Audit 2026
Orientation for Non-RPMS Electronic Audits

10/30/2025

Indian Health Service
Division of Diabetes Treatment and Prevention

A note for those watching the recording:

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

Abbreviations

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

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Today's Topics

- General Audit Overview
- Audit Process
- Audit Resources
- Audit Changes for 2026
- Audit Website and WebAudit
- Questions

Audit Overview

What is the Audit and why do it?

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

Why:

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

When are Audits done?

- **Annual Audit**: Once a year, data submitted to and processed by DDTP.
  - **Audit 2026 - Important dates**
    - **Audit Period: January 1, 2025 – December 31, 2025**
    - **Due date: March 20, 2026**

- **Interim Audits**: Can be run many times per year.
  - **Period of care:** Locally or Area determined
  - **Due date**: Locally or Area determined
  - Example: SDPI reporting, Area, or local use
  - **Note:** Use of Interim Audit tools for any purpose other than the *Annual Audit*

Audit Participation

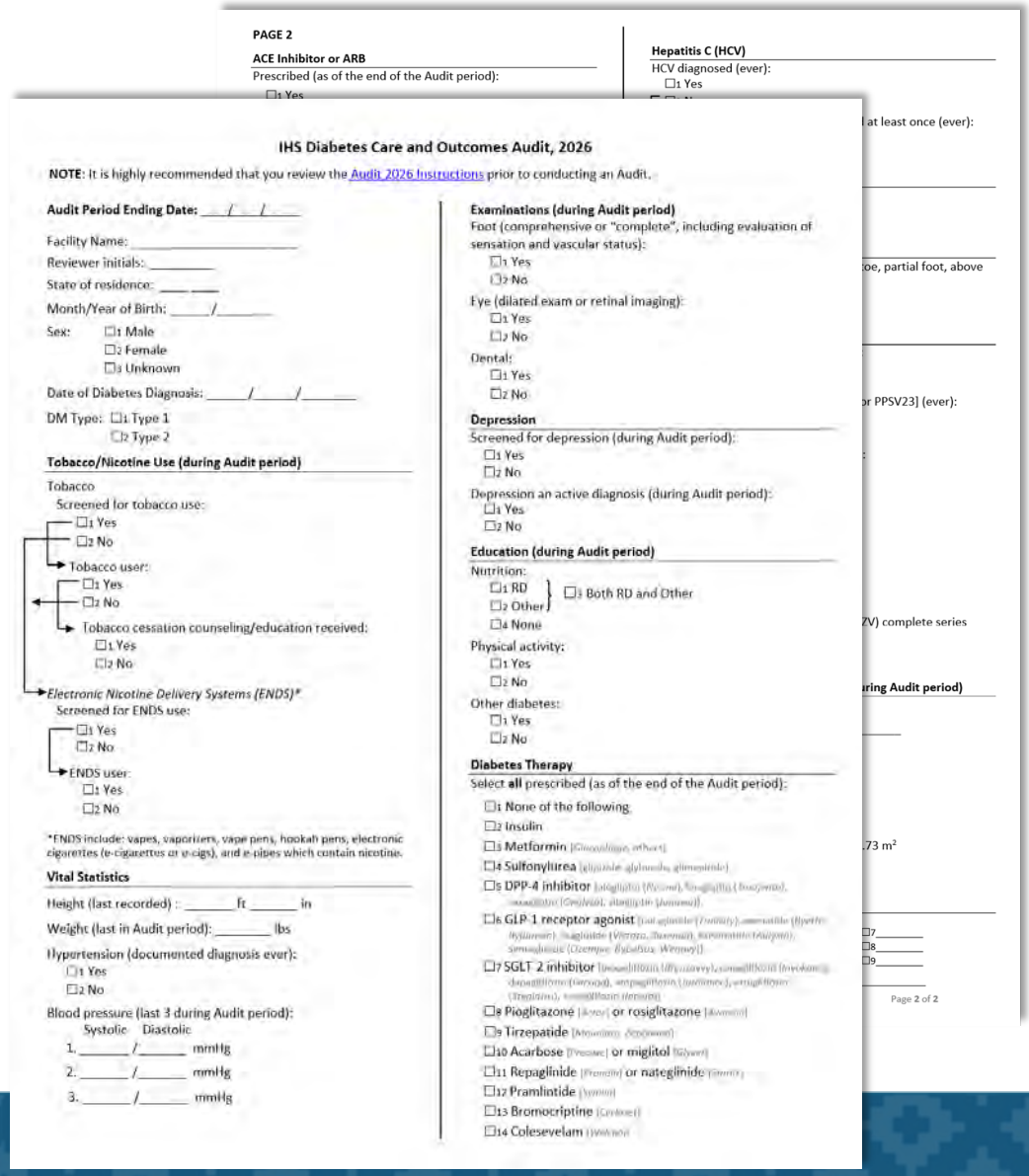
- **Participants in the Annual Diabetes Audits include:**
  - I/T/U health care facilities associated with an SDPI grant and others.
  - IHS Service Units that have historically participated in the Audit.
- **Different types of facilities:**
  - Clinics
  - Health Stations
  - Hospitals
- **Vary in size:** <25 to >5000 diabetes patients
- **Use a variety of EMR systems:** RPMS and others
  - Cerner, NextGen, Allscripts, EPIC, i2i, Athena

What does the Audit measure?

Audit Form:

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

There are changes *(almost)* every year!



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ACE Inhibitor or ARB

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

☐1 Yes

Hepatitis C (HCV)

HCV diagnosed (ever):

☐1 Yes

at least once (ever):

oe, partial foot, above

r PPSV23] (ever):

ZV) complete series

ring Audit period)

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IHS Diabetes Care and Outcomes Audit, 2026

NOTE: It is highly recommended that you review the Audit 2026 Instructions prior to conducting an Audit.

Audit Period Ending Date: ___/___/____

Facility Name: _____

Reviewer initials: _____

State of residence: ____ ____

Month/Year of 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
☐4 Sulfonylurea
☐5 DPP-4 inhibitor
☐6 GLP-1 receptor agonist
☐7 SGLT-2 inhibitor
☐8 Pioglitazone or rosiglitazone
☐9 Tirzepatide
☐10 Acarbose or migitol
☐11 Repaglinide or nateglinide
☐12 Pramlintide
☐13 Bromocriptine
☐14 Colesevelam

Different time periods for different times

12-month (Audit) period for most including:

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

Exceptions:

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

Look for key words, such as: "Audit period", "ever"

How are these outcomes reported?

Sample section from WebAudit Audit Report

IHS Diabetes Care and Outcomes Audit - WebAudit
Facility: Test02 Sample Data

Annual Audit

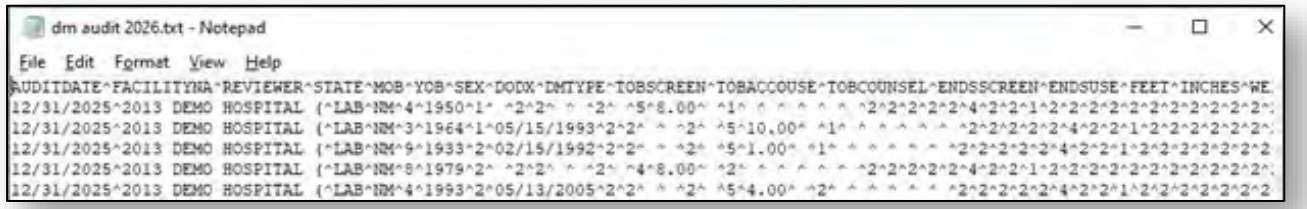
75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

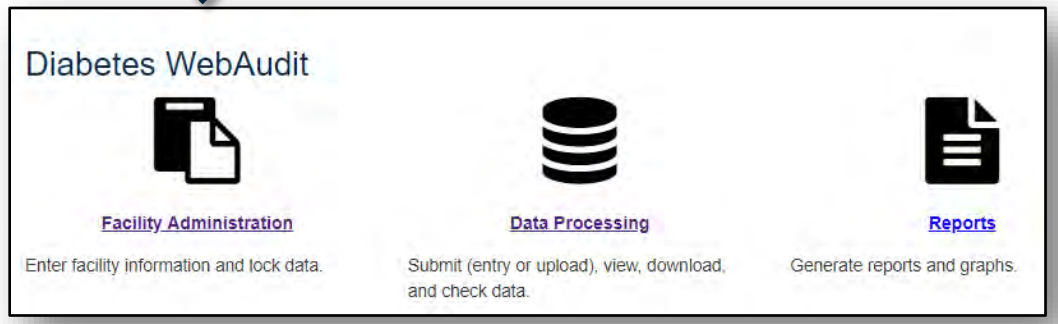
	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Sex					
Male	47	75	**63%**	99%	44%
Female	28	75	**37%**	99%	56%
Unknown	0	75	**0%**	99%	0%
Age					
< 20 years	1	75	**1%**	99%	1%
20-44 years	20	75	**27%**	99%	16%
45-64 years	32	75	**43%**	99%	46%
≥ 65 years	22	75	**29%**	99%	36%
Diabetes Type					
Type 1	5	75	**7%**	99%	1%
Type 2	70	75	**93%**	99%	99%
Duration of Diabetes					
< 1 year	2	75	**3%**	99%	5%
< 10 years	48	75	**64%**	99%	47%
≥ 10 years	13	75	**17%**	99%	45%
Diagnosis date not recorded	14	75	**19%**	99%	7%
Body Mass Index (BMI) Category					
Normal (BMI < 25.0)	9	75	**12%**	99%	11%
Overweight (BMI 25.0-29.9)	17	75	**23%**	99%	24%
Obese (BMI ≥ 30.0)	40	75	**53%**	99%	63%
Height or weight missing	9	75	**12%**	99%	2%
Severely obese (BMI ≥ 40.0)	6	75	**8%**	99%	18%

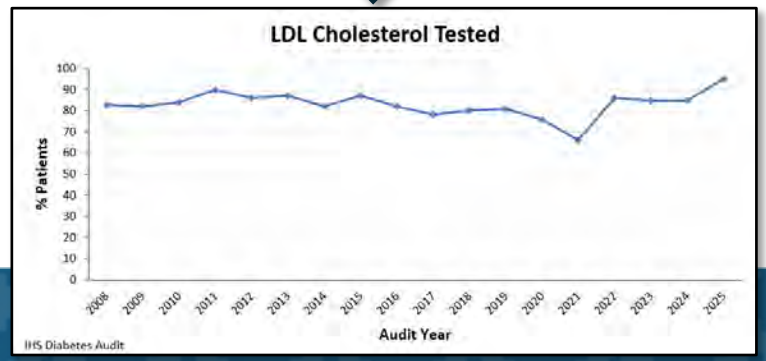
Results processed through the WebAudit

Input=data file or paper forms

Output=reports and graphs







Electronic Audits: RPMS vs. other EMRs

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

Activity	RPMS	Other EMR
Software programming: (done by)	IHS	**Software company or vendor**
Identify eligible patients	Registry or QMAN search	**System dependent**
Preparation	• Install DMS patch 19 • Update site-populated taxonomies • Review & update registry **or** create list of diabetes patients	**System dependent**
Education documentation	RPMS-specific coding	**System dependent**

Audit Process

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 visits, immunization clinics, pharmacy)
  - education (DSMES, MNT, other)
  - other (optometry, dental, podiatry)
- **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

Encounters to data submission

At Audit time:

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

Note: See **Audit 2025 Instructions** for additional information.
Audit 2026 Instructions will be available soon. **(Audit Resource webpage)**

https://www.ihs.gov/DiabetesWebAudit/

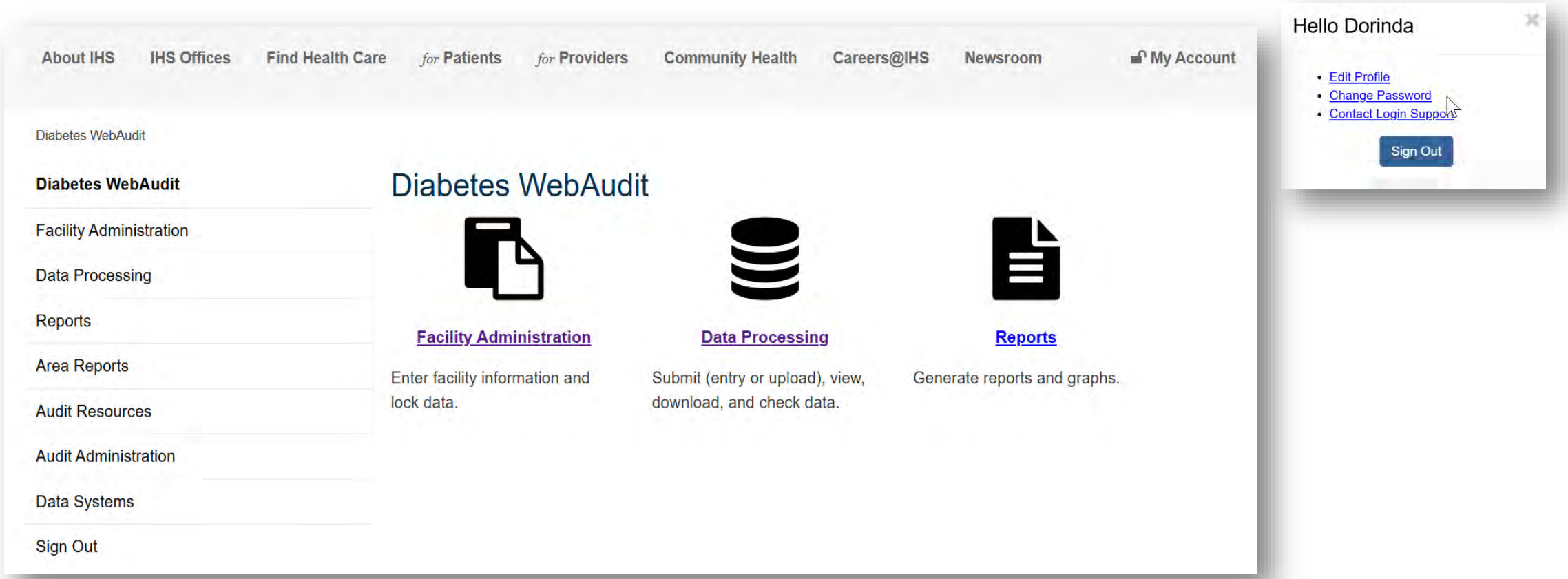
The Diabetes WebAudit System

- The **WebAudit** is a set of internet-based tools for Audit data entry, uploading files from electronic Audits, data processing, and reporting.
- All **Annual Audit** data are submitted to DDTP via the WebAudit.
  - **Electronic Audit –** created data file is uploaded
  - **Manual Audit -** data is manually entered using paper Audit Forms

Note: Once data are submitted, all data processing and report tools are the same.

- **Interim Audits** can be submitted at anytime.
  - "Non-Annual Audits"
- Data and reports from previous audits are retained in the system.
  - Audit Reports go back to 2008 for many sites.
- **At least one person from each facility has WebAudit access.**
  - In general, individuals directly involved with conducting the Diabetes Audit.

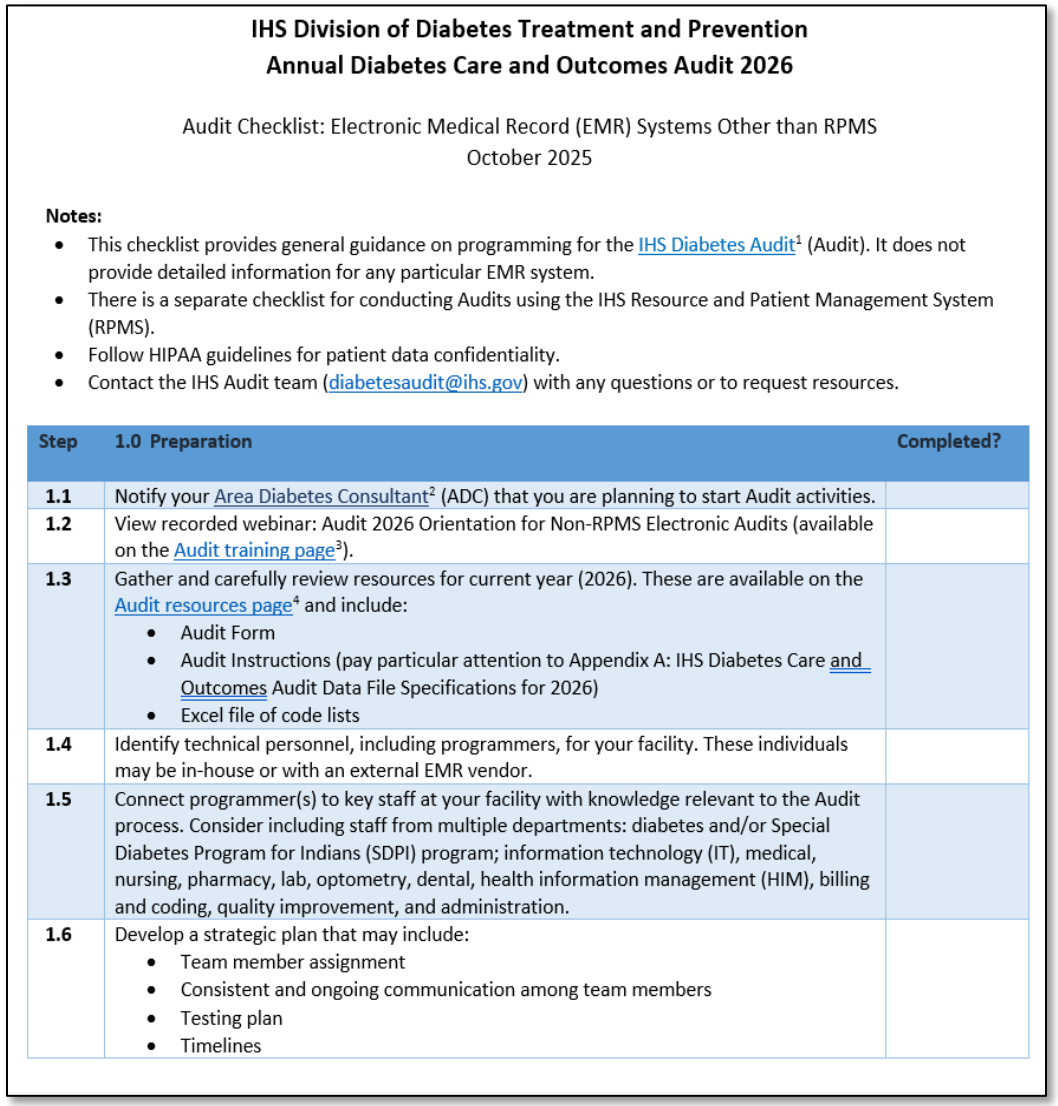
Diabetes WebAudit: Main Page



Preparation

- **Notify** your Area Diabetes Consultant that you are planning to start DM Audit programming.
- **Gather and carefully review resources and materials.**
- DDTP Audit materials are available to help guide through the Audit process.
  - **Available now:**
    - Audit Form
    - Non-RPMS Audit checklist
    - Audit Data File Specifications
    - WebAudit Report specifications
    - Code List
  - **In progress:**
    - Audit Instructions
    - RPMS/DMS Audit logic for 2026
  - **Local - site specific documentation, others**

2026 Audit Non-RPMS Checklist



IHS Division of Diabetes Treatment and Prevention
Annual Diabetes Care and Outcomes Audit 2026

Audit Checklist: Electronic Medical Record (EMR) Systems Other than RPMS
October 2025

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 2026 Orientation for Non-RPMS Electronic Audits (available on the Audit training page[3]).	
1.3	Gather and carefully review resources for current year (2026). These are available on the Audit resources page[4] and include: • Audit Form • Audit Instructions (pay particular attention to Appendix A: IHS Diabetes Care and Outcomes Audit Data File Specifications for 2026) • 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: • Team member assignment • Consistent and ongoing communication among team members • Testing plan • Timelines	

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

Paper Audit Form

IHS Diabetes Care and Outcomes Audit, 2026

NOTE: It is highly recommended that you review the Audit 2026 Instructions prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2025

Facility Name: _____

Reviewer initials: _____

State of residence: ____ ____

Month/Year of Birth: _____/_____

Sex: ☐1 Male
☐2 Female
☐3 Unknown

Date of Diabetes Diagnosis: _____/_____/_____

DM Type: ☐1 Type 1
☐2 Type 2

Tobacco/Nicotine Use (during Audit period)

Tobacco
Screened for tobacco use:
☐1 Yes
☐2 No

→ Tobacco user:
☐1 Yes
☐2 No

→ Tobacco cessation counseling/education received:
☐1 Yes
☐2 No

→ *Electronic Nicotine Delivery Systems (ENDS)**
Screened for ENDS use:
☐1 Yes
☐2 No

→ ENDS user:
☐1 Yes
☐2 No

Examinations (during Audit period)

Foot (comprehensive or "complete", including evaluation of sensation and vascular status):
☐1 Yes
☐2 No

Eye (dilated exam or retinal imaging):
☐1 Yes
☐2 No

Dental:
☐1 Yes
☐2 No

Depression

Screened for depression (during Audit period):S
☐1 Yes
☐2 No

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

Education (during Audit period)

Nutrition:
☐1 RD
☐2 Other
} ☐3 Both RD and Other
☐4 None

Physical activity:
☐1 Yes
☐2 No

Other diabetes:
☐1 Yes
☐2 No

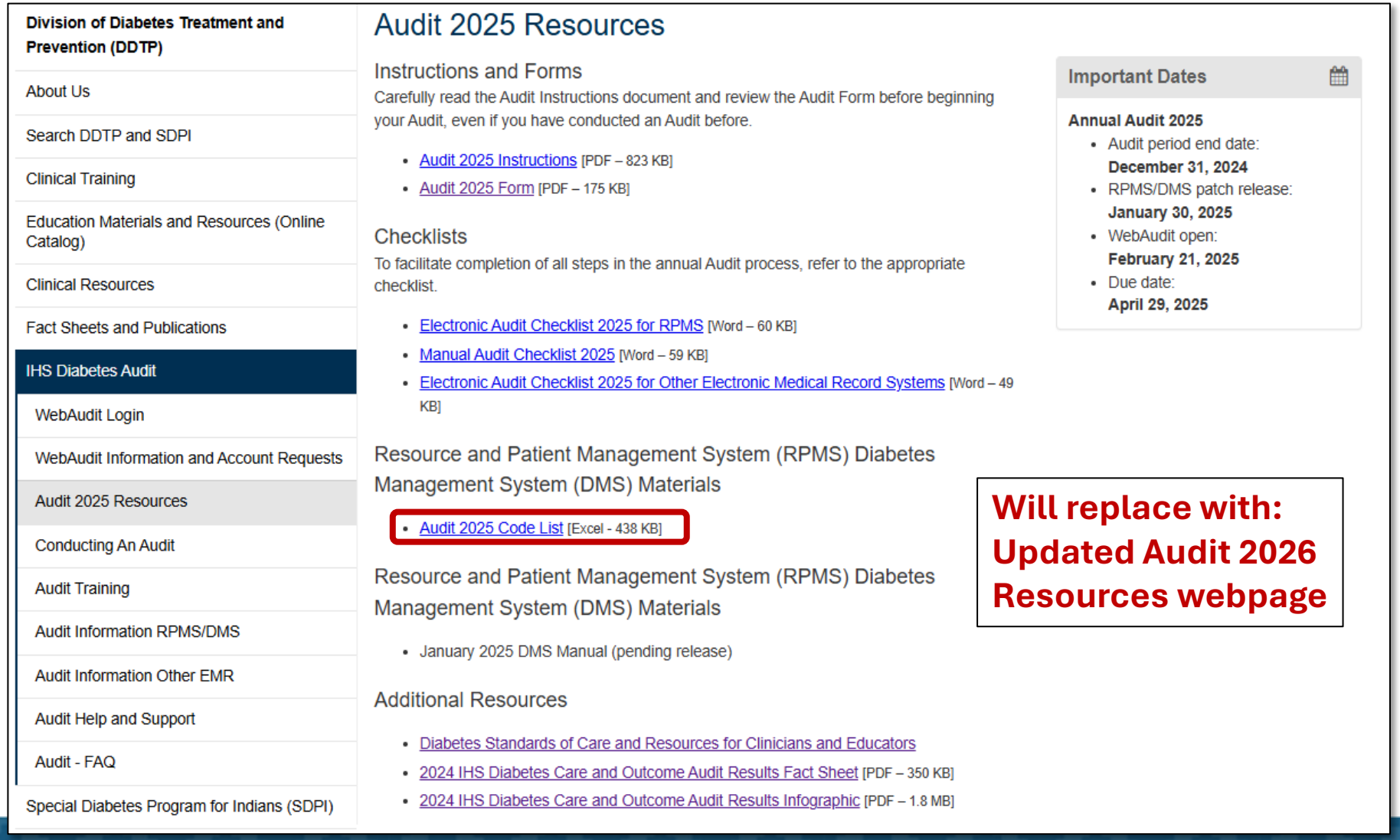
Diabetes Therapy

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

☐1 None of the following
☐2 Insulin

Code List 2026

- Refer to Audit 2026 Resource Webpage – Audit 2026 Code List



Division of Diabetes Treatment and Prevention (DDTP)

- About Us
- Search DDTP and SDPI
- Clinical Training
- Education Materials and Resources (Online Catalog)
- Clinical Resources
- Fact Sheets and Publications
- IHS Diabetes Audit
  - WebAudit Login
  - WebAudit Information and Account Requests
  - Audit 2025 Resources
  - Conducting An Audit
  - Audit Training
  - Audit Information RPMS/DMS
  - Audit Information Other EMR
  - Audit Help and Support
  - Audit - FAQ
- Special Diabetes Program for Indians (SDPI)

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 – 823 KB]
- Audit 2025 Form [PDF – 175 KB]

Checklists

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

- Electronic Audit Checklist 2025 for RPMS [Word – 60 KB]
- Manual Audit Checklist 2025 [Word – 59 KB]
- 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]

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

- January 2025 DMS Manual (pending release)

Additional Resources

- Diabetes Standards of Care and Resources for Clinicians and Educators
- 2024 IHS Diabetes Care and Outcome Audit Results Fact Sheet [PDF – 350 KB]
- 2024 IHS Diabetes Care and Outcome Audit Results Infographic [PDF – 1.8 MB]

Important Dates

Annual Audit 2025

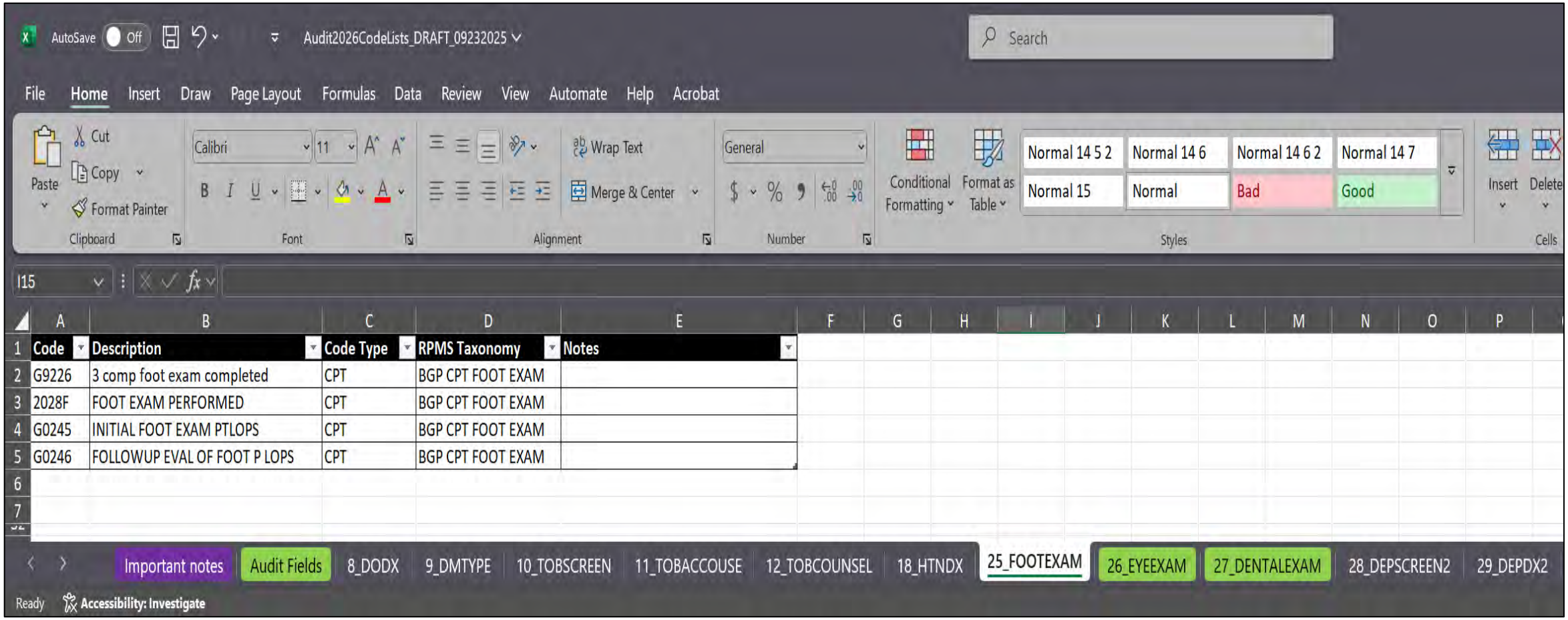
- Audit period end date: **December 31, 2024**
- RPMS/DMS patch release: **January 30, 2025**
- WebAudit open: **February 21, 2025**
- Due date: **April 29, 2025**

Will replace with: Updated Audit 2026 Resources webpage

Using the Code Lists

- **Information and Tips on Codes Listed (Excel spreadsheet)**
- Codes in this document are for general information to help identify potential codes for the related data fields.
- Review these lists.
- Share and follow up with your local Audit team/program and clinical staff to determine documentation and local site-specific codes for data capture, data file creation and reporting.
- **Content:** May contain codes not used at your facility – focus on those that are.
    - **Examples:** lab tests, medications, exams

Example: Foot Exams



Preparation

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

Electronic Audits - programming

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

Determine patients to Include

- **Identify patients who meet <u>all</u> the following inclusion criteria:**
  - Have a diagnosis of diabetes mellitus.
  - Are American Indian or Alaska Native.
  - Have at least one visit (in person or telehealth) **with a diagnosis of diabetes as a purpose of visit** during the one-year Audit period to one of the following clinics:
    - General (01); Diabetic (06); Internal Medicine (13); Pediatric (20); Well Child (24); Family Practice (28); Chronic Disease (50); Endocrinology (69)

      Note: numbers in parentheses are IHS specific clinic codes.
    - Non-RPMS programs will need to check with your organization to determine clinic equivalents and/or other potential primary care clinics.

Determine patients to Exclude

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

Identifying eligible diabetes patients

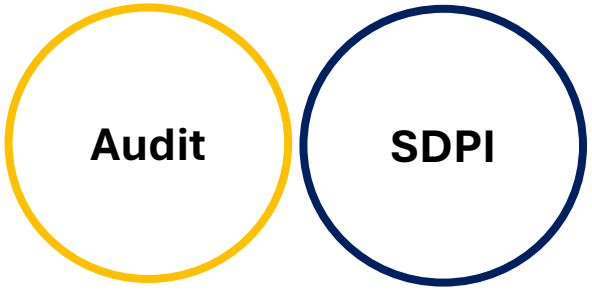
Two common options:

- **Diabetes registry or patient list,** if available.
  - Existing: be sure to review and update, as needed
  - Newly created

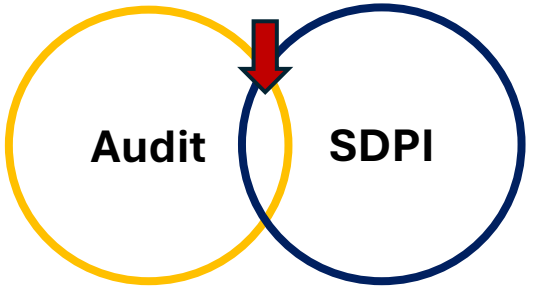
- **Search:**
  - Use diagnosis codes to identify patients with diabetes.
  - Determine which diabetes patients:
    - Had at least one qualifying visit during the Audit period.
    - **Are identified as being American Indian or Alaska Native.**
    - Do NOT meet any of the exclusion criteria.

If possible, save list of patients in case the Audit needs to be rerun or for other activities.

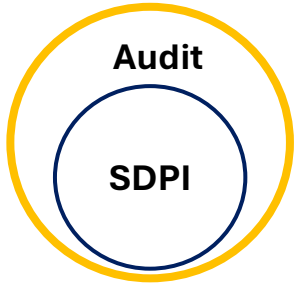
Different patient groups for Audit & SDPI Target Group: examples



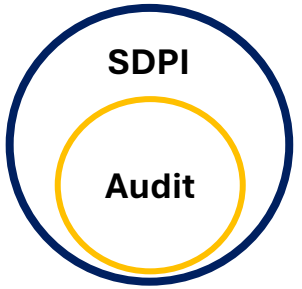
1. No overlap: education or diabetes prevention only
(SDPI can include only at risk for diabetes)



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



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



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

Different patient groups for Audit & SDPI Target Group: examples

5. Total overlap not likely.

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

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

Extract data from EMR

- **Review** Audit materials for the current year. If updating software (vs. new programming), pay particular attention to changes from the previous year.
- **Program** or update software per 2026 Audit requirements.
- **Test** and verify electronic Audit locally.
- **Test** data file upload via WebAudit.
- **Check** data quality using the WebAudit.
- **Optional: Confirm** accuracy by comparing local and WebAudit reports.
- **Make** any necessary corrections or changes.
- **Repeat** steps 2-7 as needed.

Data File Specifications for 2026

IHS Diabetes Care and Outcomes Audit
Data File Specifications for 2026

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., ^ ^). Use of ^^ with no blank space will cause an error in uploading the data file.
   e. *Do not submit anything other than a blank space for missing or unknown data (e.g., not 0) or for skip patterns.* Zero is an actual number and may be factored into calculations or may be considered a data outlier. This is a common data entry error.

2. **Data Fields:**
   a. A list of Audit 2026 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.

3. **Additional Information and Resources**
   a. Audit website: https://www.ihs.gov/diabetes/audit/
   b. Contact the Audit team via email: diabetesaudit@ihs.gov

9-page document

Read through carefully.

Data File Specifications for 2026

List of Audit Data Fields

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments
1	AUDITDATE	Ending date of the one-year Audit period: 12/31/2025 for Annual Audit 2026	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	

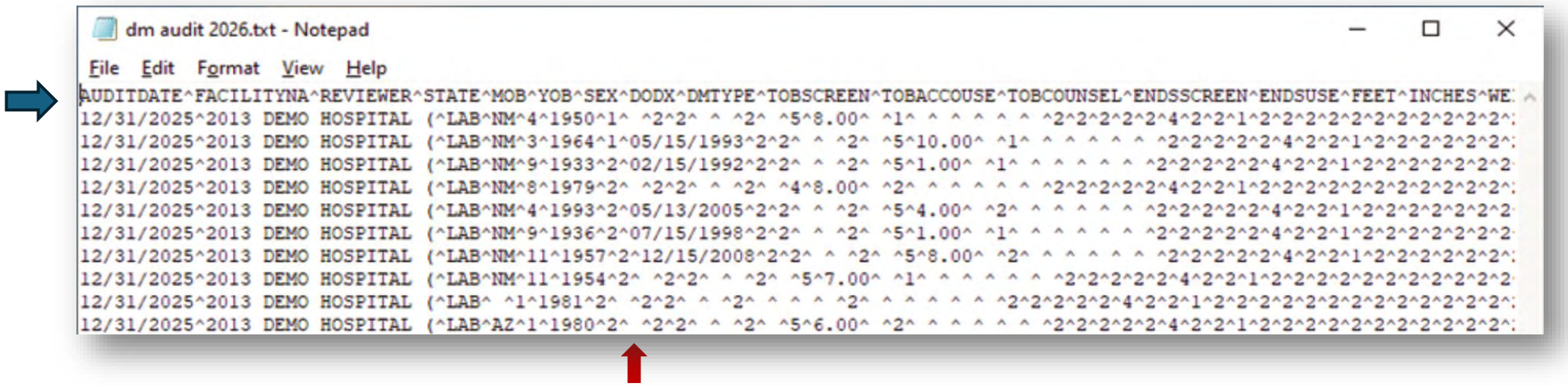
11	TOBACCOUSE	Tobacco use	Audit period	# field with:
				1=Yes
				2=No
					Populate only if TOBSCREEN value is 1=Yes.

12	TOBCOUNSEL	Tobacco cessation counseling/education received	Audit period	# field with:
				1=Yes
				2=No
					Populate only if TOBSCREEN value is 1=Yes and TOBACCOUSE value is 1=Yes.

13	ENDSSCREEN	Screened for electronic nicotine delivery system (ENDS) use during Audit period	Audit period	# field with:
				1=Yes
				2=No
					ENDS include: vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes.
					
					Limit to nicotine for Audit.

There are changes every year!

Audit Data File: sample



Blank space here = missing or unknown data (Date of DX)

- Order number on Data File Specifications aligns with the Header row.
- Can be viewed using Notepad, Word, Excel or other software that allows viewing of text files.
- Only the original text file can be uploaded into the WebAudit.

Note: CSV and Excel spreadsheets cannot be uploaded.

Audit Data File Format

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

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

- Use only “blank space” for missing or unknown data: **Do not use ^0^**
  - Fields: date of diagnosis, lab values, ht, wt, BP

Audit Date File: Upload and Test

2. Upload electronic data file to the WebAudit.

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

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

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

4. Review WebAudit Data Quality Check.

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

Audit data file: Review reports

5. Review Audit Report from the WebAudit.

- Review results to ensure that they are consistent with what is expected based on knowledge of the facility.
- Compare with report programmed in your system (if available).
- Review for results close to 0% or 100%.
- Compare to report for previous year (Audit 2025).
- When available, review Trends Graphs from WebAudit.
- **If noted errors or significant differences, troubleshoot and fix errors.**

Issue seen in Audit Report

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

WebAudit Report (example)

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

Solution: Requires troubleshooting in your EMR.

Issue seen in Data Quality Check Report

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

WebAudit Data Quality Check Report (example)

Multiple – See error message	40

List of Audit Potential Data Errors for 2025
Facility: Test02 Sample Data
2025 Annual Audit

Edit	WebAudit ID	Yr/Mo of Birth	Sex	Date of Diagnosis	Field Name	Value	Error Type	Error Message	Comments
	1019	1972 / 7	F	04/07/2021	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
	1026	1976 / 10	F	10/23/2018	Multiple – See error message	None	Potential	Record is missing data for ALL of the key fields: weight, blood pressure, A1C, LDL value, and uACR value.	Add comment

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

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

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

Test and Compare in WebAudit

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

- Data for both formats can be submitted to the WebAudit (as separate Interim Audits).
- Compare WebAudit Audit Reports for manual and electronic.

- If any issues are found during testing, review and troubleshoot with your technical team.

Submit and Review Data via the WebAudit

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

WebAudit programming – In progress

- WebAudit Programming timeline for 2026:
  - **October – November 2025 -** programming of 2026 WebAudit tools is in progress.
  - **February 2026** – WebAudit program anticipated to be available for general users. **(WebAudit open)**
- Data files needing to be tested before then:
  - The Audit team should be able to upload them for your files to the QA system - available sometime in December.
  - **Contact the Audit team (diabetesaudit@ihs.gov)** to let them know you have a file for testing.
    - A team member will send you a message via the IHS Secure Data Transfer Service that you can reply to with your data file attached.
  - **DO NOT send files via email! (even if encrypted)**
  - General feed back about potential issues will be provided.

Changes for 2026

Chronic Kidney Disease: Change in report section

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%**
CKD Stage			
Normal: eGFR ≥60 mL/min and UACR <30 mg/g	16	74	**22%**
Stages 1 and 2: eGFR ≥60 mL/min and UACR ≥30 mg/g	10	74	**14%**
Stage 3: eGFR 30-59 mL/min	5	74	**7%**
Stage 4: eGFR 15-29 mL/min	1	74	**1%**
Stage 5: eGFR <15 mL/min	2	74	**3%**
Undetermined	39	74	**53%**

Add: CKD[2] and GLP-1 receptor agonist and/or SGLT-2 inhibitor currently prescribed

Audit Form Changes

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 (based on lab report)

Updated description

Shingrix/recombinant zoster vaccine [RZV] complete series (ever):
- ☐1 Yes
- ☐2 No

Respiratory syncytial virus [RSV] vaccine (ever):
- ☐1 Yes
- ☐2 No

Added vaccine

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 m^2

Quant UACR*: _____ mg/g

(*Quantitative urine albumin-to-creatinine ratio)

Removed creatinine

Data File Specifications for 2026

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7	SEX	~~Birth~~ Sex	N/A	# field with:
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					Limit to nicotine for Audit.

There are changes every year!

Impact on Data File specifications

IHS Diabetes Care and Outcomes Audit Data File Specifications for 2026

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments

66	RSVVAX	Respiratory syncytial virus (RSV) vaccine	Ever	# field with:
				1=Yes
				2=No	

72	~~CREATVALUE~~	~~Serum creatinine value (mg/ dL)~~	~~Most recent in Audit period~~	~~# with up to 2 decimal places~~	~~Round to 2 decimal places, if necessary.~~

New field →

Remove field →

Carefully review **2026 Audit Data File Specifications** before programming!

Impact on Data File specifications

- **Columns: 77 total (same number as 2025)**
  - 1-65 : No change
  - **66: New vaccine - Respiratory syncytial virus (RSV) vaccine – called RSVVAX**
  - 66-71: shifted one place from previous year
  - **72: Removed serum creatinine**
  - 73-77: no changes

Be sure to carefully review the Audit Data File Specifications before programming!

Lessons Learned

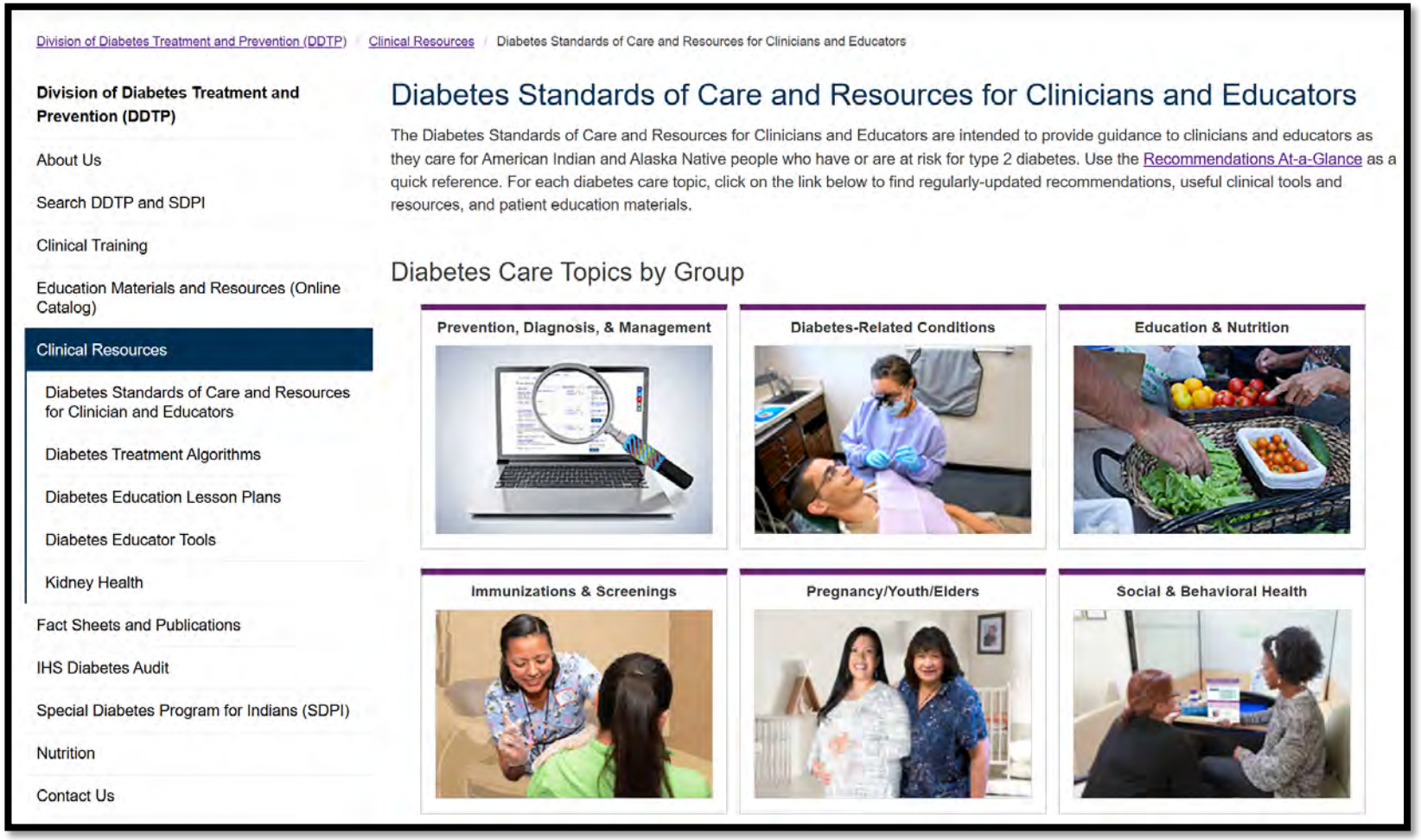
- **Eligible Patients:** Identifying them can be challenging.
- **Eligible Visits:** Reviewing only billable visits may not capture all Audit items.
- **Medications:**
  - Be sure to review dates and include only those that are current as defined by the **Audit 2026 Instructions**.
  - **Check Audit Report** for high percent of patients with no current medications, which indicates a potential problem with the data and/or logic.
- **Education, exams, historical data:** Extracting data can be challenging due to lack of standardized coding. Be sure to note how these are documented at your facility.
- **Labs - general:** Check Audit Report for high percent of patients with no result, which indicates potential problem with data and/or logic.
- **Missing data:** Do not use value of “0” to represent missing information.

Takeaways and tips

- **Start early!**
  - Mapping data and programming requires time, planning, effort, and teamwork.
- **Coding -** Use the codes **(Code List)** provided to help identify comorbid conditions and complications (e.g., diagnosed depression, CVD, retinopathy).
- **Timing is important.**
  - **Audit period: January 1, 2025 – December 31, 2025**
  - **Due date: March 20, 2026**
- **Use 2026 audit materials.**
- **Network** with other sites using the same software may be helpful.
  - Keep in mind, mapping of data is usually unique to each site.
- **Plan B: Manual Audits are always an option.**

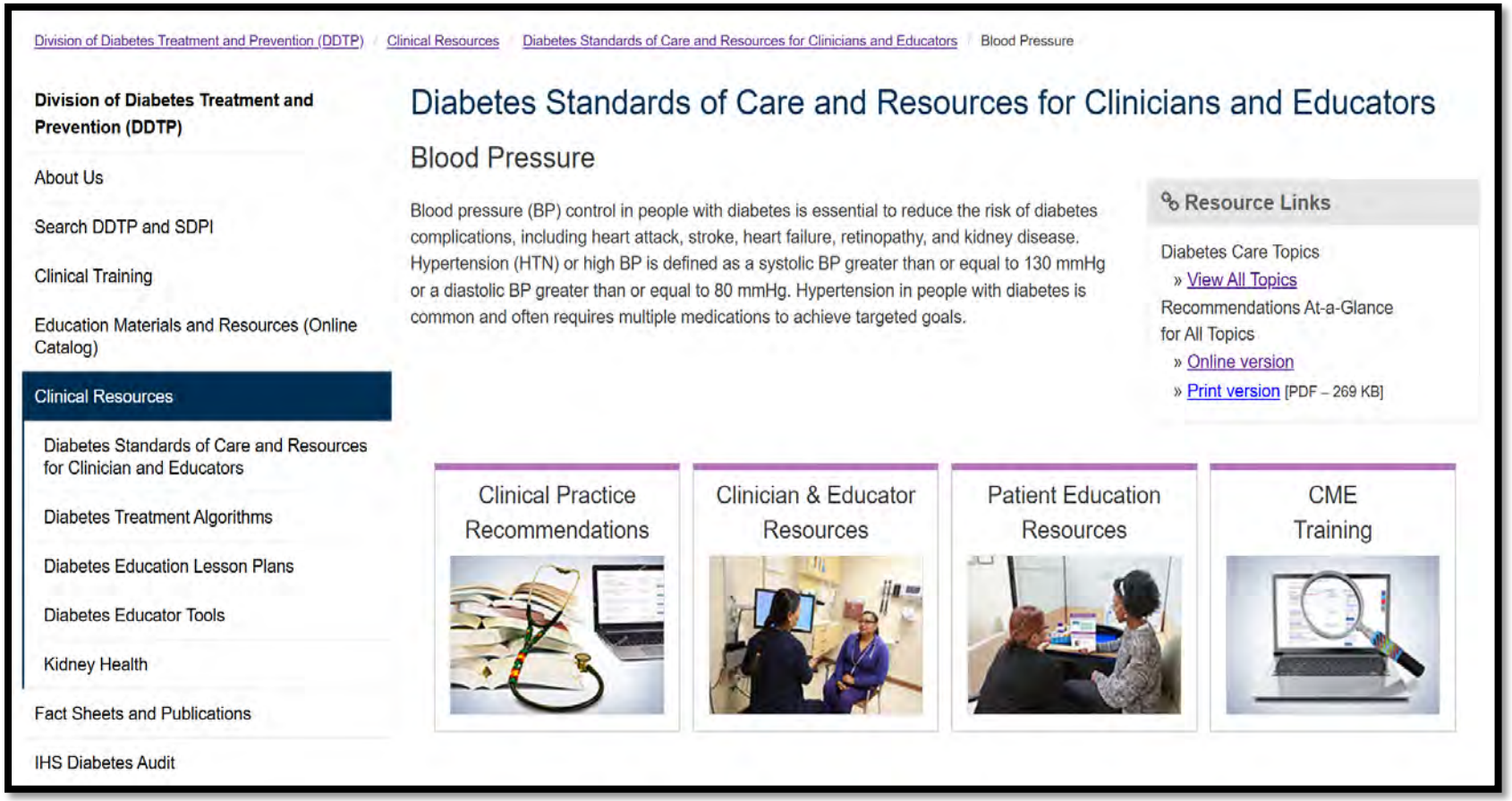
Additional Audit 2026 Resources

Diabetes Standards of Care and Resources for Clinicians and Educators



Main "landing" page: https://www.ihs.gov/diabetes/clinician-resources/soc/

Diabetes Standards of Care and Resources for Clinicians and Educators



Blood Pressure SOC: https://www.ihs.gov/diabetes/clinician-resources/soc/blood-pressure1/

Audit Resources

- **IHS Diabetes Audit webpage:** https://www.ihs.gov/diabetes/audit/
  - **Resource Materials:** Form, Instructions, Checklists, Code List
  - **Training:** Upcoming Live Trainings and Recorded
  - **Additional Resources:** FAQ, RPMS/DMS information
- **Support :**
  - **Audit Team** (WebAudit & general questions): email **diabetesaudit@ihs.gov**
  - **Area Diabetes Consultants -** Area Audit Support

- **RPMS Support and Training:**
  - **RPMS questions and support (OIT Service Desk):** https://www.ihs.gov/Helpdesk/
  - **RPMS DMS recorded training:** https://www.ihs.gov/rpms/training/recording-and-material-library/
  - **Northwest Portland Area Indian Health Board (NPAIHB):**

    Contact Western Tribal Diabetes Programs: email wtdp@npaihb.org .

Upcoming Audit 2026 Webinars

- **Non-RPMS Audit Orientation Part 2 – November 17, 2025**
  - Program experiences and more tips
- **2026 Audit Orientation – February 3, 2026**
  - General overview of Diabetes Annual Audit and WebAudit system.
- **2026 Audit Reports - February 24, 2026**
  - Overview of changes to Audit Reports for 2026 and guidance for reading and reviewing Audit reports.

All Webinars will be recorded.

Upcoming Audit 2026 Webinars

RPMS/DMS focused webinars:

- **Updating the DM Register using RPMS/DMS – January 13, 2026**
  - Overview updating the DM Register using RPMS/DMS programming.
- **DMS Audit Overview – January 27, 2026**
  - Overview of the DM Audit and using RPMS/DMS programming.

All Webinars will be recorded.

Thank you for attending!

- **Questions -**
  - Please type your questions in the Chat box.

Reminders:

- Webinar will be recorded.
- **Webinar materials -**
  - Available on webinar page (***see details in Notes and Chat boxes***).
  - Materials shared today will become available on the Audit Resource webpage soon.

Please complete the evaluation for this Webinar.