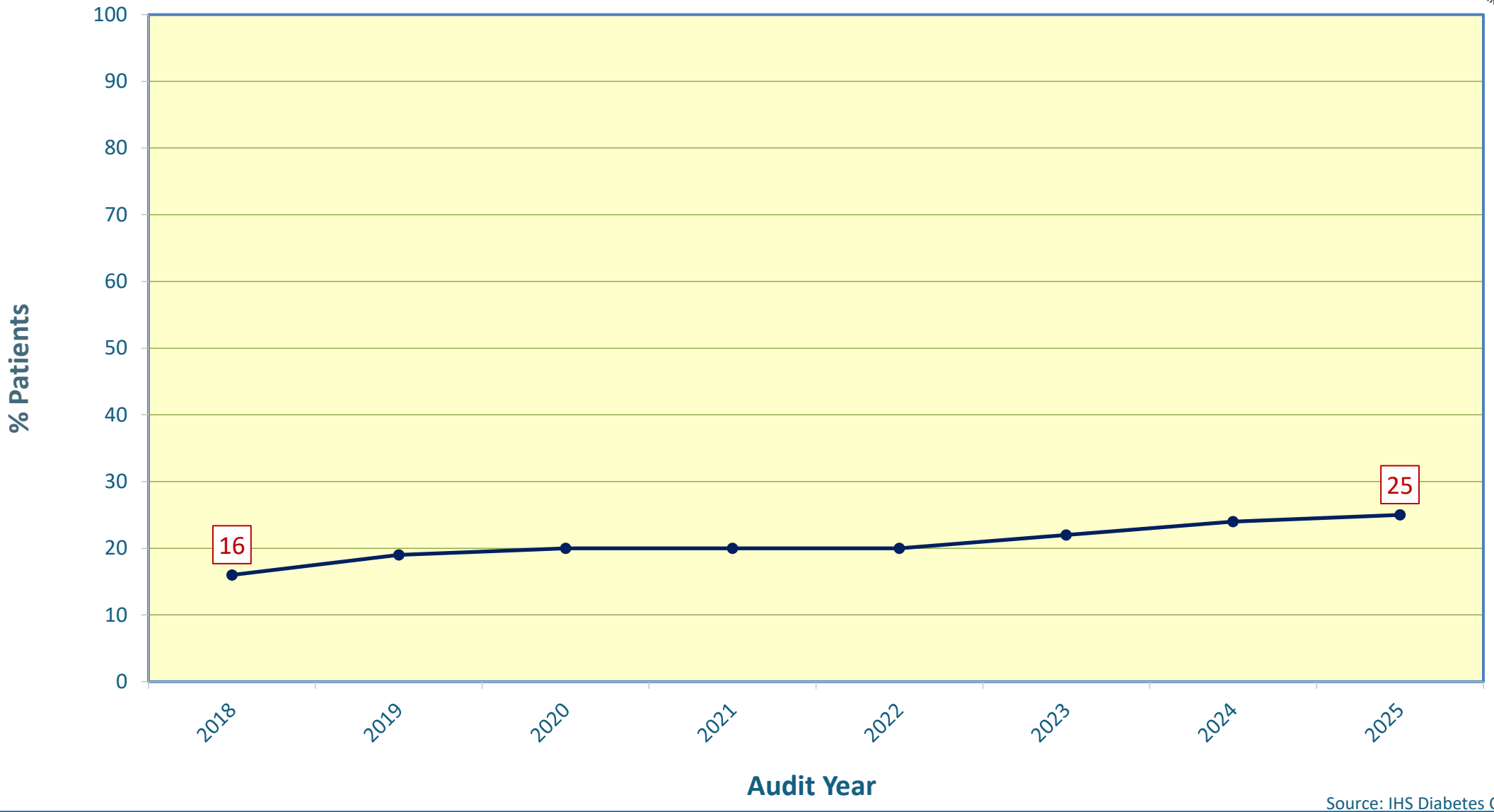


Note. Axis range is 0-65 instead of 100.

Source: IHS Diabetes Care and Outcomes Audit

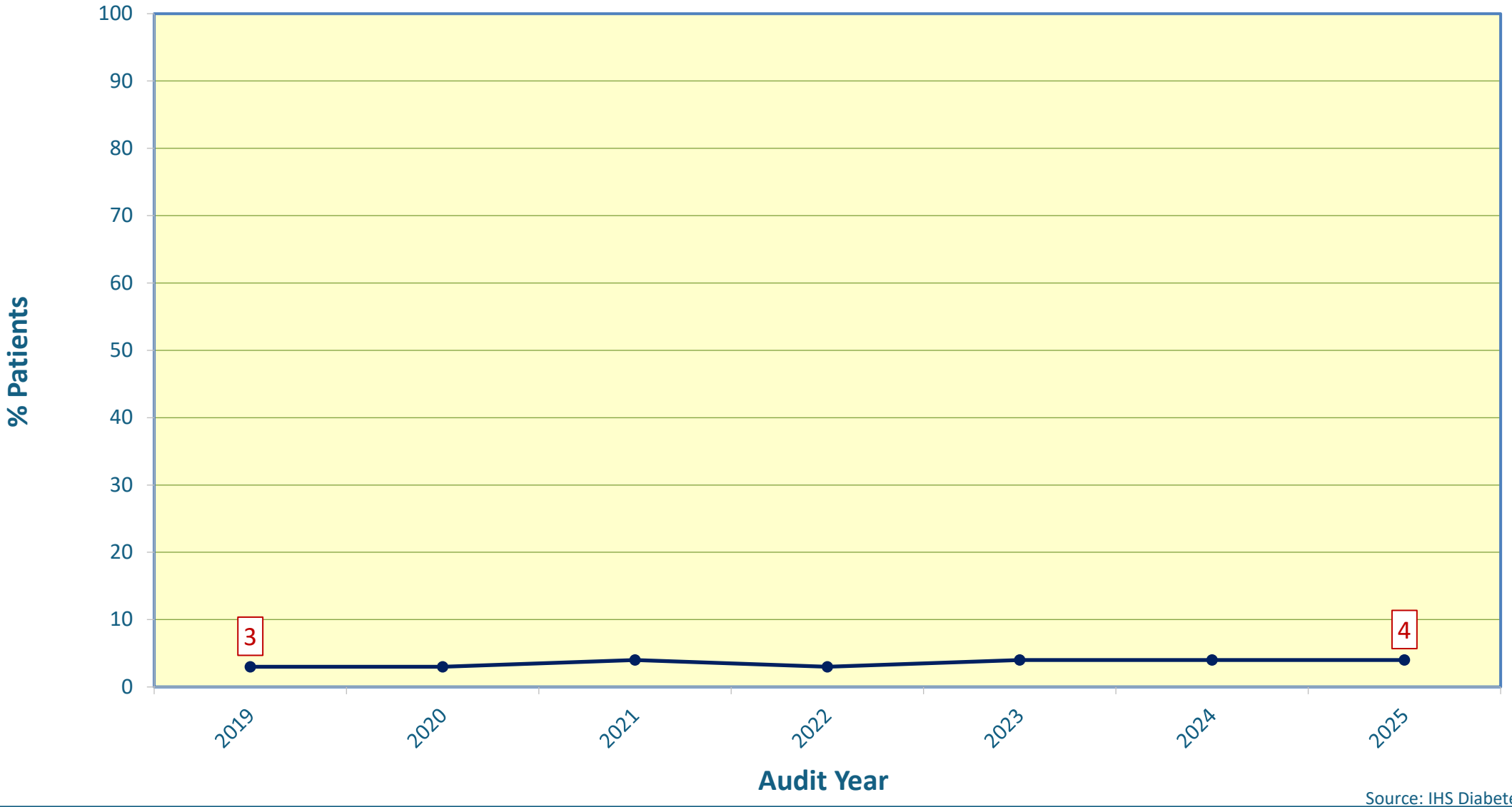
Complications

Retinopathy Diagnosed
2018-2025



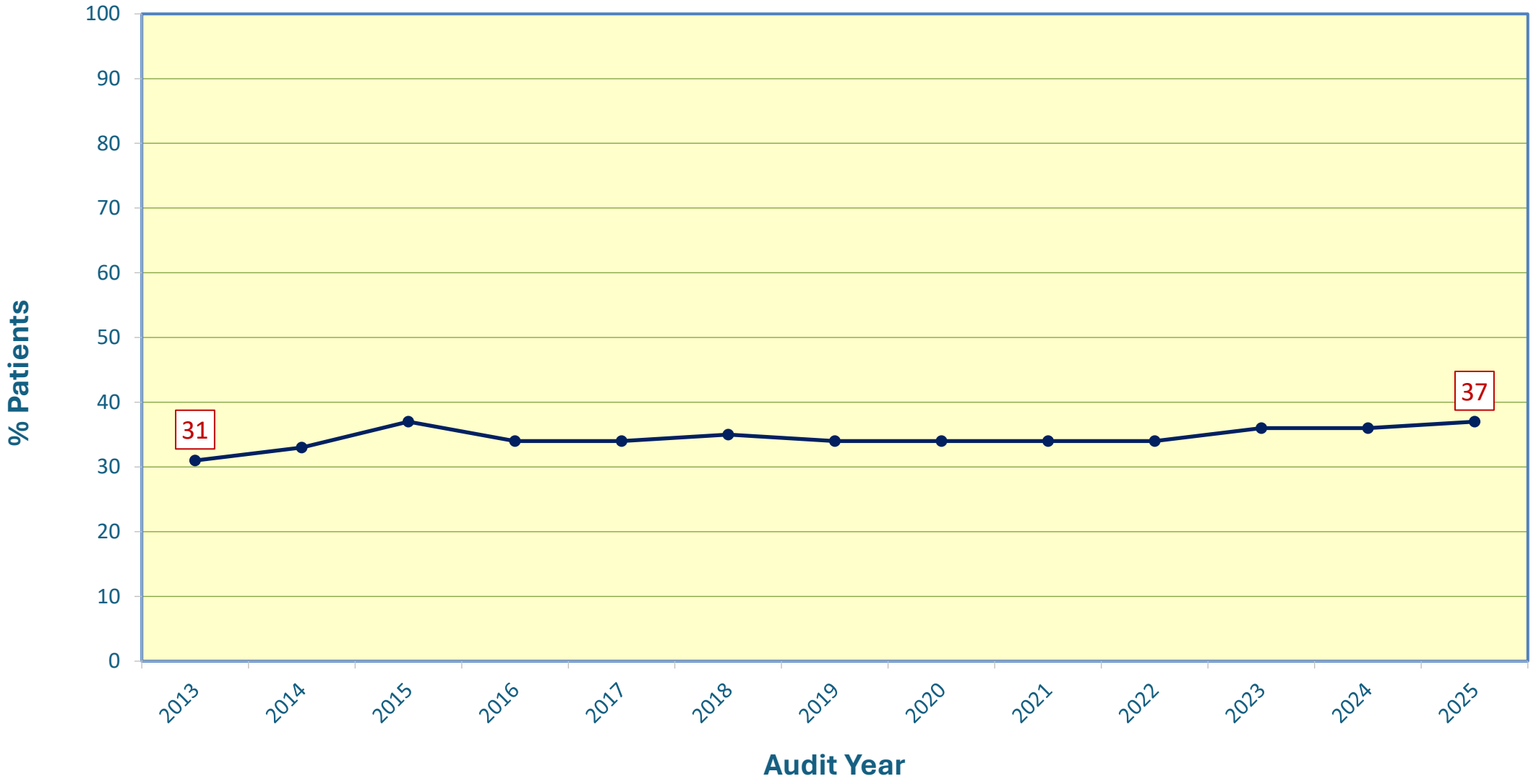
Source: IHS Diabetes Care and Outcomes Audit

Lower Extremity Amputation
2019-2025



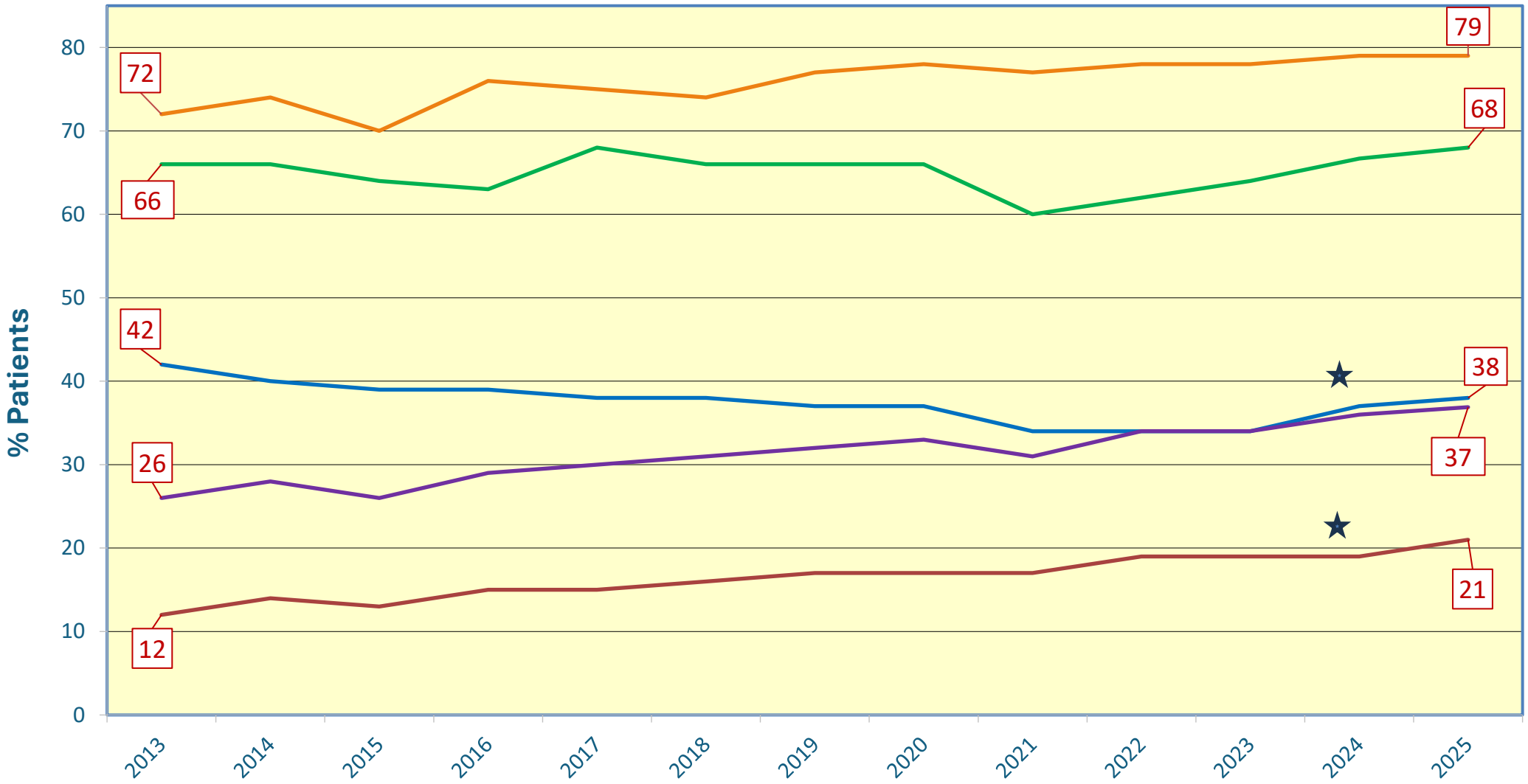
Source: IHS Diabetes Care and Outcomes Audit

Cardiovascular Disease (CVD) Diagnosed
2013-2025



Source: IHS Diabetes Care and Outcomes Audit

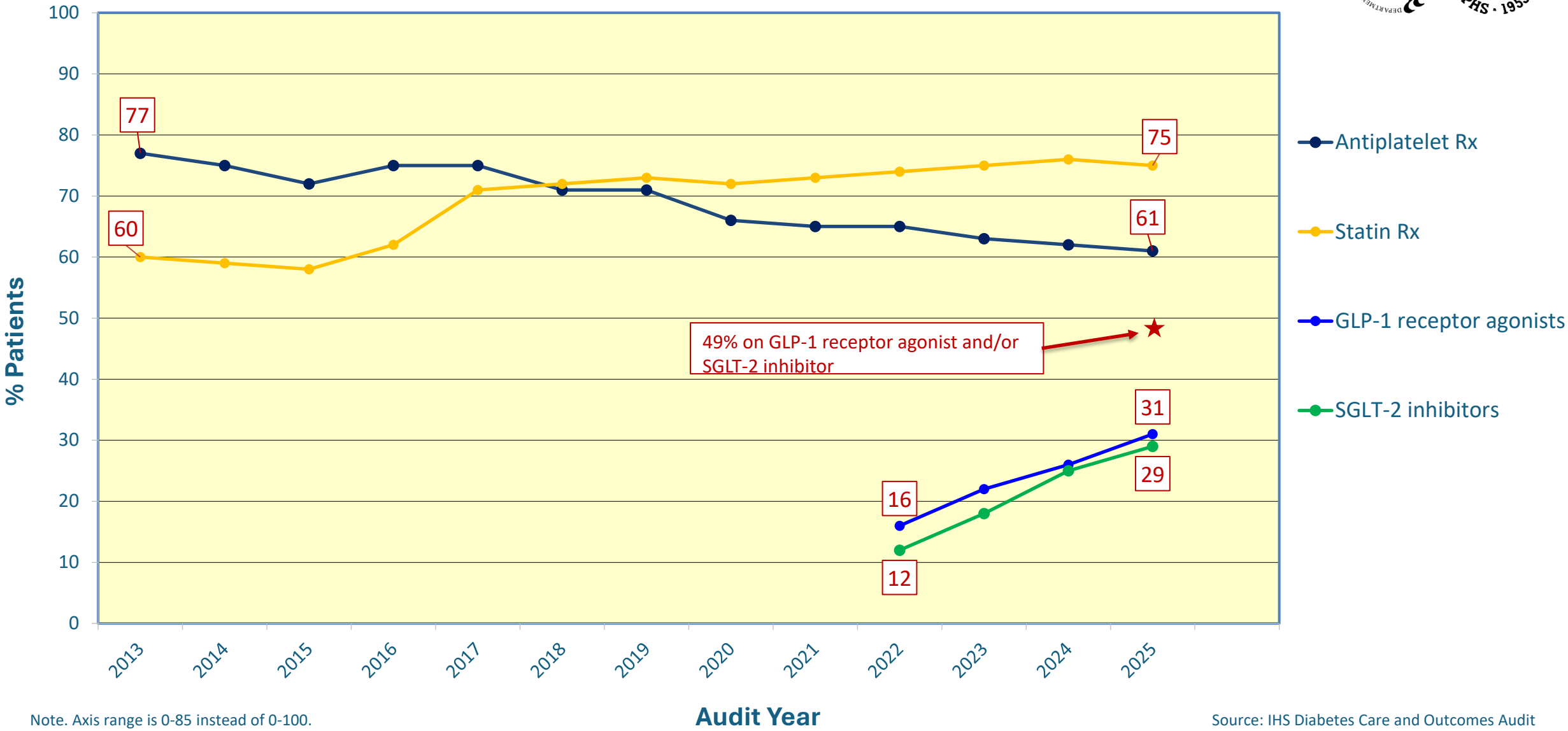
Combined Selected Measures for Patients with Diagnosed CVD
2013-2025



Note. Axis range is 0-85 instead of 0-100.

Source: IHS Diabetes Care and Outcomes Audit

Combined Selected Medications for Patients with Diagnosed CVD 2013-2025



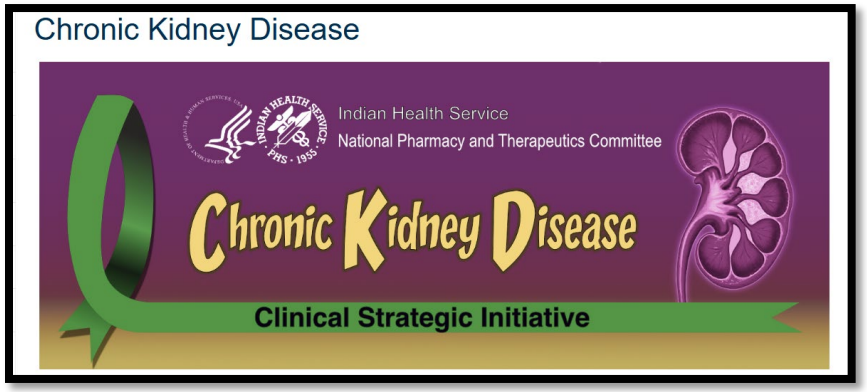
Note. Axis range is 0-85 instead of 0-100.

Source: IHS Diabetes Care and Outcomes Audit

Complications:
Chronic Kidney Disease

Kidney Disease Initiatives

IHS Clinical Strategic Initiative Chronic Kidney Disease (CKD)[5]

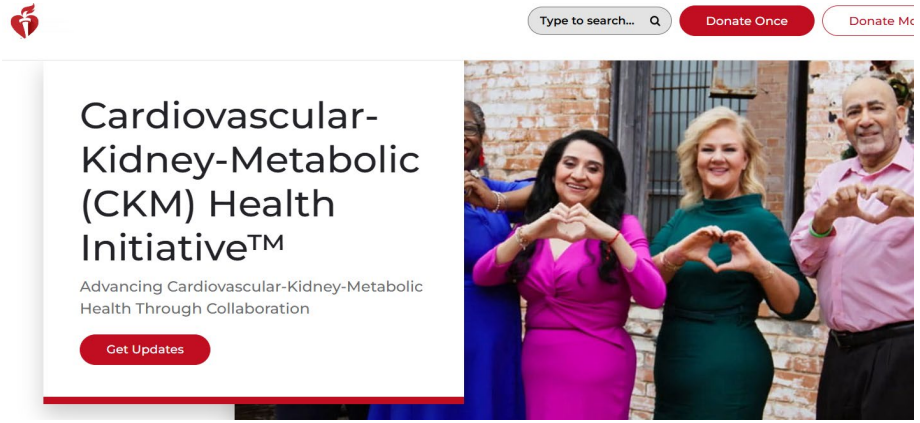


Areas and Facilities are encouraged to;

- Implement guideline-based strategies for the prevention, screening, diagnosis and management of CKD and associated conditions as a routine part of CKD-related care in IHS clinical settings as well as care management/planning, including access to nephrology care, when indicated.
- Support innovative approaches to enhance evidence-based care for CKD in tribal communities. These include education regarding CKD risk factors, screening & early intervention, and system-based protocols to ensure care that aligns with clinical guidelines.

NPTC Initiative includes: **Chronic Kidney Disease Model Pilot Program**

Chronic Kidney Disease in the United States: The New CDC Report on the State of CKD **June 2026**[6]



2026 AHA/ACC/ADA/ASN Guideline for the Prevention, Detection, Evaluation, and Management of Cardiovascular-Kidney-Metabolic Syndrome[7]

Chronic Kidney Disease

U.S. Prevalence from Centers for Disease Control and Prevention (CDC)[8]

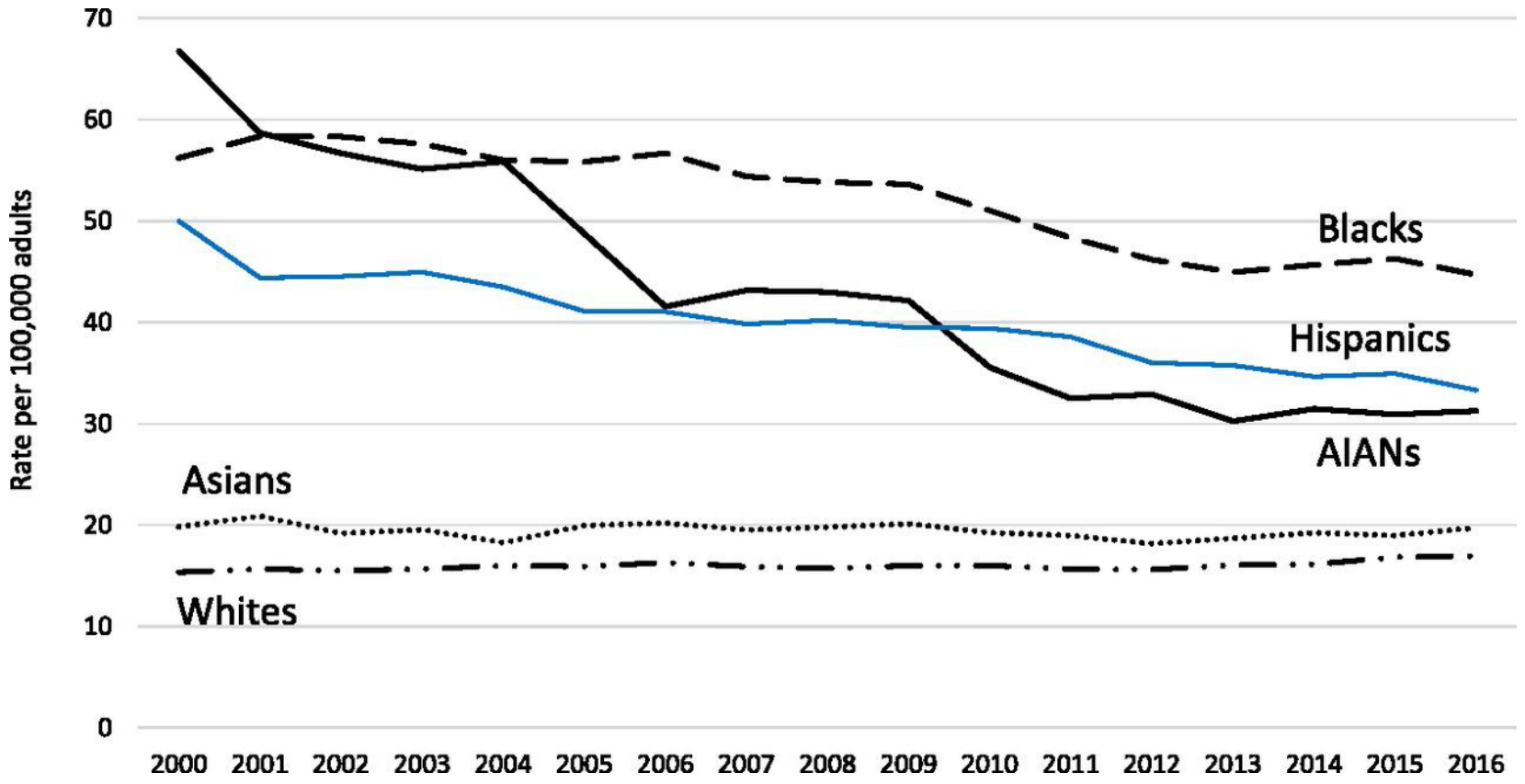
- 49% of adults with type 1 diabetes
- 41% of adults with type 2 diabetes
- 11% of adults with prediabetes

American Indian and Alaska Natives

- Prevalence of CKD not well defined
  - Audit data identifies CKD in ~33% of patients
  - Missing information about ~40% of audit sample
- 33% more likely to be diagnosed with end-stage kidney disease (ESKD), and
- 24% more likely to die of kidney disease than general population.[9]

8. CDC: Chronic Kidney Disease in the US 2026 Report
9. Office of Minority Health: Kidney Disease and American Indians/Alaska Natives

Incidence of diabetes-related ESKD among adults aged ≥18 years by race or ethnicity, 2000–2016.[10]



Nilka Ríos Burrows et al. Dia Care 2020;43:2090-2097

ESKD in AI/AN Population with Diabetes

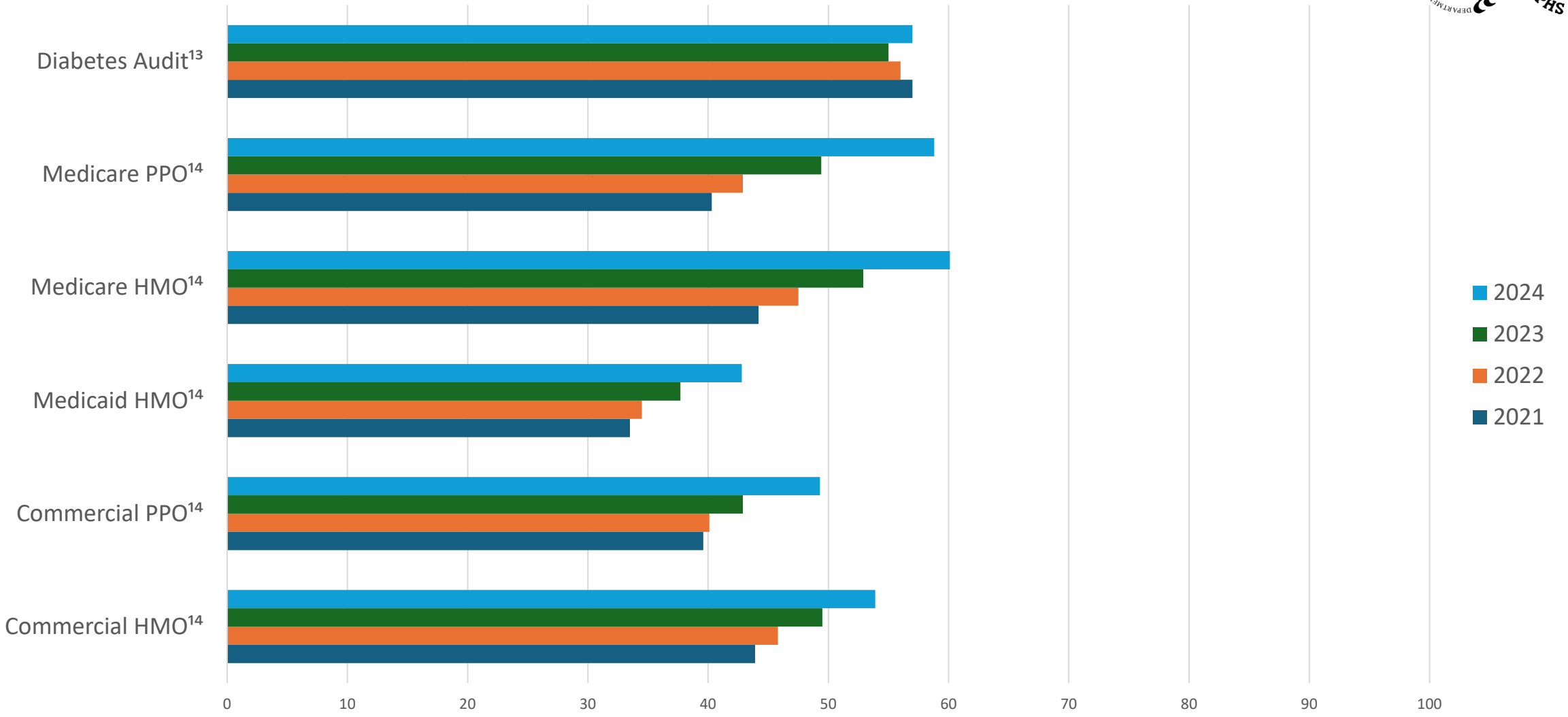
- Study from U.S. Renal Data System: Diabetes-related kidney failure dropped by 54 percent in AI/AN adults between 1996 (57.3 per 100,000) and 2013 (26.5 per 100,000), a greater decrease than for any other U.S. racial/ethnic group. [11] An extended study showed that those improvements were sustained between 2013 and 2016.[10]
  - Represented a substantial reduction in the number of AI/AN people who required treatment with dialysis or transplantation in the time span from 2000-2016
  - Attributed to "population health and team-based approaches to diabetes care, including CKD testing and CKD case management as part of diabetes care, with the goal of reducing risk factors for diabetes complications…efforts complemented and supported, in part, by SDPI grant programs"[10]
- U.S. Renal Data System 2025 Report showed 2% increased incidence of ESKD due to diabetes in Native American population between 2016-2023.[12]

11. Vital Signs: Decrease in Incidence of Diabetes-Related End-Stage Renal Disease among American Indians/Alaska Natives - United States, 1996-2013 MMWR / January 13, 2017 / 66(01);26-32

10. Sustained Lower Incidence of Diabetes-Related End-Stage Kidney Disease Among American Indians and Alaska Natives, Blacks, and Hispanics in the U.S., 2000–2016 Diabetes Care 2020;43(9):2090–2097

12. The United States Renal Data System 2025 Annual Data Report (ADR)

Kidney Health Evaluation (eGFR & Quantitative UACR)



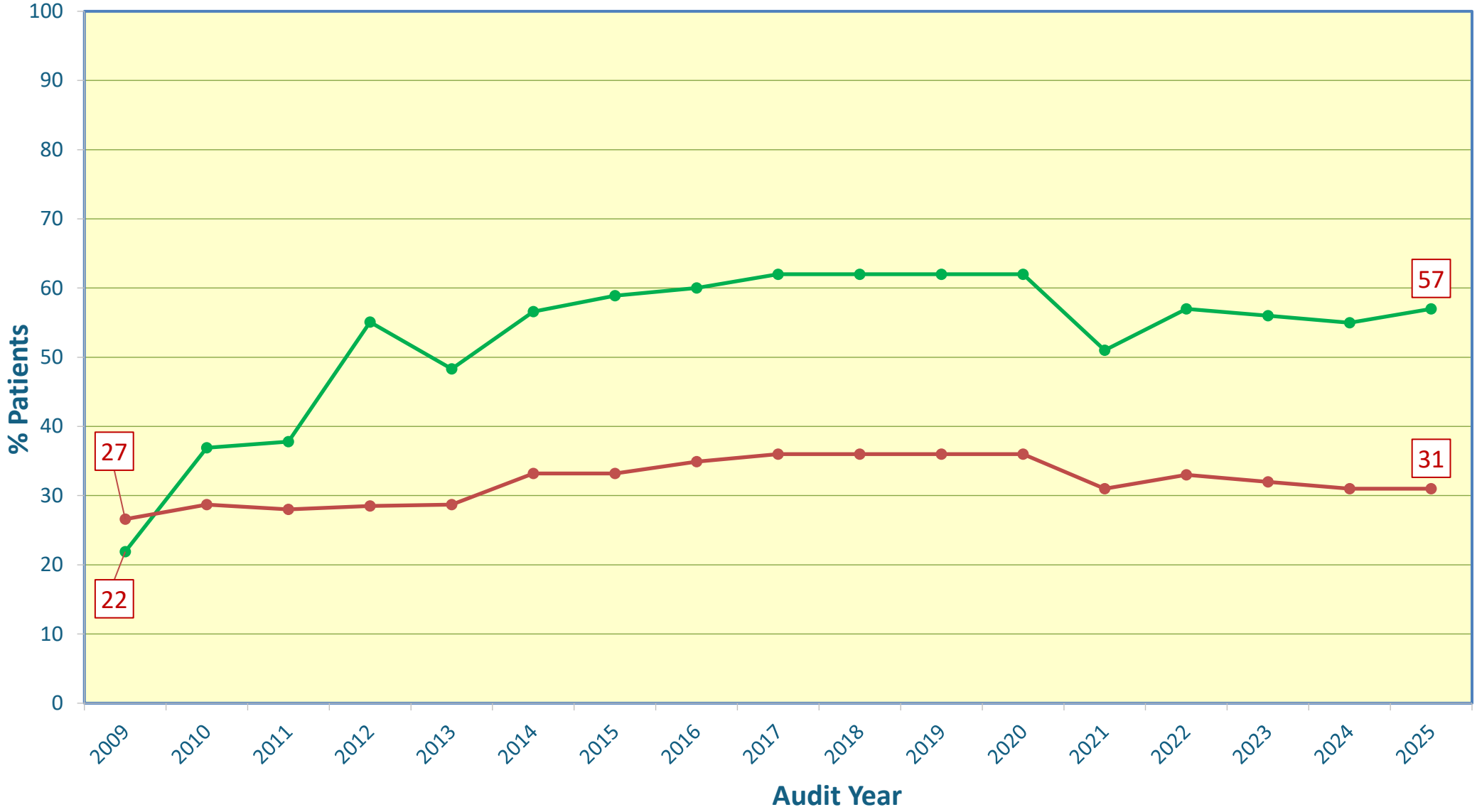
13. IHS Diabetes Audit

14. NCQA Report Card - Kidney Health Evaluation

CKD and Audit Measures

- Sites may exclude individuals on dialysis “who received most of their primary care during the Audit Period at the dialysis unit”.
- CKD diagnosis and classification in the Audit requires values for both quantitative urine albumin-to creatinine ratio (UACR) and eGFR.
  - People on dialysis in the sample may not be included (missing lab data).
  - Quantitative UACR
    - Albumin in urine is an early sign of kidney disease in diabetes and prediabetes.
    - Urine albumin levels can be variable – affected by exercise, infection, heart failure, hyperglycemia, or marked hypertension.
    - Clinical diagnosis of albuminuria requires at least two abnormal values over 3-6 months, but Audit uses only a single value in reports.

CKD Testing and Diagnosis (Age ≥18 Years)
2009-2025



Source: IHS Diabetes Care and Outcomes Audit

Quantitative UACR

- Quantitative albumin-to-creatinine (UACR) testing recommended[15,16,17] for:
  - Screening – annually, or more often
  - Diagnosis – at least two abnormal values over 3-6 months
  - Monitoring CKD progression, and
  - Monitoring response to treatment with renal-protective strategies, such as:
    - Lifestyle interventions
    - Optimizing BP and glycemic control
    - Use of ACE/ARBs, SGLT-2 inhibitors and/or GLP-1 receptor agonists

- 2026 American Diabetes Association Standards of Care Recommendation[17]

11.2 Aim to reduce urinary albumin by ≥30% in people with CKD and albuminuria ≥300 mg/g to slow CKD progression.

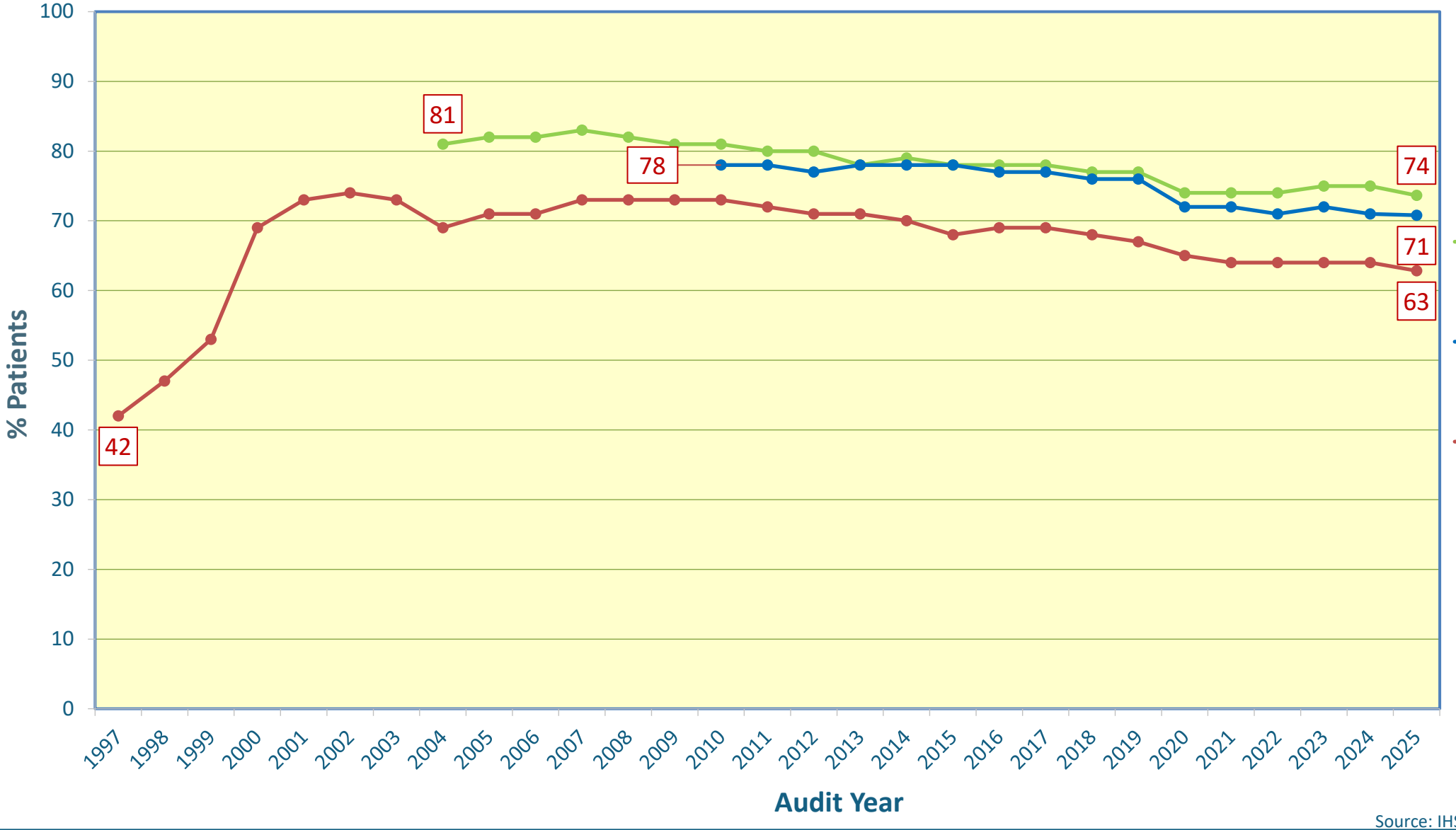
Point of Care Testing for UACR

- Point-of-Care Testing (POCT) – quantitative testing
  - In 2026: Two manufacturers have CLIA-waived FDA approved “quantitative” UACR tests.

- Point-of-Care Testing (POCT) – semiquantitative testing
  - Point-of-care semiquantitative testing can be used for screening. Results should be confirmed by a laboratory test.[14,15,16,17]
  - Test typically report values in ranges such as “<30 mg/g”, “30–299 mg/g” and “≥300 mg/g”.
  - An actual numerical value is needed to track effectiveness of renal protection interventions.

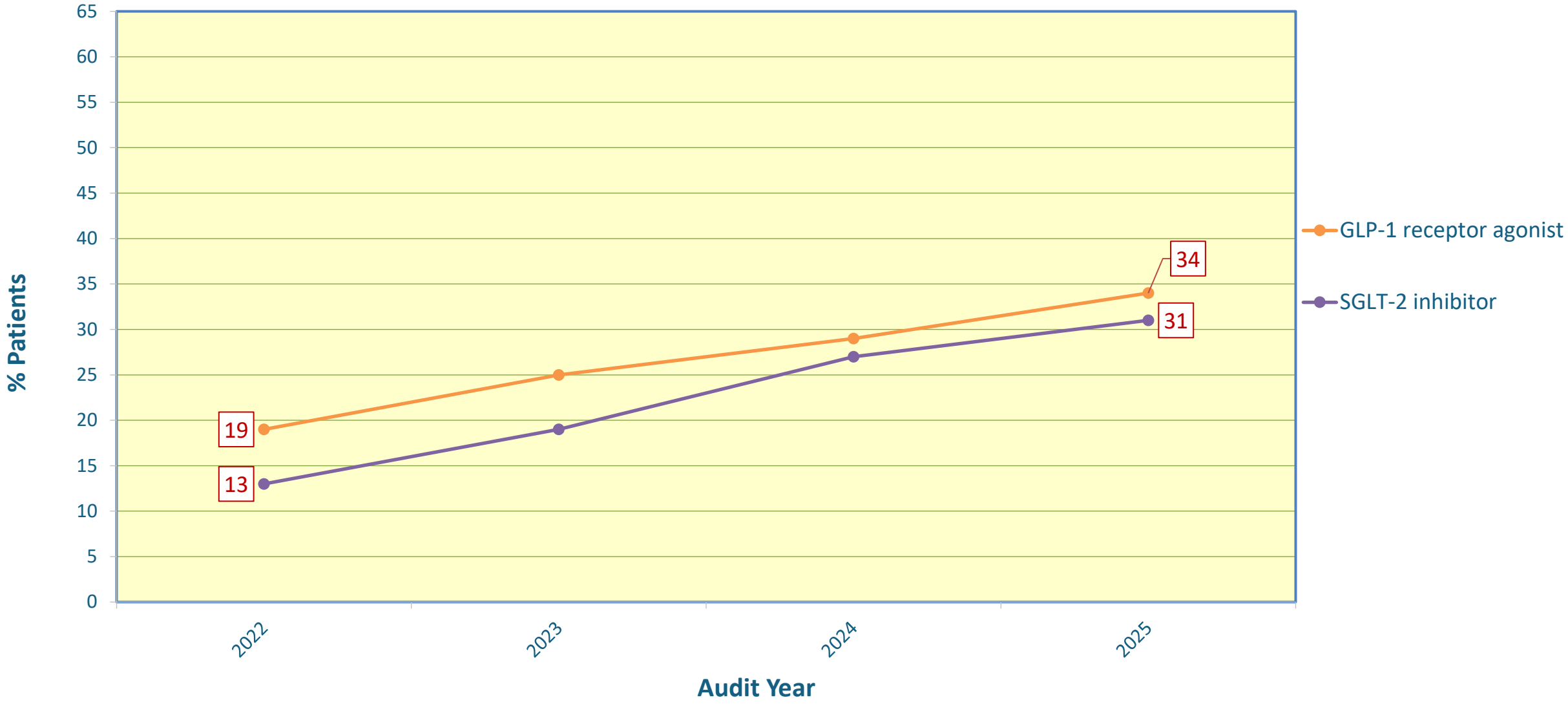
- Quality Metrics
  - UACR POCT semiquantitative test values are not included in the Audit reporting.
  - GPRA requires a quantitative UACR result, as does
  - NCQA Kidney Health Evaluation for Patients With Diabetes (KED) measure.

ACE Inhibitor/ARB Use
1997-2025



Source: IHS Diabetes Care and Outcomes Audit

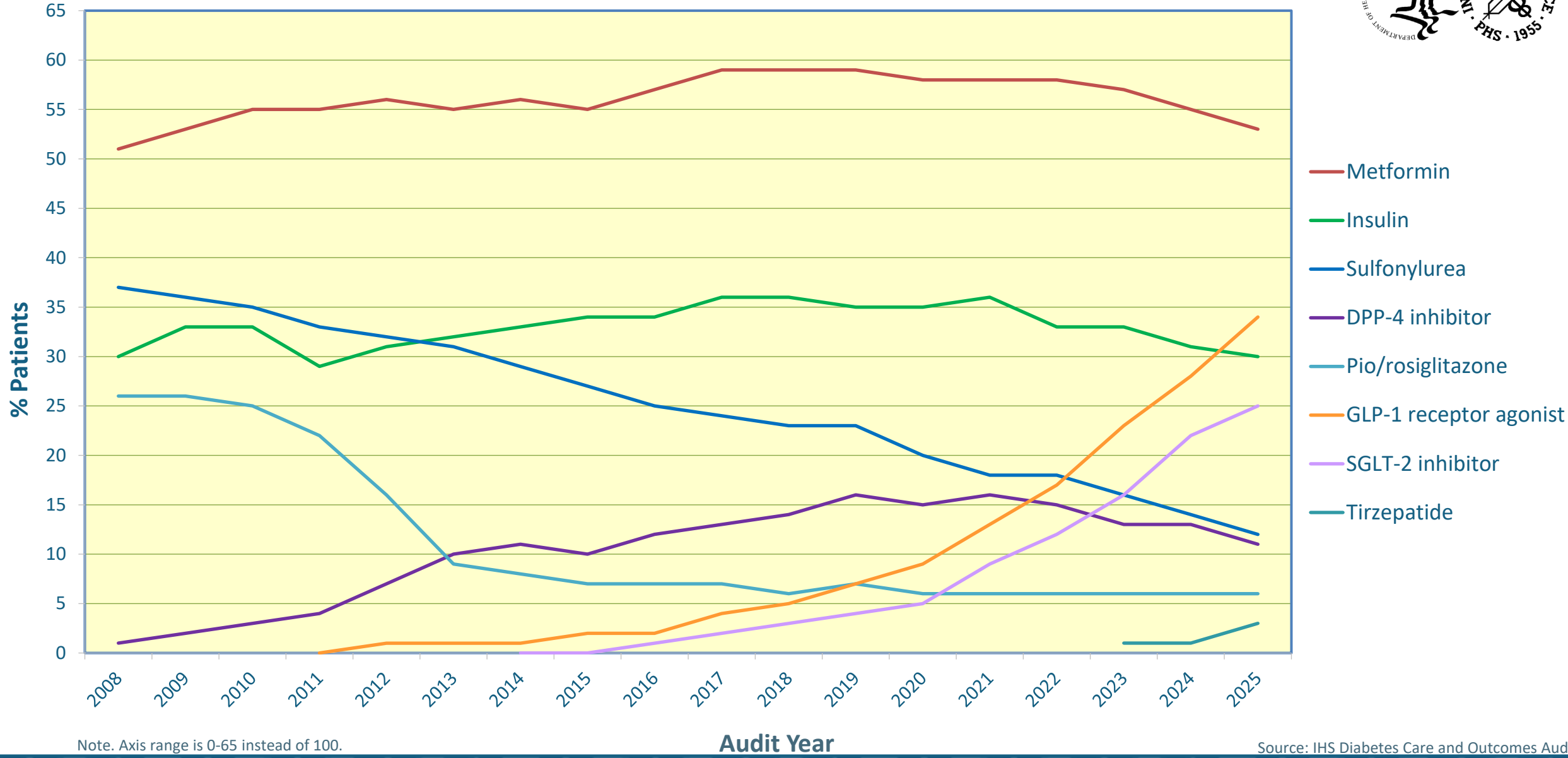
Use of Renal-protective Diabetes Medications in CKD
2022-2025



Note. Axis range is 0-65 instead of 100.

Source: IHS Diabetes Care and Outcomes Audit

Selected Diabetes Medications
2008-2025



Note. Axis range is 0-65 instead of 100.

Source: IHS Diabetes Care and Outcomes Audit

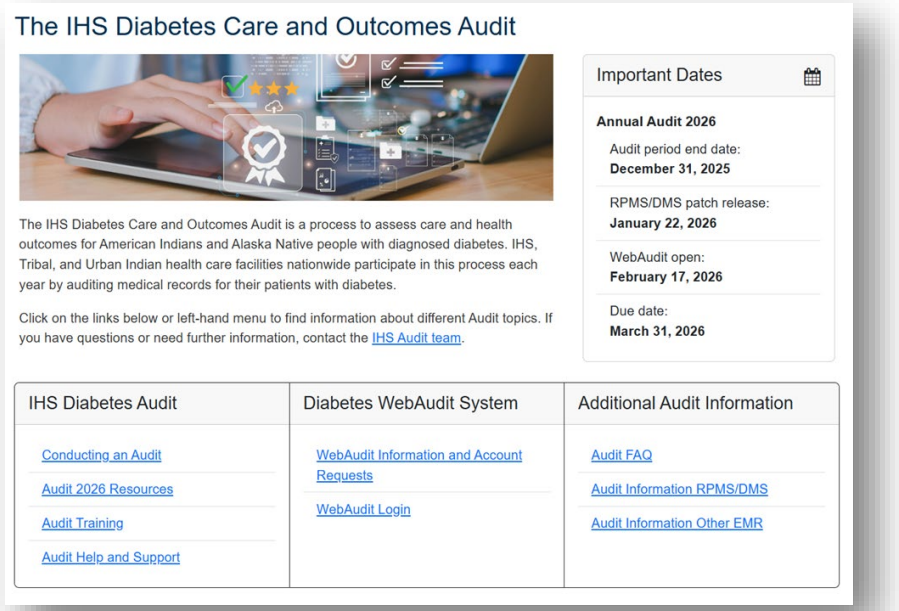
Summary

- IHS Audit data has demonstrated major improvements in diabetes care and outcomes for AI/AN people over time.
- Programs can use their Audit data to help:
  - Identify opportunities to improve care
  - Monitor progress in achieving goals

Audit Resources

Website: https://www.ihs.gov/diabetes/audit

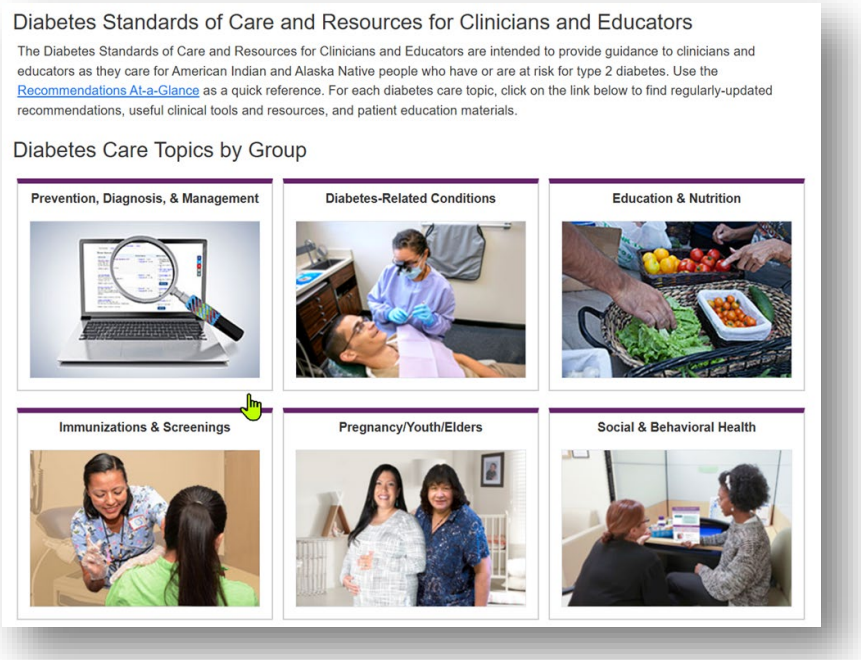
- Materials and documentation: Form, Instructions, Checklists, RPMS/DMS manual
- Training: Live, recorded, DMS
- Other information and resources



- **Audit team (WebAudit & general questions):** diabetesaudit@ihs.gov
- **Area Diabetes Consultants - Area Audit Support**
- **OIT Service Desk (RPMS questions & support):** https://www.ihs.gov/Helpdesk/

Free clinical resources from DDTP!

- [Diabetes Standards of Care](#)
  - Focused on AI/AN patients
  - More than 30 topics
- [CME/CE Training](#)
  - Live and on demand (>50 topics)
- [Treatment Algorithms (6 topics)](#)
  - Concise information for point of care reference
  - Print or view online or on a mobile device



And much more! www.ihs.gov/diabetes

References

1. IHS diabetes audit. Division of Diabetes Treatment and Prevention. Accessed July 20, 2026. https://www.ihs.gov/diabetes/audit/
2. IHS.gov. Accessed July 20, 2026. https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/factsheets/Audit2024FactSheet.pdf
3. IHS.gov. Accessed July 20, 2026. https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/infographic/SDPI2025Infographic.pdf
4. SDPI reports to congress. Special Diabetes Program for Indians (SDPI). Accessed July 20, 2026. https://www.ihs.gov/sdpi/reports-to-congress/
5. https://www.ihs.gov/nptc/strategic-initiatives/ckd/
6. Centers for Disease Control and Prevention. Chronic Kidney Disease in the United States. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2026. https://www.cdc.gov/kidney-disease/media/pdfs/CKD-Factsheet-H.pdf
7. Heart.org. Accessed July 20, 2026. https://professional.heart.org/en/science-news/2026-guideline-for-the-prevention-detection-evaluation-and-management-of-ckm-syndrome
8. CDC. Chronic kidney disease in the United States. Chronic Kidney Disease. March 30, 2026. Accessed July 20, 2026. https://www.cdc.gov/kidney-disease/php/data-research/index.html
9. Kidney disease and American Indians/Alaska natives. Office of Minority Health. Accessed July 20, 2026. https://minorityhealth.hhs.gov/kidney-disease-and-american-indiansalaska-natives
10. Nilka Ríos Burrows, Yan Zhang, Israel Hora, Meda E. Pavkov, Karen Sheff, Giuseppina Imperatore, Ann K. Bullock, Ann L. Albright; Sustained Lower Incidence of Diabetes-Related End-Stage Kidney Disease Among American Indians and Alaska Natives, Blacks, and Hispanics in the U.S., 2000–2016. *Diabetes Care* 1 September 2020; 43 (9): 2090–2097. https://doi.org/10.2337/dc20-0495
11. Bullock A, Burrows NR, Narva AS, et al. Vital Signs: Decrease in Incidence of Diabetes-Related End-Stage Renal Disease among American Indians/Alaska Natives — United States, 1996–2013. MMWR Morb Mortal Wkly Rep 2017;66:26-32. DOI: http://dx.doi.org/10.15585/mmwr.mm6601e1
12. Annual data report. USRDS. Accessed July 20, 2026. https://usrds-adr.niddk.nih.gov/2025
13. IHS Diabetes Audit. Division of Diabetes Treatment and Prevention.
14. Kidney Health Evaluation for Patients With Diabetes (KED). NCQA. August 1, 2025. Accessed July 20, 2026. https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/kidney-health-evaluation-for-patients-with-diabetes-ked/
15. Writing Committee Members, Ndumele CE, Rodriguez F, et al. 2026 AHA/ACC/ADA/ASN guideline for the Prevention, Detection, Evaluation, and Management of cardiovascular-kidney-Metabolic Syndrome: A report of the American college of cardiology/American heart association joint committee on clinical practice guidelines. Circulation. 2026;(CIR.0000000000001453). doi:10.1161/CIR.0000000000001453
16. Kdigo.org. Accessed July 20, 2026. https://kdigo.org/wp-content/uploads/2026/03/KDIGO-2026-Diabetes-and-CKD-Guideline-Update Public-Review-Draft-March-2026.pdf
17. American Diabetes Association Professional Practice Committee for Diabetes*; 11. Chronic Kidney Disease and Risk Management: Standards of Care in Diabetes—2026. Diabetes Care 1 January 2026; 49 (Supplement_1): S246–S260. https://doi.org/10.2337/dc26-S011

Diabetes Audit Team

Carmen Licavoli, MSN
Director, DDTP

Mahnaz Afshar
DMS Technical Lead

Devina Boga, PhD, MSPH
DDTP Audit Team Lead

Lori Butcher
RPMS Developer

Renee Chase, RN, BSN,
MHA Federal Lead DMS RPMS

Lani Desaulniers, MD
Clinical Consultant

Jermaine Gonzales
WebAudit Developer

Andrew Grisnik/Kierris Brown, PMP
DMS Project Manager

Nancy Haugen, MSN
ADC Representative Great Plains Area

Kristy Klinger, PharmD, CDCES, BC-ADM
Diabetes Audit Consultant

Melanie Knight, PMP
SDPI Program Coordinator

Sarah Murray, MPH, PMP
DDTP Project Manager

Meera Narayanan, RD, CDCES Director,
Diabetes Surveillance Alaska Area

Angela Pinto-Yazzie
DMS Software Deployment/Tester

Robin Thompson, MS, RN, CDCES
Diabetes Audit Consultant

Garriden Townsend
DMS Software Deployment/Tester

Dorinda Wiley-Bradley, RN, CDCES
Diabetes Audit Consultant

Mark Williams
Visual DMS Developer

Tiffany Bryan
DMS Business Analyst

Area Diabetes Consultants and Support Staff

Questions?